Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL078-330	B. WING		10/2	4/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILKINS	ON FACILITY		TH WILKINS ULS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	An annual and complaint survey was completed on October 24, 2023. The complaint was unsubstantiated (intake #NC00207607). Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600B Supervised Living for Minors With Developmental Disabilities. The facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client.					
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	8 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug;					
	(C) instructions for	and quantity of the drug; administering the drug; ne drug is administered; and				

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

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL078-330	B. WING		10/2	4/2023
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WILKINS	ON FACILITY		TH WILKINSO ULS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests checks shall be recifile followed up by a with a physician.	of person administering the for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	facility failed to kee of 1 current clients Finding #1: Review on 10/20/23 revealed: - 17-year old male Admission date of Diagnoses of impodisorder, and intelled	views and interview, the p the MARs current affecting 1 (#1). The findings are: B of client #1's record 5/1/23. ulse control disorder, conduct ectual developmental disability.				
	#1 dated 10/12/23 in Aripiprazole (antiputablet (tab) daily Clonidine (anxiety - Fluoxetine (antidedaily.	3 of physician orders for client revealed: sychotic) 10 milligrams (mg) -) 0.1 mg - 1 tab every evening. pressant) 20 mg - 3 capsules 3 of client #1's October 2023				
	MAR revealed the f - Aripiprazole 10mg 10/10/23 at 7am.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL078-330	B. WING		10/2	4/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILKINSON FACILITY			TH WILKINSOULS, NC 28			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	nge 2	V 118			
	- Fluoxetine 20 mg	- 10/2/23 and 10/7/23 at 7am.				
	Interview on 10/20/23 client #1 stated; - He took his medications as prescribed He had not missed any medications. Interview on 10/24/23 the Qualified Professional/Director stated: - She would ensure staff completed MARs moving forward. Due to the failure to accurately document medication administration it could not be determined if client #1 received his medications as ordered by the physician.					
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	G.S. §122C-80 CR CHECK REQUIRE APPLICANTS FOR (a) Definition As a "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed u applicant to fill a po applicant to have a conditioned on con criminal history rec- the applicant has b less than five years	IMINAL HISTORY RECORD D FOR CERTAIN				
	criminal history rec national criminal his	onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		MHL078-330	B. WING		10/2	4/2023		
NAME OF I	PROVIDER OR SUPPLIER	etpeet AD	DDECC CITY C	STATE, ZIP CODE	•			
INAIVIE OF I	-ROVIDER OR SUPPLIER							
WILKINS	ON FACILITY		TH WILKINS					
		SAINT PA	ULS, NC 28	384				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)		
PREFIX TAG	`	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE		
17.0		,		DEFICIENCY)				
\/ 122	Continued From pa	go 2	V 133					
V 133			V 100					
		een a resident of this State for						
	five years or more,	then the offer is conditioned						
		te criminal history record						
		ant. A provider shall not						
		t who refuses to consent to a						
		ord check required by this						
		otherwise provided in this						
		ive business days of making						
		r of employment, a provider						
		est to the Department of						
		114-19.10 to conduct a						
		ord check required by this						
		mit a request to a private						
		State criminal history record						
		his section. Notwithstanding						
		Department of Justice shall						
		f national criminal history						
		mployment positions not						
	covered by Public L							
		Ith and Human Services, Check Unit. Within five						
		ceipt of the national criminal						
		n, the Department of Health						
		es, Criminal Records Check						
		provider as to whether the						
		d may affect the employability						
		no case shall the results of the						
		story record check be shared						
		roviders shall make available						
		cation that a criminal history						
		mpleted on any staff covered						
		ounty that has adopted an						
		dinance and has access to						
		inal Information data bank						
		half of a provider a State						
		ord check required by this						
		provider having to submit a						
		artment of Justice. In such a						
		all commence with the State						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-330	B. WING		10/2	4/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
14/11 17/11		635 NORT	H WILKINS	ON DRIVE		
WII KINSON FACILITY		ULS, NC 28	384			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	Continued From particular criminal history reconsection within five be conditional offer of All criminal history is provider is confident except to the application of the composition of the subsection, the term business regularly excriminal history recorded continued from the condition of the following fact hire the applicant: (1) The level and set (2) The date of the (3) The age of the provinction. (4) The circumstant commission of the conviction. (4) The circumstant commission of the following fact the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions that the provider disquestion is the provider disquestion of the provider disquestion of the conviction of the convictio	ge 4 ord check required by this pusiness days of the employment by the provider. Information received by the utial and may not be disclosed, and as provided in subsection for purposes of this in "private entity" means a engaged in conducting ord checks utilizing public or a State agency. Oplicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to be eriousness of the crime. Operson at the time of the crime, if known. In the provider shall conduct of the position to be grown as the position to be grown.	V 133		FNAIE	DAIL
	provider may disclo the criminal history to the disqualification	se information contained in record check that is relevant on, but may not provide a copy ry record check to the				

