

**Plan of Correction- Royal House of Care Managed by Compassionate Care of North Carolina, LLC**

| Out of Compliance Reference                  | Measures to Correct the Problem  | Measures to Prevent  | Who will Monitor and How often  | Complete Date  |
|--|--|--|---|--|
| V114 27G. 0207 Emergency Plans and Supplies  | Emergency Drills will be scheduled for the year, indicating what type of fire drill and shift should be conducted. Additional training will also be provided.  | Reminders will be provided to ensure compliance.   | Agency QP will be responsible for monitoring every month  | Completed Or put a date for when it will be completed.   |
| V 1141 27G.0207 Emergency Plans and Supplies | <p>1. Royal House of Care had a Disaster Plan established and approved on _____. Royal House of Care, LLC shall always have the Disaster plan available to all staff, and evacuation procedures and routes shall be posted in the facility.</p> <p>2. According to Royal House of Care, LLC, policies listed under <b>SECTION 8: SAFETY and HEALTH (8.2</b> Emergency Plans and Supplies) cover directives and rules regarding Emergency Drills. This section discusses:<br/> <b>a) Fire/Disaster</b><br/> <b>b) Safety Drill Report</b><br/> <b>c) Emergency relocation of clients</b></p> <p>This policy aligns with <b>10A NCAC 27G .0207</b>. This policy applies to all clients being supported by or under the supervision of Royal House of Care, LLC.</p> <p>3. On June 1, 2024, all Royal House of Care, LLC staff received additional refresher training and were required to follow the chain of command for all Emergency Preparedness drills to ensure safety before, during, and after an emergency or natural disaster.<br/> <u>Trainings discussed:</u><br/> <b>a) Fire</b><br/> <b>b) Severe Weather/Natural Disaster/Flooding</b><br/> <b>c) Electrical Failure</b><br/> <b>d) Tornado/Severe Windstorm</b><br/> <b>e) Winter Snow/Ice Storm</b><br/> <b>f) Heating and Air Conditioner Failure</b><br/> <b>g) Explosions and Bomb Threats</b></p> | <p>1. On June 3, Royal House of Care, LLC assigned a compliance officer.</p> <p>2. On June 3, 2024 Royal House of Care, LLC created an Emergency Drill notebook. Inside the notebook there are Fire Drill Report forms created to document drills performed at the facility.</p> <p>3. Each form has blocks designed for dates, times, the person conducting the drill, number of people evacuated, weather condition, any problems encountered, and time evacuation was completed</p> <p>4. As a new rule, on the 3<sup>rd</sup> of each month, the compliance officer will assign a person to be responsible for conducting the fire drill for their shift.</p> <p>5. The person assigned to complete the drill will document on the Fire Drill Report the drills were completed. All members of the facility will participate in the drill.</p> | <p>1. On the 25<sup>th</sup> of each month., the Compliance Officer will follow up by Auditing the Emergency Drill notebook to ensure all drills that were to occur, were performed. The compliance officer will write and sign their name, and date on the Fire Drill Report as a measure to demonstrate Royal House of Care, LLC remains in compliance with V114 27G. 0207 Emergency Plans and Supplies.</p> <p>2. If there has not been a drill completed, the compliance officer will document this occurrence, as well as notify management, the Board, and others in charge. Management will need to address this issue immediately and possibly issue corrective action and/ or disciplinary to resolve the issue.</p> | <p>As of July 1, the first drills were ran correctly. 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> shift by staff and were supervised by Home Manager [REDACTED]</p> <p>As of July 1, 2024, all drills are back on track.</p> <p>The first compliance audit will be completed by July 25, 2024.</p> <p style="text-align: right;"><b>RECEIVED</b><br/>AUG 09 2024</p> <p style="text-align: right;">DHSR-MH Licensure Sect</p> |

