STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-033	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HALLS OF UNAKA #1	14949-A JOE BROWN HIGHWAY MURPHY, NC 28906

(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	INITIAL COMMENTS An annual survey was completed on 3/25/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 4 and has a current census of 4. The survey sample consisted of an audit of 3 current clients.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months for 3 of 3 audited clients (#1, #2, #3). The findings are:	V 121		

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V 121	Continued From page 1	V 121		

Record review on 3/24/25 for Client #1 revealed:
-Date of admission-5/18/21.
-Diagnoses- Mild Intellectual Developmental Disability (IDD), Anxiety Disorder, Depression, Traumatic Brain Injury.
-Physician ordered medications dated 5/10/24 included:
-Aripiprazole 10mg (milligram) (mood) -1 tablet (tab) daily at bedtime.
-Escitalopram 20mg (depression)- 1 tab every in the morning.
-Trazadone 50mg (sleep) - 2 tabs at bedtime.
-Hydroxyzine 50mg (anxiety) - 1 capsule (cap) 3 times daily.
-Methylphenidate 10mg (attention) - 1 tab daily in the morning and 1 tab daily mid-afternoon.
-The last drug review was completed on 5/15/24. There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #1.

Record review on 3/24/25 for Client #2 revealed:
-Date of admission-1/2/20.
-Diagnoses- Mild IDD, Hearing Impaired, Anxiety Disorder.
-Physician ordered medications dated 5/10/24 included:
-Sertraline 100mg (depression) - 1 tab daily.
-Aripiprazole 10mg (mood) -1 tab daily.
-Trazadone 50mg (sleep) - 1 tab at bedtime.
-The last drug review was completed on 5/10/24. There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #2.

Record review on 3/24/25 for Client #3 revealed:
-Date of admission-7/7/15.
-Diagnoses- Moderate IDD, Cerebral Palsy, Anxiety Disorder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-033	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HALLS OF UNAKA #1	14949-A JOE BROWN HIGHWAY MURPHY, NC 28906

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V 121	Continued From page 2 -Physician ordered medications: -Sertraline 50mg (depression) - 1 tab daily ordered 4/18/24. -Lorazepam 0.5mg (anxiety) - 1 tab every 8 hours as needed ordered 7/30/24. -The last drug review was completed on 4/1/24. There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #2. Interview on 3/24/25 with the Director/Qualified Professional revealed: -Previously completed the 6-month drug reviews but someone told her it wasn't required. -Would have the drug reviews completed by the client's prescriber immediately.	V 121		