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				1		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		I COMP	LETED
			A. BUILDING.			
		MHL078-330	B. WING		10/2	4/2023
•					10/2	-4/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WII KINS	ON FACILITY		H WILKINS			
WILKING	ONTAGILITI	SAINT PA	ULS, NC 28	384		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				22.10.2.10.1		
V 133	Continued From pa	ge 5	V 133			
	applicant					
	applicant.	y A provider and an officer				
		ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:					
		e provider to employ an				
		sis of information provided in				
		record check of the individual.				
		an employee's history of				
		the employee's criminal				
	,	k is requested and received in				
	compliance with this					
		se As used in this section,				
		neans a county, state, or				
		cory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
	0 0	itive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ıds; Article 21, Forgery; Article				
	26, Offenses Agains	st Public Morality and				

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DIVISION	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-330	B. WING		10/2	4/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WILKINSON FACILITY 635 NORT		H WILKINSO ULS, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	'		V 133			
	Article 27, Prostituti 29, Bribery; Article 37, Conffice; Article 35, Confice; Article 36, Article 39, Protection of the Fallntoxication; and Arcrime. These crimes ale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employsupplies, or otherwican employment approximinal history reconstance of the guilty of a Conditional Employ an applicant obtaining the result check regarding the following requirement (1) The provider shapping to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shapping the criminal history reconsumers and the provider shapping the criminal history reconsumers days after conditional employr 2001-155, s. 1; 200	A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pord check under this section class A1 misdemeanor. Cloyment A provider may the conditionally prior to so of a criminal history record establishment if both of the ents are met: all not employ an applicant establishment for ord check as required in in its section or the completed required in G.S. 114-19.10. all submit the request for a pord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				

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Division	Division of Health Service Regulation								
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL078-330	· ·		10/2	4/2023			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE					
WILL KING	ON FACILITY	635 NORT	H WILKINS	ON DRIVE					
WILKINS	ON FACILITY	SAINT PA	ULS, NC 28	384					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	.D BE	(X5) COMPLETE DATE			
V 133	Continued From pa	ge 7	V 133						
	facility failed to requof making the condinational criminal his check of the applica staff audited who hayears of hire (#1, # Review on 10/20/23 revealed: - Date of Hire: 5/18 No documentation background with find completed Review on 10/20/23 revealed: - Date of Hire: 9/22 No documentation	view and interviews, the lest within five business days itional offer of employment, a story record check to include a ant's fingerprints, for 2 of 3 and lived out of state within 5 2). The findings are: 8 of staff #2's personnel record of a national criminal gerprint check had been							
	Interview on 10/23/2 - He had moved fro state of North Caro	23 staff #2 stated: m the state of New York to the ina several months earlier.							
	the state of North C Interview on 10/24/2 Professional/Director	om the state of New York to arolina 2 months earlier. 23 the Qualified							
	- A national crimina								

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
MHL078-330			B. WING		10/2	24/2023
WILKINSON FACILITY 635 NOR			DRESS, CITY, S TH WILKINS ULS, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati was not maintained and orderly manner Observation on 10/3 11:00am during a to - There was a chirp area There were dark of and stains along the approximately 3' x 3 - The floor was une - There was a long	It its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview, the facility in a safe, clean, attractive for The findings are: 20/23 at approximately our of the facility revealed: ing fire alarm behind living discolorations, peeling paint, e ceiling down the hallway, in size. It is in the hallway. It is conner of the garage door and can be corner of the garage door and can be a stated:	V 736			

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