STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-312	A. BUILDING: _____ B. WING _____	R 02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBESON #3	504 S ELM STREET MAXTON, NC 28364

(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	INITIAL COMMENTS An annual survey was completed on February 6, 2025. Deficiencies were cited. This facility is licensed for the following service category" 10A NCAC 27G .5600C Supervised Living for Adults with Developemental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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V 120	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure all medications were kept in a locked compartment or container for 1 of 3 clients audited (#3). The findings are: Review on 2/6/25 of client #3's record revealed: -Admitted date 7/14/17. -Diagnoses of Mild Intellectual Disability, Obesity, Bipolar Disorder unspecified, Gastro esophageal reflux disease, major depressive disorder and Oppositional Defiant Disorder. Observation on 2/5/25 at appropriately 10:05am - 10:30am a tour of the facility revealed: -The kitchen refrigerator contained 2 silver bubble envelope packages containing client #3's Ozempic injection medication next to a small medication locked box. Attempted interview on 2/6/25 with client #3 was unsuccessful due to his therapeutic leave. Interview on 2/5/25 the Home Manager stated: -Client #3's Ozempic Injection had to be kept refrigerated. -Client #3's Ozempic Injection did not fit in the medication locked box in the refrigerator. Interview on 2/6/25 the Qualified Professional stated: -All medications were supposed to be kept locked and secured.	V 120		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

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V 366	Continued From page 2 (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy;	V 366		

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V 366	Continued From page 3	V 366		

(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment

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V 366	Continued From page 4 area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement a policy governing their response to Level I incidents as required. The findings are: Review on 2/6/25 of client #3's record revealed: -Admitted date 7/14/17. -Diagnoses of Mild Intellectual Disability, Obesity, Bipolar Disorder unspecified, Gastro esophageal reflux disease, major depressive disorder and Oppositional Defiant Disorder. Review on 2/6/25 of client #3's Medication Administration Record (MAR) revealed: - Ammonium Lactate Lotion 12% twice daily was refused on 11/4/24, 11/7/24, 11/8/24, 11/18/24, 11/20/24, 11/21/24, 11/25/24, 12/5/24, 12/6/24, 12/12/24- 12/14/24, 12/19/24-12/21/24, 1/2/25-1/4/25. -Client #3 refused the following medication on	V 366		

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V 366	Continued From page 5 11/21/24: Metformin 500 milligram (mg) for blood glucose, Magnesium-G for Hypomagnesemia, Omega 3 Fish Cap 1000 mg (Supplement), Docusate 100 mg (stool softener), Nabumetone 750 mg (pain), Gabapentin 300mg. Trazodone 50 mg and Cyclobenzapre 10 mg . Attempted interview on 2/6/25 with client #3 was unsuccessful due to his therapeutic leave. Interview on 2/5/25 the House Manager stated: -Client #3 had refused some of his medications. Interview on 2/6/25 the Qualified Professional stated: -The facility did not complete incident reports for missed medication or refusals.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and	V 367		

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identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).

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V 367	Continued From page 7 (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report a level II incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are: Review on 2/5/25 of client #1's record revealed: -Admitted 5/2/23. -Diagnoses of Mild Intellectual Disability and Autistic Disorder.	V 367		

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V 367	Continued From page 8 Review on 2/6/25 of the facility's level I incident reports for client #1 revealed: -"Event Date 11/26/24...[Client #1] had a behavior after wanting her hair done while another client was getting hers done. Staff told her to wait a second and she will go next. [Client #1] started to bite herself and threw her tablet. [Client #1] started to grab staffs hair and pull. Staff restrained [Client #1] in a therapeutic hold for 2 minutes. [Client #1] calmed down enough to go outside to carry out the rest of her behavior..." Review on 2/6/25 of the Incident Response Improvement System (IRIS) revealed no level II incident report for client #1 dated 11/26/24. Attempted interview on 2/6/25 with client #1 was unsuccessful. Interview on 2/6/25 the Qualified Professional stated: -The facility had not completed a level II incident report for client #1.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:	V 736		

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V 736	Continued From page 9 Observation on 2/5/25 at appropriately 10:05am - 10:30am a tour of the facility revealed: -The smoke detector in the hallway off the kitchen near the staff area chirped about every 2 minutes. -The hall bathroom had a missing ceiling air vent. -Client #1's bedroom dresser was missing the top right dresser drawer. -The hall bathroom at the front of the facility had paint that was peeling between the door frame and bathtub. -Client # 5's bedroom and linear missing paint areas next to -Client #3's bedroom was a missing light switch cover. Interview on 2/6/25 the Qualified Professional stated: -The smoke detector was not chirping prior to survey. -She would ensure maintenance of the facility was completed.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between	V 752		

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V 752	Continued From page 10 100-116 degrees Fahrenheit. The findings are: Observation on 2/5/25 at appropriately 10:05am - 10:30am a tour of the facility revealed: -Hot water at the kitchen sink was 120 degrees Fahrenheit. -Hot water at the front hall bathroom sink was 92 degrees Fahrenheit. -Hot water at the back hall bathroom sink was 92 degrees Fahrenheit. Interview on 2/6/25 the Qualified Professional stated: -Staff checked the water temperatures daily at the facility and documented. -The water temperatures may changes when it is used by the clients verse when it is not in use.	V 752		