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		
MHL001-187		B. WING		12/04/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY. S	STATE, ZIP CODE	,1		
CEESON	CEESONS OF CHANGE 1536 MORNINGSIDE DRIVE BURLINGTON, NC 27217						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on December 4, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with 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 121	21 27G .0209 (F) Medication Requirements		V 121				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.						
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (#1, #2 and #3) who received psychotropic drugs. The findings are:						

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

TITLE (X6) DATE

Division of Health Service Regulation

DIVISION	of Health Service Re	3guiation				
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V 121	Continued From pa	ige 1	V 121			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Review on 12/2/24 of client #1's record revealed: -Admission date of 5/3/12Diagnoses of Depression, Asthma, Dermatitis, Psoriasis, Allergic Rhinitis and Mixed HyperlipidemiaPhysician's order dated 9/25/24 for Citalopram Hydrobromide 10 milligrams (mg) (Depression), one tablet dailyThere was no documentation of a drug regimen review completed within the last six months. Review on 12/2/24 of Medication Administration Records (MARs) revealed: -December 2024-Staff documented client #1 was administered the above medication 12/1 and 12/2November 2024-Staff documented client #1 was administered the above medication for the monthOctober 2024-Staff documented client #1 was administered the above medication for the month. Review on 12/2/24 of client #2's record revealed: -Admission date of 10/16/18Diagnoses of Schizophrenia, Major Depressive Disorder and Unspecified Intellectual DisabilityPhysician's order dated 7/9/24 for Fanapt 6 mg (Schizophrenia), one tablet twice dailyPhysician's order dated 5/9/24 for Trazodone Hydrochloride (HCL) 100 mg (Depression), one tablet at bedtime; Sertraline HCL 100 mg (Depression), two tablets daily and Carbamazepine Extended Relief 200 mg (Bipolar Disorder), 4 tablets twice a dayThere was no documentation of a drug regimen review completed within the last six months. Review on 12/2/24 of Medication Administration Records (MARs) revealed:					

Division of Health Service Regulation STATE FORM

administered the above medications 12/1 and

FORM ICIG11 If continuation sheet 2 of 6

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFIC	CATION NUMBER:	` ′) DATE SURVEY COMPLETED	
						
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PREFIX (EACH DEFICIENCY MUST BE PRE			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 121 Continued From page 2 12/2November 2024-Staff document administered the above medical monthOctober 2024-Staff documente administered the above medical month. Review on 12/2/24 of client #3's -Admission date of 11/2/23Diagnoses of Schizophrenia, Dependence and Low Vitamin E-Physician's order dated 1/30/24 HCL ER 300 mg (Depression), and Clozapine 100 mg (Schizopiat bedtime -There was no documentation or review completed within the last Review on 12/2/24 of Medication Records (MARs) revealed: -December 2024-Staff document administered the above medical monthOctober 2024-Staff document administered the above medical monthOctober 2024-Staff document administered the above medical month. Interview on 12/2/24 with the Di-The drug regimen reviews were within the last six months for an -The drug regimen review for all done about a year agoHe just talked to the pharmacis regimen reviews and was told the completed until next week.	ed client #2 was attions for the ed client #2 was attions for the ed client #3. Nicotine ed client #3 was attions for the ed client	V 121				

Division of Health Service Regulation

STATE FORM 6899 ICIG11 If continuation sheet 3 of 6

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 121	Continued From pa	ge 3	V 121			
	drug regimen review and #3 within the la	w completed for clients' #1, #2 st six months.				
V 290	27G .5602 Supervis	sed Living - Staff	V 290			
	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures					

6899

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	guiation				
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V 290	diagnosis is substa (1) at least or duty shall be trained withdrawal symptor secondary complica drug addiction; and (2) the service	ch serve clients whose primary nee abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other drug es of a certified substance hall be available on an	V 290			
	facility failed to asset three audited clients unsupervised in the findings are: Review on 12/2/24 -Admission date of -Diagnoses of Depr Psoriasis, Allergic F Hyperlipidemia.	views and interviews, the less the capability for two of s (#1 and #3) to be home and community. The of client #1's record revealed: 5/3/12. ression, Asthma, Dermatitis, Rhinitis and Mixed				
	was dated 11/3/24No documentation assessed for capabitime in the home or supervision. Review on 12/2/24 -Admission date of -Diagnoses of Schiz Dependence and Lo	zophrenia, Dermatitis, Nicotine				

Division of Health Service Regulation STATE FORM

was dated 11/3/24.

Division of Health Service Regulation

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V 290	Continued From pa	ge 5	V 290			
	-No documentation that client #3 had been assessed for capability of having unsupervised time in the home or community without staff supervision.					
	Interview on 12/2/24 with client #1 revealed: -He had unsupervised time in the home and communityHe stayed at the home unsupervised dailyHe was at home alone for several hours until staff returns at 2:30 pmHe goes out into the community unsupervised daily for a few hours whenever he workedHe also walked to the store and other places in the community unsupervised.					
	Interview on 12/4/24 with client #3 revealed: -He stayed at the home without staffHe could also went to the store and took walks in the community unsupervised.					
	Interview on 12/4/24 with the Director revealed: -Clients #1 and #3 had unsupervised time in home and communityHe talked with clients about pedestrian rules when in the communityHe also talked with clients about safety and wearing the right type of clothing while out in the communityHe had the clients sign that he went over the pedestrian rules with themHe confirmed clients #1 and #3 had not been assessed for capability of having unsupervised time in the home and community without staff supervision.					

6899

Division of Health Service Regulation STATE FORM

ICIG11 If continuation sheet 6 of 6