

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/02/2025
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NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 HEMLOCK DRIVE FAYETTEVILLE, NC 28304
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 2, 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 Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to obtain drug regimen reviews every six months for 3 of 3 clients (#1, #2 and #3) who received psychotropic drugs. The findings are: Review on 6/2/25 of Client #1's record revealed:</p>	V 121		

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

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V 121	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Admission date of 1/15/23. -Diagnoses of Moderate Intellectual Disability; Anti-Social Personality Disorder; Intermittent Explosive Disorder; Impulse Disorder; Irritability & Anger Adjustment Disorder; Gastroesophageal Reflux Disease. -Physician's orders dated 3/12/25: <ul style="list-style-type: none"> -Lithium Carbonate 300 milligrams (mg) (Bipolar, Depression)- Take one tablet twice daily. -Lithium Carbonate 150 mg - Take one tablet twice daily. -Quetiapine Fumarate 100 mg (Bipolar, Depression)- Take one tablet at bedtime. -Quetiapine Fumarate 200 mg- Take one tablet at bedtime. -Mirtazapine 15 mg (Depression)- Take one tablet at bedtime. -Amphetamine salts 20 mg (Attention Deficit Hyperactivity Disorder)- Take one capsule daily in the morning. -The last time a six month psychotropic drug review was conducted was 6/14/24. -There was no evidence of a current six month psychotropic drug review for Client #1. <p>Review on 6/2/25 of the April 1, 2025 through June 2, 2025 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -Staff documented Client #1 was administered the above medication from April 1, 2025 through June 1, 2025. <p>Review on 6/2/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/4/23. -Diagnoses of Moderate Intellectual Disability; Obsessive Compulsive Disorder; Autism Spectrum Disorder. -Physician's orders dated 1/28/25: <ul style="list-style-type: none"> -Escitalopram 20 mg (Depression, Anxiety)- Take one tablet twice daily. 	V 121		

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V 121	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Risperidone 2 mg (Irritability associated with Autism)- Take one tablet in the morning and 3 tablets in the evening. -Clonazepam 1 mg (Anxiety)- Take one tablet twice daily. -Benztropine Mesylate 1 mg (Side effects)- take one tablet twice daily. -The last time a six month psychotropic drug review was conducted was 6/14/24. -There was no evidence of a current six month psychotropic drug review for Client #2. <p>Review on 6/2/25 of the April 1, 2025 through June 2, 2025 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -Staff documented Client #2 was administered the above medication from April 1, 2025 through June 1, 2025. <p>Review on 6/2/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/15/24. -Diagnoses of Schizophrenia; Pulmonary Embolism; Lupus; Gastroesophageal Reflux Disease; Obesity; Mild Intellectual Developmental Disorder. -Physician's orders dated 12/11/24: <ul style="list-style-type: none"> -Chlorpromazine 25 mg (Schizophrenia)- Take one tablet twice daily -Chlorpromazine 50 mg- Take one tablet twice daily. -Chlorpromazine 100 mg- Take one tablet at bedtime. -Benztropine .5 mg- Take one tablet twice daily. -Haloperidol 5 mg (Schizophrenia)- Take one tablet three times daily. -Topiramate 100 mg (Psychosis)- Take one tablet twice daily. -There was no evidence of a current six month psychotropic drug review for Client #3. 	V 121		

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V 121	<p>Continued From page 3</p> <p>Review on 6/2/25 of the April 1, 2025 through June 2, 2025 Medication Administration Record (MAR) revealed: -Staff documented Client #3 was administered the above medication from April 1, 2025 through June 1, 2025.</p> <p>Interview on 6/2/25 with the Director revealed: -Paperwork was recently submitted to the pharmacy to conduct their drug reviews. -She acknowledged that they had missed the review from January/February. -She would have the drug reviews completed in the next few days. -She confirmed there were no recent records that the pharmacist had completed the clients' six months psychotropic drug reviews.</p>	V 121		