STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-086			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
					R	
		B. WING		06/	06/2025	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
OUNTR	Y LIVING ASPEN HO	USE	ERRY ROAD	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow up survey was completed reficiencies were cited.				
		sed for the following service C 27G .5600A Supervised th Mental Illness				
	This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emery request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaster shall be held at lea repeated for each s Drills shall be cond simulate the facility emergencies.	gency services agencies upon shall include evacuation utes. be made available to all staff ocedures and routes shall be er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that 's response to fire all have a first aid kit				
	ealth Service Regulation					

	of Health Service Re IT OF DEFICIENCIES	eguiation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL007-086				R 06/2025
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
		3680 CH				
COUNTR	Y LIVING ASPEN HO	USF	GTON, NC 27	889		
(X4) ID			ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETI DATE
V 114	Continued From pa	ige 1	V 114			
	This Rule is not me	et as evidenced by:				
		view and interviews the facility	/			
		and disaster drills were held				
	at least quarterly and repeated on each shift					
	under conditions that simulate fire emergencies. The findings are:					
	Review on 6/5/25 of facility records for January					
	June 2024 thru May 2025 revealed: Fire Drills: - No documented 3rd shift fire drill for the July					
	-September 2024 quarter.					
	 No documented 3rd shift fire drill for the October December 2024 quarter. 		r			
	Disaster Drills: - No documented 1st or 3rd shift disaster drills for the July - September 2024 quarter. - No documented 3rd shift disaster drill for the October - December 2024 quarter.					
			r 🛛			
		st shift disaster drill for the				
	January -March 202					
	Interview on 6/6/25	client #1 stated he				
		hazard and tornado drills at				
	the facility.					
	Interview on 6/6/25 participated in drills	client #3 stated he monthly at the facility.				
		the Supervisor In Charge				
		cheduled monthly for the				
	facility, all clients participated and all fire and disaster drills had been provided for review by the					
	surveyor					
	Interview on 6/6/25	the Qualified Professional				
		facility were: 9:00am-5:00pm,				
	5:00pm-1:00am, 1:	00am-9:00am. He did not				
	know there were m	issing fire and disaster drills.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL007-086	B. WING			R 06/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COUNT	RY LIVING ASPEN HO	USF	ERRY ROAD GTON, NC 278	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 114	Continued From pa	ge 2	V 114			
	disaster drills were quarterly and repea conditions that sime	requirement that fire and to be completed at least ited on each shift under ulate fire emergencies. stitutes a re-cited deficiency ited within 30 days.				
V 118	3 27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when an client's physician. (3) Medications, include the dimensional of the	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL007-086	B. WING			R 06/2025
IAME OF I	PROVIDER OR SUPPLIER		ET ADDRESS, CITY, S	TATE. ZIP CODE		
		3680	CHERRY ROAD	,		
COUNTR	Y LIVING ASPEN HO	WAS WAS	HINGTON, NC 27	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 3	V 118			
	with a physician.	•				
	This Rule is not me	et as evidenced hv:				
		views, observation and				
	interviews, the facil					
		administered as ordered an	nd			
		urrent for 2 of 3 clients (#1,	and			
	#4). The findings a	re:				
	Review on 6/6/25 o	f client #1's record reveale	d.			
	- Admitted 10/10/13		· .			
		ed Bipolar Disorder, Attenti	on			
	Deficit Hyperactivity	y Disorder, Gastroesophag	eal			
		d Schizoaffective Disorder.				
		dated 12/1/24 Atorvastatin				
		- 1 at bedtime; Bupropion	HCL			
		er) 150mg- 1 at bedtime; y) 10mg 1 two times daily;				
		ophrenia) 3mg- 2 at bedtim	<u>م</u> .			
	Trazodone 50mg- 1		,			
		f client #1's MAR for May				
	2025 revealed the f					
	- Atorvastatin 10mg					
	- Bupropion HCL X - Propranolol 10mg	L 150mg- 5/3/25 at 8pm.				
	- Risperidone 3mg					
	- Trazodone 50mg-					
	Interview on C/E/OF	aliant #1 atatad:				
	Interview on 6/5/25	client #1 stated:				
		had not refused any				
	medications.	naa noeroruoou arry				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		3680 CH	ERRY ROAD			
OUNTR	Y LIVING ASPEN HO	USE WASHIN	GTON, NC 27	889		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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V 118	Continued From pa	ige 4	V 118			
	 Admitted 8/15/23 Diagnoses include Depression Disorde Disorder, Unspecifi Related Disorder. Physician orders of Hydrochlorothiazide morning; Levocetiri Melatonin HCL ER Metformin HCL ER Montelukast Sodiur bedtime; Multivitam Amlodipine-Olmesa pressure) 1 daily; A two times daily; Aze (allergies) 2 sprays Bupropion HCL XL Buspirone HCL 30r Pantoprazole SOD reflux disorder) 1 e 10mg (blood press) Review on 6/6/25 o revealed the followi - Hydrochlorothiazie Levocetirizine 5m - Melatonin 3mg- 5i - Metformin HCL EI - Montelukast Sodiu - Multivitamin- 5/9/2 - Amlodipine-Olmesa 8am. Aripiprazole 10mg 8pm. Azelastine 0.1% N 5/3/25 at 8pm. 	e (hypertension) 50mg- 1 every zine (allergies) 5mg- 1 daily; (insomnia) 500mg- 1 daily; (diabetes) 500mg- 1 daily; m (allergies) 10mg- 1 at in (supplement)- 1 daily; artan 10-20mg (blood iripiprazole 10mg (mood) 1 elastine 0.1% nasal spray both nostrils 2 times daily; 300mg (depression) 1 daily; ng (anxiety) 1 daily; DR 40mg (gastroesophageal very morning; Propranolol ure) 1 two times daily. f client #4's May 2025 MAR ing blanks: de 50mg- 5/9/25 at 8am. g- 5/3/25 at 8pm. /3/25 at 8pm. R 500mg 5/5/25 at 5pm. um 10mg- 5/3/25 at 8pm. 25 at 8am. sartan 10-20mg- 5/9/25 at g- 5/9/25 at 8am; 5/3/25 at Nasal Spray- 5/9/25 at 8am; L 300mg- 5/9/25 at 8am.				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-086		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				COM
		B. WING			R 06/06/2025	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OUNTR	Y LIVING ASPEN HO	IUSE	IERRY ROAD			
		WASHIN	IGTON, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 5	V 118			
		i client #4 stated staff redications daily and he had usals.				
	Interview on 6/6/25 stated: - She administered	the Supervisor in Charge				
	 The had been no medication errors. No clients had refused medications. 					
	 All clients were co Staff probably for medication as adm Staff may have us the medication as a client #4 but he cou He understood th 	tered Nurse stated: ompliant with their medications got to document the inistered in the data system. sed a paper MAR to document administered for client #1 and uld not locate it. e requirement to ensure administered as ordered and				