

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL064027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/05/2024
NAME OF PROVIDER OR SUPPLIER MERCY'S SUPPORTIVE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 932 COBBLE RIDGE DRIVE NASHVILLE, NC 27856		
(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on 06/05/24.	C 000		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure records of the receipt and administration of controlled substances were maintained, accurate, and reconciled for 1 of 1 sampled resident (Resident #1). The findings are: Review of Resident #1's current FL-2 dated 07/13/23 revealed: -Diagnoses included diabetes, hypertension, mood swing disorder, obsessive behavior, depression and osteoarthritis. -There was an order for Vyvanse 50mg 1 capsule daily to treat binge-eating disorder. (Vyvanse is a controlled substance medication used to treat binge-eating disorder and attention deficit disorder.) Observation of Resident #1's medications on hand on 06/05/24 at 11:10am revealed: -There was a medication card for Vyvanse 50mg; 30 capsules were dispensed on 05/20/24.	C 367		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 367	Continued From page 1 -There were 18 capsules on hand from the medication card. Review of Resident #1's April 2024 medication administration record (MAR) revealed: -There was an entry for Vyvanse 50mg in the morning scheduled at 7:00am. - Vyvanse 50mg was documented as administered at 7:00am from 04/01/24 to 04/30/24. Review of Resident #1's May 2024 MAR revealed: -There was an entry for Vyvanse 50mg in the morning scheduled at 7:00am. - Vyvanse 50mg was documented as administered at 7:00am from 05/01/24 to 04/301/24. Review of Resident #1's June 2024 MAR revealed: -There was an entry for Vyvanse 50mg in the morning scheduled at 7:00am. - Vyvanse 50mg was documented as administered at 7:00am from 06/01/24 to 06/05/24. Review of Resident #1's record on 06/05/24 revealed there was not a controlled substance log for the Vyvanse 50mg 1 capsule daily. Telephone interview the local pharmacist on 06/05/24 at 2:56pm revealed: -The Vyvanse was dispensed on 05/24/24 for 30 capsules, 1 capsule daily. -A substance control log was submitted to providers with all controlled substances. Interview with the Owner on 05/06/24 at 3:02pm revealed:	C 367		

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C 367	Continued From page 2 -She was not aware of Vyvanse being a controlled substance. -The pharmacy had not provided a controlled substance log. -She used the MAR to track when the Vyvanse was administered. -She would contact the pharmacy to request a controlled substance log.	C 367			