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|  | <p><b>h) Plumbing</b><br/><b>i) Biohazardous Emergency</b></p> <p><b>4.</b> Throughout the year, Royal House of Care, LLC will implement Emergency Drills to ensure staff and clients have safety preparedness training so that each individual knows how to exit the facility safely and quickly in case of an emergency.</p> <p><b>5.</b> On June 1, 2024, Royal House of Care demonstrated bell sounds and flashing lights to demonstrate fire alarms and awareness to clients.</p> <p><b>6.</b> Royal House of Care, LLC shall conduct and document at least one (1) fire drill (<b>monthly</b>). All drills shall be conducted under conditions that simulate fire emergencies.</p> <p>Royal House of Care, LLC shall conduct and document Disaster drills quarterly (<b>every 3 months</b>). This will be done and documented as:<br/> First quarter: Jan, Feb, Mar<br/> Second quarter: Apr, May, June<br/> Third quarter: July, August, Sept.<br/> Fourth quarter: Oct, Nov, Dec which will be repeated for each shift.</p> <p>Drills will be conducted during alternate shifts. All information will be documented on the Fire Drill Report.</p> <p><b>7.</b> Royal House of Care shall have basic first aid supplies, which are accessible for use.</p> <p><b>8.</b> Royal House of Care, LLC contact information will be posted in the home at eye level at all times. Contact info includes telephone numbers for management staff.</p> | <p><b>6.</b> Once outside at the designated location, the person assigned to perform the drill will verbally call out names, and check off names they observe as being outside at the designated spot.</p> <p><b>7.</b> Upon re-entering the home, all members will sign a form acknowledging they participated in the drill (whether fire or Emergency). This log will be maintained in the Emergency Drill notebook.</p> <p><b>8.</b> Each month, clients will be asked and shown the destination for meeting outside (at the mailbox) when there is a fire drill and be asked and shown the (bathroom) locations in cases of hurricanes and tornados.</p> |  |  |
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| Out of Compliance Reference                | Measures to Correct the Problem   | Measures to Prevent   | Who will Monitor and How often  | Complete Date  |
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| V118 27G .0209 (C) Medication Requirements | The facility failed to ensure prescription drugs were administered on the written order of a person authorized to prescribe drugs, and failed to ensure the MAR for each client was kept current.   | Reminders will be <b>provided to ensure compliance.</b>   | Agency QP will be responsible <b>for monitoring every month</b>   | Completed Or put a date for when it will be completed.   |
| V118 27G .0209 (C) Medication Requirements | <p>1. Royal House of Care has a Medication policy that was effective in 2019 and revised in 2020. This policy was established so that each staff member and provider knows how to handle medications in accordance with state and federal laws.</p> <p>2. According to the Royal House of Care, LLC, policies listed under <b>SECTION 5: MEDICATIONS</b>. This policy aligns with <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b>.</p> <p>This policy applies to all clients being supported by or under the supervision of Royal House of Care, LLC staff/providers.</p> <p>3. On June 1, 2024, all Royal House of Care, LLC staff received an additional refreshers course training in Medication Administration, and were required to follow the procedure for reading pharmacy prescriptions and non-prescription labels to help minimize the risks of errors.</p> <p><u>Trainings discussed:</u></p> <p>5.1 -Requirements for this policy.<br/> 5.2- Training,<br/> 5.3- Administration,<br/> 5.4- Education,<br/> 5.5 – Review, and<br/> 5.7- Errors</p> <p>4. As a requirement of the Royal House of Care, LLC, each staff and the provider who provides Direct Care service and/or supportive</p> | <p>1. Royal House of Care provided re-training to staff on _____ as State Auditor recommended. Each staff trained in Medication Administration will be the only staff to handle medication.</p> <p>2. At the beginning of each shift staff (STARTING) and staff (LEAVING) will get together and do a medication count and check.</p> <p>This will be mandatory; especially if the client is prescribed controlled substances.</p> <p>3. After medication check, each staff member will sign a sheet stating the time and date, they both counted and checked medication was given. Even if medication is not supposed to be given to any client, medication checks will still be performed.</p> <p>4. All controlled substances are in the home, staff/provider will conduct a count at the (fit to ensure accuracy). Count will be documented on Drug Count Log.</p> | <p>1. Royal House of Care- Home Manager (_____) will be _____ responsible for checking all MAR's and medication upon arrival to the home per each delivery .</p> <p>2. Royal House of Care- Agency QP will reorder all client refills 10 days out to ensure the client does not run out of medication.</p> <p>4. Royal House of Care- Agency QP will maintain a log of all medications ordered and the date the medication was ordered.</p> <p>5. Royal House of Care- Home Manager (_____) will be _____ responsible for removing medications that has been discontinued, expired, or no longer in use.</p> <p>6. Every other Friday Royal House of Care- Agency QP will do the following:<br/> a) review and check MAR's<br/> b) Perform medication count<br/> c) Review staff sign in and out sheets to ensure staff are BOTH signing and checking medications on shift switches</p> <p>7. On the last day of each</p> | <p>All staff will have training completed by _____, 2024.</p> <p>On July 1, 2024. All June MAR's will be removed, and current MAR's will be present.</p> |

