

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL083-053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCOTCHFAIR #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1236 HAMMOND DRIVE LAURINBURG, NC 28352</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 14, 2025. Deficiencies were 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications on the written order of a physician for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 5/13/25 of client #5's record revealed: -Admitted on 7/1/11. -Diagnoses of Severe Intellectual Disability, Hypertension and Arthritis.</p> <p>Review on 5/13/25 of client #5's signed physician orders revealed "BP/HR (Blood Pressure/Heart Rate) Monitoring prior to administration-Notify nurse and hold dose of SBP (systolic blood press) (Top Number) is less than 100 or Heart Rate is less than 60 for the following medications: Order dated 6/23/24 -Spironolactone 50 mg every morning for Hypertension. Order dated 12/9/24 -Atenolol 50 milligram (mg) twice daily for Hypertension. -Hydrochlorothiazide 25 mg daily for Hypertension. -Losartan Potassium 100 mg daily for Hypertension.</p> <p>Review on 5/13/25 of client #5's MARs from</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>3/1/25 - 5/13/25 revealed the following medications were documented as administered with client #5's BP below 100:</p> <ul style="list-style-type: none"> <li>-Atenolol 50 mg on 3/8/25 (PM dose), 3/22/25 (PM dose), 3/24/25 (AM dose) and 3/30/25 (PM dose), 4/8/25 (PM dose), 4/17/25 (AM dose) and 5/3/25 (PM dose).</li> <li>-Hydrochlorothiazide 25 mg on 3/24/25 and 4/17/25.</li> <li>-Losartan Potassium 100 mg on 3/24/25 and 4/17/25.</li> <li>-Spironolactone 50 mg on 3/24/25 and 4/17/25.</li> </ul> <p>Interview on 5/14/25 client #5 stated:</p> <ul style="list-style-type: none"> <li>-She received her medications daily.</li> </ul> <p>Interview on 5/13/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> <li>-Client #5's medications were supposed to be held if her BP was low.</li> <li>-She had not been notified of client #3's BP being low or her medications held.</li> <li>-Staff documented the MAR as the client #5's medications were administered when her BP was low.</li> </ul> <p>Interview on 5/14/25 the Registered Nurse stated:</p> <ul style="list-style-type: none"> <li>-Client #5 had BP checks.</li> <li>-Staff were supposed to call the nurse when client #5 BP was low.</li> <li>-The nurse would have then recheck client #5's BP and put the new BP reading in the system.</li> <li>-If the medication was held the MAR would have a circle around the initials.</li> <li>-IF client #5's BP was low her medication should be held or the client could "bottom out" faint.</li> </ul> <p>Interview on 5/14/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-She was unsure about client #5's medications</li> </ul>	V 118		

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V 118	Continued From page 3  being held due to her BP. -She had not been contacted or informed about any of client #5's medications being held.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on record review, observations and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are:  Observation on 5/13/25 between 11 am - 11:30 am a tour of the facility revealed: -The flooring in the dining area under the 6 seat table was scratched and discolored about 8 feet. -There was a square shaped area paint missing on the ceiling of the dining room about 4 inches. -One of four light bulbs in the living room light fixture did not work. -The back hallway bathroom had several cracked/damaged wall tiles with dark colored substance between the tiles above the bathtub. There was loose plastic floor trim at the bathroom. -Room #2 had a missing light fixture cover. -The side hallway bathroom had a "Do Not Use this bathroom Please keep this door locked until further notice" on the door. There was torn laminated flooring at the door of the bathroom. -The bathroom between the staff office and staff between light did not remain lit when off.	V 736		

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V 736	Continued From page 4  Interview on 5/13/25 the Group Home Manager stated: -The hallway bathroom had not been used for months. -The flooring in the hallway bathroom was a trip hazard and the shower had a leak that caused damage to the floor. -There were work orders for maintenance concerns.  Interview on 5/14/25 the Qualified Professional stated: -The bathroom had been out of order for a while. -The facility had submitted an estimate for the bathroom to the landlord. -The facility had maintenance orders for concerns.	V 736			