

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
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NAME OF PROVIDER OR SUPPLIER SCI-PINETOPS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 310 SOUTH 1ST STREET PINETOPS, NC 27864
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 21, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30</p>	V 119		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a medication was disposed of in a manner that guards against diversion or accidental ingestion for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 3/21/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted on 6/24/14 - Intellectual Development Disorder, Seizure Disorder, Obesity, Hyperlipidemia, Type 2 Diabetes, Hyperlipidemia, Hypothyroidism, Autism, and Impulse Disorder - a physician summary dated 4/10/24: stop Tresiba (100units) inject 10 units daily (Diabetes) <p>Observation on 3/21/25 at 12:52pm and 3:45pm of client #4's medications revealed:</p> <ul style="list-style-type: none"> - 12:52pm - Tresiba was in a locked black box in the refrigerator - 3:45pm - inside the locked box: 1 insulin Tresiba pen: 100 units inject 10 units - filled 3/16/23 exp 3/15/24 - 8 additional prefilled Tresiba insulin pens also in the locked box <p>During interview on 3/21/25 staff #1 reported:</p> <ul style="list-style-type: none"> - the medication Tresiba was discontinued - was aware Tresiba was in the refrigerator - asked the Director what she needed to do with the Tresiba - the Director requested she leave the Tresiba 	V 119		

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V 119	Continued From page 2 in the refrigerator During interview on 3/21/25 the Director reported: - she overlooked the discontinued Tresiba in the refrigerator - had planned to get a discontinued physician's order for the Tresiba - would put in the sharps container and send to the sharps disposal company	V 119		