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|  | <p>services must complete and pass the company's approved Medication Administration Course prior to administering any medications.</p> <p>The curriculum must be currently approved and conform to North Carolina Medication Administration requirements. Training certificates expire on the last day of the month in which they were received. And after initial training, staff must take a renewal course annually. * the training certificate is non-transferable.</p> <p>All staff must be trained to understand medication and medication safety. All prescriptions whether packaging included plastic or glass bottles/vials with child-resistant, cream or liquid shall only be administered to a client on the the written order of a person authorized by law to prescribe drugs.</p> <p>a) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>b) 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>5) Each client's Medication Administration Record (MAR) must include all the drugs to be administered and the current dates.</p> <p>6) Medications administered shall be</p> | <p>5. The person on assigned shift will administer each client their medication. As each medication is being administered, staff must check and sign their initial onto the MAR.</p> <p>6. Immediately preceding administering medication, staff recheck the clients MAR and ensure all medications required at that time were documented.</p> <p>Documentation includes the benefits or lack thereof of the medications (especially if it's a new medication).</p> <p>Documentation will include:</p> <p>a) Date and time drug administered;</p> <p>b) Name and initials of person(s) administering the drug;</p> <p>c) White out will not be utilized on any part of the MAR. Use of whiteout will constitute a medication error.</p> <p>d) Client is to be monitored for a few minutes after administering medication.</p> <p>e) All medications are to be double locked back up after use.</p> <p>f) All clients medication records should be kept at the same location with the clients medication.</p> | <p>month, Agency QP will replace MAR's and maintain the previous months MAR's, sheets signed and verified; and keep them in a file for future records.</p> <p>8. While performing these bi-weekly audits, if Agency QP notices there has not been initials on MAR's, verifications and signoffs, or medication missing; QP is to notify staff Management, Board, and RN if the agency has one.</p> <p>Management will need to address this issue immediately and possibly issue corrective action and/or disciplinary to resolve the issue.</p> |  |
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|                                    | <p>recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> <li>a) client's name;</li> <li>b) name, strength, and quantity of the drug;</li> <li>c) instructions for administering the drug;</li> <li>d) date and time the drug is administered;</li> <li>e) name or initials of the person administering the drug.</li> <li>f) 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.</li> </ul> <p>7) All staff/providers will administer medication according to the manner determined by the prescribing physician or practitioner.</p> <p>8) Each staff/provider who administers medication must wash hands and wear gloves.</p> <p>9) Medication must be administered no earlier/later than one (1) hour before or after the designated time.</p> <p>10) Client requests for medication changes or checks shall be recorded and kept with the MAR file, followed up by an appointment or consultation with a physician.</p> <p>11) All medications in the facility/home shall be double-locked. Keys will always remain on the staff (whether on the wrist or in a pocket).</p> |                            |                                       |                      |
| <b>Out of Compliance Reference</b> | <b>Measures to Correct the Problem</b>  | <b>Measures to Prevent</b> | <b>Who will Monitor and How often</b> | <b>Complete Date</b> |



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| V 736 27G .0303(c) Facility and Grounds Maintenance | Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  | Reminders will be <b>provided to ensure compliance.</b>  | Agency QP will be responsible <b>for monitoring every month.</b>                        | Completed Or put a date for when it will be completed.                  |
| V 736 27G .0303(c) Facility and Grounds Maintenance | <p>1. Royal House of Care has a Physical Plant and Routine Maintenance policy that was effective in 2019 and revised in 2020. This policy was established so that the home will be free of hazards and pollutants and meet local ordinances.</p> <p>2. According to the Royal House of Care, LLC, policies listed under <b>SECTION 7: PLANT and ROUTINE MAINTENANCE.</b> This policy aligns with <b>10A NCAC 27G .0300.</b> This policy applies to all locations operated by or under the supervision of Royal House of Care, LLC.</p> <p>3. Royal House of Care, LLC has a focus on all clients supported by the Royal House of Care, LLC, be provided with a safe and comfortable living environment.</p> <p>4. Clean and safe environment will include:</p> <ul style="list-style-type: none"> <li>a) clean living area, including common areas shared by everyone and sleeping quarters.</li> <li>b) No visible damage to the interior structure, which may be a hazard.</li> <li>c) flooring space and walk areas free of debris and objects that could cause accidents and falls.</li> <li>d) Sturdy railings and steps should be included to avoid falls.</li> <li>e) Unclean odors that can be bad for one's health and can cause other issues.</li> </ul> <p>5. This includes hazards within the exterior locations</p> | <p>1. On May 20, 2024, Royal House of Care, LLC performed a complete inspection of the facility, including all furniture and appliances, and areas outside of home.</p> <p>2. From this inspection, the provider completed the following:</p> <ul style="list-style-type: none"> <li>a) painted client #1 bedroom area</li> <li>b) painted client #2 bedroom area</li> <li>c) painted client #3 bedroom area.</li> <li>d) painted hallway outside client #1-bedroom area</li> <li>e) painted hallway outside client #2 -bedroom area</li> <li>f) painted hallway outside client #3-bedroom area.</li> <li>g) painted living area and common area</li> <li>h) painted kitchen and eating area</li> <li>i) removed scuff marks from client #1-bedroom walls</li> <li>j) removed black and brown marks from client #1-bedroom walls</li> <li>k) repaired and painted all holes upstairs and downstairs</li> <li>l) Door with hole to client #1 bedroom has been replaced.</li> <li>m) Dryer in facility has been replaced.</li> <li>n) Client #1- has a new mattress protector.</li> <li>o) home has a fresh and</li> </ul> | Home Manager [REDACTED] will be responsible for ensuring staff is maintaining the home. | All painting and repairs listed in POC were completed on June 14, 2024. |

