Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411249			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		12	2/16/2024	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
/ANGUAR	D HOME		INCY STREET			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPL TO THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	A complaint survey and follow up was completed on December 16, 2024 The complaint was substantiated (intake #NC00224972). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.					
		d for 3 and has a current vey sample consisted of ents.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered order of a person aut					
	clients only when aut client's physician. (3) Medications, inclu administered only by	be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse,				
	pharmacist or other le privileged to prepare (4) A Medication Adm	egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept				
	recorded immediately MAR is to include the (A) client's name;	/ after administration. The following: nd quantity of the drug;				
sion of Hea	. ,	drug is administered; and				

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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411249			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED 12/16/2024	
		B. WING		12			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
/ANGUAF	RD HOME		IINCY STREET SBORO, NC 27401				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 118	Continued From page 1		V 118				
	drug. (5) Client requests fo checks shall be recor	f person administering the r medication changes or rded and kept with the MAR pointment or consultation					
	interviews, the facility non-prescription drug	ns, record reviews and administered a to 1 of 2 clients (#1) without person authorized by law to					
	#1's items at the offic -3 boxes of ensure cl	11/24 at 11:18am, of client æ, revealed: ear fat free mixed berry 4 eight ounce packages in					
	-An admission date o -Diagnoses of Autistic Hyperactivity Disorde Intellectual Disability, Bipolar Disorder -An admission asses I consume Ensure Supplements but hav	c Disorder, Attention Deficit er, Combined, Severe Conduct Disorder and sment dated 11/21/24 noted "					
	Review on 12/12/24 or revealed:	of client #1's medications					

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411249			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		12/16/2024		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ANGUAF	RD HOME		INCY STREET BORO, NC 27401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 2		V 118			
	 -Physician's orders dated 8/30/24 for the following medication: Midazolam 5 milliliter (ml), by nasal route as needed for seizure longer than 4 minutes, and physician's orders dated 10/21/24 for Lamotrigine 100 milligrams (mgs), 1 po q am and 1 ½ po q hs. -No physician's orders for Ensure Further review on 12/12/24 of client #1's 					
	medications revealed: -Physician's orders dated 12/7/24 for the following medications: Buspirone HCL 10 mgs, 1 po tid, Hydroxyzine HCL 25 mgs, 2 po bid, Lamotrigine 150 mgs, 1 po bid, Atomoxetine HCL 40 mgs, 1 po qd, Clonidine HCL 0.1mg, take 2 po bid, Fanapt 1mg, ¼ to ½ bid and Trazodone 50 mgs, 2 po qhs." -"Refills given for Buspirone 10mgs, Hydroxyzine 25 mgs and Lamotrigine 150 mgs. Changed/Discontinued Medications: Atomoxetine					
	Clonidine HCL 0.1. n Discontinued Fanapt -No physician's order	and Trazodone."				
	from 11/21/24 to 12/8 -"12/2/24 [Client #1] drank an Ensure" -"12/3/24He drank -"12/6/24[Client #1 -"12/8/24[Client #1	of client #1's progress notes 3/24 revealed: wouldn't eat breakfast. He a little bit of Ensure"] only drank Ensure"] ate cereal for breakfast ed dinner but drank Ensure				
	Interview was not att was non-verbal.	empted with client #1 as he				
		4 with client #2 revealed: ank Ensure that his mom got				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411249		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NONDER.	A. BUILDING:			12/16/2024	
		B. WING		12			
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
/ANGUAR		1601 QU	JINCY STREET				
		GREENS	SBORO, NC 27401				
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 110	Continued From non	- 2	V 118	DEFICIEN			
V 118	Continued From page	e 3	VIIO				
	him"						
	Intonviow on 12/12/2	1 with staff #1 revealed:					
	Interview on 12/12/24 with staff #1 revealed: -"I gave him (client #1) the Ensure with his meal						
	Ensure was all that he wanted"						
	Interview on 12/12/24 with the Associate Professional revealed:						
	-"There was no physician's order for the						
	Ensure, as it was over the counter. He arrived at						
	the facility with a low supply of Ensure. [The						
	Director] bought his Ensure out of her pocket. He						
	came with medications from his previous						
	pharmacy"						
	Interview on 12/12/24	4 with the Qualified					
	Professional revealed:						
	-Client #1's mother brought Ensure to have.						
		nysician's order for the					
		d have been one. If it was					
		or, then we would make sure mally how we do it"					
	Interview on 12/11/24	4 with the Director revealed:					
		ations were filled when he					
	was seen on Saturda	ay (12/7/24) when mom came					
	•	e and we waited for $1\frac{1}{2}$					
	weeks for it.						
	it was "over the coun	cian's order for the Ensure as					
		eral packs of the Ensure					
		he came he only had					
		es with him. The mother said					
	• •	ng it (Ensure) but did not until					
	12/7/24 when she vis						
		Ensure "with each meal" and					
		and wanted another Ensure,					
	we would give it to hi	111.					