Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL092-411	B. WING		F 11/1	₹ 5/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THOMAS	THOMAS SUPERVISED CARE 7016 BEAVERWOOD DRIVE RALEIGH, NC 27616						
(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 000	INITIAL COMMENT	-S	V 000				
	completed on Nove limited follow up sur .0205 Assessment Service Plan (V112) compliance. The fol compliance: 10A NO and Treatment/Hab (V112). Deficiencies This facility is licens category: 10A NCA Living for Adults with	lowing was brought back into CAC 27G .0205 Assessment ilitation or Service Plan sewere cited. sed for the following service C 27G .5600C Supervised h Developmental Disability. sed for 5 and has a current urvey sample consisted of					
V 110	SUPERVISION OF (a) There shall be reparaprofessionals. (b) Paraprofessionals associate professional as spesubchapter. (c) Paraprofessional as spesubchapter. (d) Paraprofessional as spesubchapter. (d) At such time as employment system then qualified professionals shall associated as a support of the specific professionals shall associated as a support of the system than such that such time as the such time as the such time as the such time as the system than such time as the such time as th	04 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an nal or by a qualified cified in Rule .0104 of this als shall demonstrate nd abilities required by the a competency-based n is established by rulemaking, ssionals and associate demonstrate competence. nall be demonstrated by s including:	V 110				

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

TITLE (X6) DATE

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	
			A. BUILDING.		F	,
		MHL092-411	B. WING		1	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THOMAS	S SUPERVISED CARE		VERWOOD , NC 27616	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	(2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal s (6) communication (7) clinical skills. (f) The governing because the develop and impler for the initiation of the	ess; ; g; kills;	V 110			
	failed to ensure 1 or demonstrated know the population servation and in 12:18pm with staff - a male come or staff #1/Licensee's	fon and interview the facility of 5 staff (Licensee) wledge and skills required by ed. The findings are: terview on 11/15/24 at #1/Licensee's son revealed: ut of his bedroom and greet				
	reported: - his (Licensee) to provide respite for the Alternative had to go out of towns to AFL provide #5 upon his return he planned to provide #5 to planned to planned to provide #5 to planned to pl	Family Living (AFL) provider				

Division of Health Service Regulation

STATE FORM 6899 VCZD11 If continuation sheet 2 of 5

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-411	B. WING			R 15/2024
THOMAS SUPERVISED CARE 7016 BEA			DRESS, CITY, S VERWOOD I , NC 27616	STATE, ZIP CODE DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 110	- wanted to see i - he understood - would send his the day (11/15/24)	f client #5 "liked the facility" respite was not on his license job description by the end of description was not received	V 110			
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person a drugs. (2) Medications sha clients only when ar client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco	inistration: non-prescription drugs shall ad 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 all licensed persons, or by a trained by a registered nurse, a legally qualified person and a and administer medications. Iministration Record (MAR) of a to each client must be kept a sadministered shall be ally after administration. The	V 118			

6899

Division of Health Service Regulation STATE FORM

VCZD11 If continuation sheet 3 of 5

Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-411	B. WING		F 11/1	R 5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
THOMAS	SUPERVISED CARE		VERWOOD , NC 27616	DRIVE		
(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	Continued From pa	ge 3	V 118			
	with a physician.					
	interview the facility medications on the and failed to keep a audited clients (#5). Review on 11/15/24 - admitted 11/15/- diagnoses: Mild Disorder, Diabetes, Disorder and Traum - no physician or medications: - Clozapine 50m (Schizophrenia) - Divalproex 2 be - Levothyroxine - Olanzapine 2.5 needed (Schizophre - Metformin 500r - Amlodipine 10m Observation on 11/5 medication bottles in Clozapine - em - Divalproex - em - Levothyroxine - 8/13/24	on, record review and failed to administer written order of a physician a current MAR for 1 of 3. The findings are: of client #5's record revealed: 24 I Intellectual Development Schizophrenia, Mood natic Brain Injury ders for the following g bedtime (milligrams) edtime 500mg (Bipolar) 25mg daily (thyroid) mg twice day (PRN) as enia) mg daily (Diabetes) ng daily (high blood pressure)				

Division of Health Service Regulation STATE FORM

Review on 11/15/24 of client #5's November

6899 VCZD11 If continuation sheet 4 of 5

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	
		MHL092-411	B. WING		F 11/1	R 5/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 11/1	0/2024
		7016 BFA	VERWOOD I			
THOMAS	SUPERVISED CARE	RALEIGH,	NC 27616			
(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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	2024 MAR revealed: - a blank MAR with no medications or staff initials documented					
	reported: - will fill medication today (11/15/24)	11/15/24 the pharmacist ons and send to the facility ysician's orders with the				
	During interview on 11/15/24 staff #5 reported: - client #5 came to the facility around 4pm yesterday (11/14/24) - a person dropped client #5 off with a bag of medication - there was no MAR or physician orders with the medications - he administered 2 night medications: Clozapine and Olanzapine					
	reported: - client #5 was direspite care by the aprovider - the AFL was he bring the MAR or cl - planned to trans MARs when he reco	11/15/24 the Licensee ropped off late yesterday for Alternative Family Living (AFL) aded out of town and did not ient #5's physician orders scribe the November 2024 eived the physician orders I be administered when ere received				

6899

Division of Health Service Regulation STATE FORM