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|  | <p>surrounding the house. This would align with rule <b>10A NCAC 27G .0303</b></p> <p>2. Royal House of Care is to maintain renovations to the home's exterior.</p> <p>3. Royal House of Care, LLC will maintain a safe walkway.</p> <p>4. Royal House of Care, LLC will dispose trash, leaves, and other waste that could potentially be a fire hazard.</p> <p>5. All 24-hour facilities will have sufficient outdoor activity space;</p> <p>6. The premises will be insect and rodent-free.</p> <p>7. The design of all facilities and equipment located therein should ensure the following:</p> <p>a. Consumer privacy when bathing, dressing, or toileting;</p> <p>b. Safety of consumers, staff/providers, and visitors.</p> | <p>clean smell to it.</p> <p>3. Each staff member on each shift will wipe down walls weekly.</p> <p>4. Staff will contact maintenance AFTER approval from management when and if the client puts a hole in the wall.</p> <p>5. Staff will routinely clean home twice a week to ensure it remains <b>safe</b>, clean, attractive, and odor free.</p> <p>6. Staff will contact repairman AFTER approval from management when an appliance stops working.</p> |  |  |
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MAJ QP

Completed by  QP

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 Greensboro NC 27407  
 336-509-3733

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>MHL0411217 | (X2) MULTIPLE CONSTRUCTION<br>A. 1: BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>05/17/2024 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ROYAL HOUSE OF CARE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5709 WATERPOINT DRIVE<br>BROWNS SUMMIT, NC 27214 |
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| (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 and follow up survey was completed on May 17, 2024. 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>   | V 000         |   |                    |
| V 114              | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:<br/>                     Based on record review and interview, the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> | V 114         | <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>AUG 09 2024</b></p> <p style="text-align: center;"><b>DHSR-MH Licensure Sect</b></p> |                    |

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

TITLE

(X6) DATE



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>MHL0411217 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING | (X3) DATE SURVEY COMPLETED<br><br>05/17/2024 |
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|--------------------|---|---------------|---|--------------------|
| V114               | <p>Continued From page 1</p> <p>Review on 5/17/24 of the facility's fire and disaster drill log between 5/31/23 to 3/15/24 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of a 1st shift fire drill and no documentation of a 1st and 3rd shift disaster drill for the 1st quarter (January, February, March).</li> <li>-No documentation of a 2nd and 3rd shift fire drill and no documentation of a 2nd and 3rd shift disaster drill for 2nd quarter (April, May, June).</li> <li>-No documentation of a 1st and 3rd shift fire drill and no documentation of a 1st and 3rd shift disaster drill for 3rd quarter (July, August, September).</li> <li>-No documentation of a 2nd and 3rd shift fire drill and no documentation of a 1st and 3rd shift disaster drill for 4th quarter (October, November, December).</li> </ul> <p>Interview on 5/17/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Fire drills and hurricane drills were practiced at the facility.</li> <li>-He did not know when the last drill was practiced or what drill was practiced.</li> <li>-The meeting place for fire drills was outside at the mailbox and they (Clients #1, #2 and #3) went into the bathroom for hurricane drills.</li> </ul> <p>Attempted interview on 5/17/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He was non-verbal and unable to answer questions about fire and disaster drills at the facility.</li> </ul> <p>Interview on 5/17/24 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-He had not practiced fire or tornado drills since his admission.</li> </ul> <p>Interview on 5/16/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She conducted fire drills by making a sound to alert Clients #1, #2 and #3 that she was doing a</li> </ul> | V 114         |   |                    |

