

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352		
(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 June 13, 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 3 and had a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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, observation and interviews, the facility failed to ensure medications were administered as ordered and MARs were kept current for 2 of 2 clients. The findings are:</p> <p>Review on 6/12/25 of client #1's record revealed: -Admitted on 3/13/08. -Diagnoses of Intermittent Explosive Disorder, Autism, Impulse Control Disorder, Severe Intellectual Disability. -Physician orders 7/18/24: Lorazepam 2 milligram (mg) three times daily (Anxiety), 1/30/25: Haloperidol 5 mg three times daily (Mood), 4/15/25: Spironolacton 25 mg twice daily (Hypertension), Levothyroxine Sodium 25 microgram (mcg) (Hypothyroidism), Lurasidone 20 mg (Schizophrenia) 4/24/25: Ammonium Lactate 12 % Cream (Skin) , 4/25/24: Gabapentin 300 mg twice daily (Seizures), 5/8/25: Atenolol 25 mg twice daily (Hypertension), 5/16/25: Hydroxyzine Pamoate 25 mg twice daily (Anxiety), 5/23/25: Quetiapine 50 mg (Schizophrenia).</p> <p>Review on 6/12/25 of client #1's MARs from 4/1/25 - 6/12/25 revealed the MARs the following medications were documented as administered</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>on 6/13/25, prior to scheduled administration:</p> <ul style="list-style-type: none"> - Gabapentin 300 mg -Hydroxyzine Pamoate 25 mg -Atenolol 25 mg -Ammonium Lactate 12 % Cream -Spironolacton 25 mg -Quetiapine 50 mg -Levothyroxine Sodium 25 mcg -Lurasidone 20 mg -Haloperidol 5 mg -Lorazepam 2 mg <p>Review on 6/12/25 and 6/13/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted on 1/8/03. -Diagnoses of Explosive Disorder, Schizophrenia Undifferentiated, Psychosis Undifferentiated, Passive Aggressive Personality, Mild Intellectual Disability and Diabetes. -Physician order for Ingrezza 40 mg (involuntary movements) at bedtime dated 2/4/25 and discontinued on 2/7/25. <p>Review on 6/12/25 of client #2's MARs from 4/1/25 - 6/12/25 revealed:</p> <ul style="list-style-type: none"> -Ingrezza was documented as administered daily from 4/1/25 - 6/11/25. <p>Observation on 6/12/25 at approximately 11:55am of client #2's medication revealed:</p> <ul style="list-style-type: none"> -Ingrezza was not available onsite. <p>Interview on 6/12/25 client #2 stated:</p> <ul style="list-style-type: none"> -He received his medications daily. <p>Interview on 6/12/25 the local pharmacist stated:</p> <ul style="list-style-type: none"> -Client #2 was ordered Ingrezza but they could not fill the prescription. -Ingrezza had to be filled by a speciality pharmacist. 	V 118		

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V 118	<p>Continued From page 3</p> <p>-The doctor discontinued the Ingrezza and ordered Trihexyphenidyl 2 mg then increased it to 5 mg on 2/11/25.</p> <p>Interview on 6/12/25 Qualified Professional #1 stated:</p> <p>-Client #2 was prescribed Ingrezza but the facility was never able to get it filled.</p> <p>-The provider switched the Ingrezza to Trihexyphenidyl.</p> <p>-Client #2 was not administered Ingrezza.</p> <p>-The Ingrezza documented on the MAR was an error.</p> <p>-Staff documented the MAR prior to administration in error .</p> <p>-Clients received their medications as ordered.</p>	V 118			