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	MHL032371	A. BUILDING: _____ B. WING _____	R 01/14/2025

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ROSE'S CASTLE RESIDENTIAL SERVICES INC	505 COOK ROAD DURHAM, NC 27713

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 14, 2025. 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 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113	V113 - A Caregiver Consent Form for Emergency Treatment has been sent to the legal guardian of Client #3 for signature. We expect the form back at the beginning of the week starting on 2/16/25. RECEIVED FEB 17 2025 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela M. Smoke — TITLE: Qualified Professional — (X6) DATE: 02/09/2024

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician for 1 of 3 audited clients (#3). The findings are: Review on 1/14/25 of client #3's record revealed: -Admission date of 3/6/24. -Diagnoses of Schizophrenia; Hypertension; Obstructive (Sleep Apnea); Tobacco Use; Dyslipidemia; Obesity; Prediabetes. -Client #3 had a legal guardian. -There was no signed consent from client #3's legal guardian that granted permission to seek emergency care. Interview on 1/14/25 with the Qualified Professional revealed: -She forgot to have client #3's legal guardian sign	V 113		

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V 113	Continued From page 2 the consent to seek emergency care. -She acknowledged client #3 did not have a signed consent to seek emergency treatment.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are: Review on 1/14/25 of the facility's fire drills log	V 114	V 114 - The Qualified Professional meet with the staff again to discussed how important the disaster/fire drills are and how often they need to be performed. The QP reminded the staff of the procedures they need to follow during drills. Both shifts completed disaster and fire drills in January for the 1st quarter of 2025. RECEIVED FEB 17 2025 DHSR-MH Licensure Sect	

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V 114	Continued From page 3 from 1/14/24 through 1/14/25 revealed: -There were no fire drills for 2nd shift for the 2nd quarter (April, May, June) of 2024. -There were no fire drills for 1st and 2nd shift for the 3rd quarter (July, August, September) of 2024. -There were no fire drills for 1st and 2nd shift for the 4th quarter (October, November, December) of 2024. Review on 1/14/25 of the facility's disaster drills log from 1/14/24 through 1/14/25 revealed: -There were no disaster drills for 2nd shift for the 2nd quarter (April, May, June) of 2024. -There were no disaster drills for 2nd shift for the 3rd quarter (July, August, September) of 2024. -There were no disaster drills for 1st and 2nd shift for the 4th quarter (October, November, December) of 2024. Interviews on 1/14/25 with clients #1, #2, #3 and #4 revealed: -Facility conducted fire drills. -Facility conducted disaster drills. -Clients #1, #2, #3 and #4 verbalized that in the even of a fire drill, they would all go out to the front of the facility and meet by the facility's mailbox. -Clients #1, #2, #3 and #4 verbalized that in the event of a tornado, they would gather at the facility's hallway that leads to their bedrooms , close all the bedrooms doors and crouch down. Interview on 1/14/25 with staff #4 revealed: -She conducted fire and disaster drills at the facility with the clients. -She thought all required drills had been conducted. Interview on 1/14/25 with the Qualified	V 114		

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V 114	Continued From page 4 Professional revealed: -Facility operated under 2 shifts. -First shift was from 8 am to 5 pm. -Second shift was from 5 pm to 8 am. -She knew this deficiency had been cited before. -A schedule calendar had been created the last time this deficiency was cited, but staff failed to follow it. -She confirmed the facility failed to complete fire and disaster drills for each quarter and for each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 121	27G .0209 (F) Medication Requirements 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 records reviews and interviews, the facility failed to obtain drug regimen reviews every	V 121	V 121 - The MedTechs for Rose's Castle obtained psychotropic drug reviews from our pharmacist for each client on psychotropic meds. These reviews were placed in the each client's record book.	