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|--------------------|--|---------------|---|--------------------|
| V 114              | <p>Continued From page 2</p> <p>fire drill.<br/>-She believed the last fire and disaster drills she conducted was about 2 months ago.</p> <p>Interview on 5/17/24 with Staff #2 revealed:<br/>-He had conducted a fire drill "a couple of times" with the last one in March 2024.<br/>-He had not ran any disaster drills.</p> <p>Interviews on 5/16/24 and 5/17/24 with Staff #3 revealed:<br/>-The facility had 3 shifts-1st shift was from around 7:00 am or 8:00 am to around 3:00 pm, 2nd shift was from around 3:00 pm or 4:00 pm to about 11:00 pm and 3rd shift ran from 11:00 pm to the next morning.<br/>-He believed staff were running the fire and disaster drills and were keeping up running the drills like they are supposed to.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:<br/>(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.<br/>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br/>(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</p>  | V 118         |   |                    |

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|--------------------|--|---------------|---|--------------------|
| V118               | <p>Continued From page 3</p> <p>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> <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:<br/>Based on record review, observation and interview, the facility failed to ensure prescription drugs were administered on the written order of a person authorized to prescribe drugs, and failed to ensure the MAR for each client was kept current. The findings are:</p> <p>Reviews on 5/16/24 and 5/17/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 11/9/15.</li> <li>-Diagnoses of Autism Spectrum Disorder, Intermittent Explosive Disorder, Mild Intellectual Developmental Disability (IDD), Pedophilia, Enuresis and Hypothyroidism.</li> <li>-1/3/24 physician orders for: <ul style="list-style-type: none"> <li>-Quetiapine Fumarate 300 milligram (mg)</li> </ul> </li> </ul> | V 118         |   |                    |

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| V736 | Continued From page 8<br><br>areas on the wall of the stairs leading to Clients #1, #2 and #3's bedrooms. The sizes of the plastered areas ranged from 1"x 1" to a 5" x 5" area.<br>-Client #1's bedroom had a white-plastered and unpainted area on his wall at the head of his bed with at least five scuff marks and a second plastered area on wall beside his bed with at least fourteen various size brown and black marks.<br>-Client #1's bedroom door had a hole at the bottom of the door that was approximately 3"x 3" in size.<br>-Client #1's room had various brown and white stains on his gray-colored carpet.<br>-Client #2's bedroom had pin-sized holes in his wall near the calendar on his wall and about 9 areas on his bedroom door where paint had peeled away.<br>-The client bathroom in the hallway had holes in the wall near the shower.<br><br>Interview on 5/17/24 with Clients #1 revealed:<br>-He did not know of any repairs needed at the facility.<br><br>Interview on 5/17/24 with Client #3 revealed:<br>-The washer was broken and was waiting to be fixed.<br>-Staff #3 was washing his clothes at another place.<br><br>Interview on 5/16/24 with Staff #1 revealed:<br>-She was not aware of any repairs needed at the facility.<br><br>Interview on 5/17/24 with Staff#2 revealed:<br>-Client #1 had gotten mad the previous week and kicked the hole in his bedroom door.<br>-Staff #3 talked with maintenance staff the day before yesterday (5/16/24) to replace the door. | V736 |  |  |
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Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL0411217</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                     |   | (X3) DATE SURVEY COMPLETED<br><br>05/17/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ROYAL HOUSE OF CARE |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5709 WATERPOINT DRIVE<br>BROWNS SUMMIT, NC 27214 |   |  |
| (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                           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL0411217</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br>05117/2024 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>ROYAL HOUSE OF CARE |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5709 WATERPOINT DRIVE<br><b>BROWNS SUMMIT, NC 27214</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                           |
| V736  | Continued From page 9<br><br>Interviews on 5/16/24 and 5/17/24 with Staff #3 revealed:<br>-The holes in the hallway stair area came from having moved furniture and needed to be repainted.<br>-The places in Client #1's bedroom came from holes Client #1 put in the wall.<br>-The rooms of Clients #1, #2 and #3 needed to be repainted. He had contacted a painter on the previous day about painting the walls.<br>-He was having maintenance staff to replace Client #1's bedroom door.<br>-Client #1 was incontinent (urine) and urinated on his floor and mattress.<br>-The places in Client #2's bedroom came items removed from his wall and bedroom door.<br>-There was a towel holder he had removed in the clients' bathroom that caused the holes in the bathroom wall. He would have this wall repaired.<br>-He had a warranty on the dryer that was not working, a repairman came out last week about the dryer and it will be 7-10 days to get it repaired or another dryer to replace the one not working. He had been laundering the clients' clothes at his other facility.<br>-He would have these areas of concern addressed as soon as possible. | V736   |   |  |