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V 121	Continued From page 5 six months for 3 of 3 clients (#1, #2 and #3) who received psychotropic drugs. The findings are: Review on 1/14/25 of client #1's record revealed: -Admission date of 6/14/13. -Diagnoses of Borderline Intellectual Functioning; Severe Acne; Pervasive Developmental Disorder; Recurrent Enuresis; Schizoaffective Disorder; Intermittent Explosive Disorder; Exercise Induced Asthma; Attention Deficit Disorder. -Physician's orders dated 2/29/24: -Lithium Carbonate 300 milligrams (mg)- take one capsule twice daily (one in the morning and one in the evening.) -Physician's orders dated 3/15/24: -Lorazepam 0.5 mg- Take one tablet daily in the morning and two tablets daily in the evening. -Clozapine 100 mg- Take three tablets daily in the evening with meals. -Clozapine 100 mg- Take three tablets daily at bedtime. -Divalproex Sodium 250 mg- Take three tablets daily at bedtime. -The last time a six month psychotropic review was conducted was 5/7/24. -There was no evidence of a current six month psychotropic drug review for client #1. Review on 1/14/25 of client #1's Medication Administration Record (MAR) for the months of November 1, 2024 through January 14, 2025 revealed: -Client #1 was administered the above medications from November 1, 2024 through January 14, 2025. Review on 1/14/25 of www.webmd.com revealed: -Lithium carbonate was used to treat manic-depressive disorder (bipolar disorder). -Lorazepam was used to treat anxiety.	V 121		

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V 121	Continued From page 6 -Clozapine was used to treat certain mental/mood disorders (schizophrenia, schizoaffective disorders). -Divalproex Sodium was used to treat bipolar disorder. Review on 1/14/25 of client #2's record revealed: -Admission date of 8/17/06. -Diagnoses of Essential Hypertension; Parkinson's Disease; Chronic Kidney Disease; Chronic Schizoaffective Disorder; Vitamin D Deficiency. -Physician's orders dated 2/28/24: -Divalproex Sodium 500 mg- Take one tablet twice daily. -Risperidone 4 mg- Take one tablet daily at bedtime. -The last time a six month psychotropic review was conducted was 5/7/24. -There was no evidence of a current six month psychotropic drug review for client #2. Review on 1/14/25 of client #2's MAR for the months of November 1, 2024 through January 14, 2025 revealed: -Client #2 was administered the above medications from November 1, 2024 through January 14, 2025. Review on 1/14/25 of www.webmd.com revealed: -Divalproex Sodium was used to treat bipolar disorder. -Risperdal was used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder, irritability associated with autistic disorder). Review on 1/15/24 of client #3's record revealed: -Admission date of 3/6/24. -Diagnoses of Schizophrenia; Hypertension;	V 121		

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V 121	Continued From page 7 Obstructive (Sleep Apnea); Tobacco Use; Dyslipidemia; Obesity; Prediabetes. -Physician's orders dated 12/20/24: -Aripiprazole 2 mg- Take two tablets daily at bedtime. -Lorazepam 1 mg- Take one tablet daily at bedtime. -Trazodone 100 mg- Take one tablet daily at bedtime. -Aristada Injection 882 mg- Inject 3.2 milliliters intramuscularly every 28 days. -The last time a six month psychotropic review was conducted was 5/7/24. -There was no evidence of a current six month psychotropic drug review for client #3. Review on 1/14/25 of client #3's MAR for the months of November 1, 2024 through January 14, 2025 revealed: -Client #3 was administered the above medications from November 1, 2024 through January 14, 2025. Review on 1/14/25 of www.webmd.com revealed: -Aripiprazole was used to treat schizophrenia, bipolar disorder, depression, and Tourette syndrome. It could also treat irritability associated with autism. -Lorazepam was used to treat anxiety. -Trazodone was used to treat depression. Interview on 1/14/25 with staff #4 revealed: -She remembered the pharmacist coming to the facility in November of 2024, but they did not send the forms completed back to the facility. -She went to the pharmacy this morning to request them and the person that had come out to the facility was not currently working. -Staff at the pharmacy checked their computer and were not able to find anything that the	V 121		

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V 121	Continued From page 8 reviews were conducted in November. -She acknowledged there were no recent records that the drug reviews were completed. Interview on 1/14/25 with the Qualified Professional revealed: -She was aware that this deficiency was previously cited. -She thought the psychotropic drug reviews had been conducted as required. -She confirmed there were no recent records that the pharmacist had completed the clients' six months psychotropic drug reviews. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121		