

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/07/2025
NAME OF PROVIDER OR SUPPLIER ROSHAUN'S HOUSE OF CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD DURHAM, NC 27705		
(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 and follow up survey was completed on March 7, 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 3/6/25 of the facility's fire and disaster drill log from (March 2024-February 2025) revealed:</p> <ul style="list-style-type: none"> -There were no fire drills conducted during the 4th quarter (October, November, December) of 2024. -There were no fire drills conducted during the 3rd quarter (July, August, September) of 2024. -There were no disaster drills conducted during the 4th quarter (October, November, December) of 2024. -There was no disaster drill conducted by the relief staff during the 3rd quarter (July, August, September) of 2024. <p>Attempt to interview client #1 on 3/6/25 revealed:</p> <ul style="list-style-type: none"> -He could not be interviewed because his responses were not related to questions. <p>Interview on 3/6/25 with client #2 revealed:</p> <ul style="list-style-type: none"> -They went outside and stood near the mailbox for fire drills. -They went into the hallway for disaster drills. -Drills were done every other month. <p>Interview on 3/6/25 with client #3 revealed:</p> <ul style="list-style-type: none"> -They went outside into the front yard for fire drills. -They went into the hallway for disaster drills. <p>Interview on 3/6/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> -Former Staff #2 left the facility before Christmas 2024. -"I worked in the facility since then." -"I always did the drills, never [Former Staff #2]." -"I did drills with the clients and did not document 	V 114		

Division of Health Service Regulation

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V 114	Continued From page 2 all the drills." -"I do the drills once a month." Interview on 3/7/25 with the Licensee revealed: -Staff #1 was aware the fire and disaster drills were supposed to be done quarterly. -She didn't realize staff #1 was not doing the drills quarterly with the clients. -She confirmed the facility failed to ensure fire and disaster drills were done quarterly on each shift.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p>Observation on 3/6/25 at approximately 11:50 am of client #1's medication bin revealed: -There were packets of Gabapentin 300 milligrams (mg) (Seizure Disorder); Propranolol 20 mg (High Blood Pressure); Propranolol 10 mg and Risperidone 2 mg (Schizophrenia). -All of the above medication was dispensed on 1/17/25.</p> <p>Review on 3/6/25 of client #1's record revealed: -Admission date of 9/6/12. -Diagnoses of Schizophrenia, History of Substance Abuse and Tobacco Dependence. -Physician's order dated 1/17/25 for Gabapentin 300 mg, one capsule three times daily Propranolol 20 mg, one tablet three times daily Propranolol 10 mg, one tablet three times daily Risperidone 2 mg, one tablet two times daily</p> <p>Review on 3/6/25 of MARs for client #1 revealed:</p> <p>March 2025-</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>-Gabapentin 300 mg, Propranolol 20 mg, Propranolol 10 mg and Risperidone 2 mg were not listed on the MAR. -Staff did not indicate the medication was administered on 3/1 thru 3/5.</p> <p>February 2025- -Gabapentin 300 mg, Propranolol 20 mg, Propranolol 10 mg and Risperidone 2 mg were not listed on the MAR. -Staff did not indicate the medication was administered on 2/1 thru 2/28.</p> <p>January 2025- -Gabapentin 300 mg, Propranolol 20 mg, Propranolol 10 mg and Risperidone 2 mg were not listed on the MAR. -Staff did not indicate the medication was administered on 1/17 thru 1/31.</p> <p>Attempt to interview client #1 on 3/6/25 revealed: -He could not be interviewed because his responses were not related to questions.</p> <p>Interview on 3/6/25 with staff #1 revealed: -Client #1 returned to the facility on 1/17/25 from the hospital. -He gave client #1 the Gabapentin, Propranolol and Risperidone medication daily after he returned from the hospital. -He was not signing off on the MARs to indicate the medication was administered. -Client #1 had those medications added when he was in the hospital. -Those medications were filled through a different pharmacy. -Those medications were not listed on the January, February or March 2025 MAR -He didn't know he was supposed to be documenting the new medications on a MAR.</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 5 -They do the MARs online and those medications were not listed. -He confirmed the MARs were not current client #1. Interview on 3/6/25 with the Licensee revealed: -Staff #1 contacted her earlier (3/6/25) about the issues with client #1's MARs. -She did not know staff #1 was not documenting the above medication was being administered to client #1 on the MARs. -"[Staff #1] said he gave the medication, he just did not document it was given." -"There are blank MARs at the facility and [staff #1] could have used those to document the medications that were added after [client #1] was discharged from the hospital." -She confirmed the MARs were not current client #1.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 6</p> <p>the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure coordination of services for one of three clients (#1). The findings are:</p> <p>Observation on 3/6/25 at approximately 11:50 am of client #1's medication bin revealed: -There was a packet of Trazodone 100 milligrams (mg) (sleep) tablets. -There were 2 pills in each bubble pack. -The medication was dispensed on 2/12/25.</p> <p>Review on 3/6/25 of client #1's record revealed: -Admission date of 9/6/12. -Diagnoses of Schizophrenia, History of Substance Abuse and Tobacco Dependence. -Physician's order dated 1/17/25 for Trazodone 100 mg, one tablet at bedtime.</p> <p>Review on 3/6/25 of client #1's March 2025 MAR revealed: -The instructions for administering the medication</p>	V 291		

Division of Health Service Regulation

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V 291	Continued From page 7 was two tablets at bedtime. -Staff #1 documented the Trazodone was administered on 3/1 thru 3/5. Attempt to interview client #1 on 3/6/25 revealed: -He could not be interviewed because his responses were not related to questions. Interview on 3/6/25 with staff #1 revealed: -Client #1's order for Trazodone changed in January 2025. -He gave client #1 only one tablet of Trazodone from the bubble pack. -The pharmacy staff never changed the packaging for the Trazodone. -He never reached out to the pharmacist or client #1's doctor about getting clarification for the Trazodone medication. Interview on 3/7/25 with the Licensee revealed: -She was not aware of the issue with client #1's Trazodone. -Staff #1 had not said anything to her about that medication. -She didn't know there was a discrepancy with the Trazodone.	V 291		
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,	V 736		

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V 736	Continued From page 8 orderly manner and kept free from offensive odor. The findings are: Observation on 3/6/25 at approximately 9:00 AM revealed: -Kitchen area-There were approximately 20 red and brown food stains on the wall near the trash can. The door way leading into the den area had peeling paint. -The patio area-There was an inoperable refrigerator. -Client #4's bedroom-The blinds had one missing slate and the ends of 3 of the slates were broken. -Bathroom #1(in hallway)-The top of the stopper in the sink was missing. Shower curtain liner had 3 rusted ring holes. The cloth shower curtain was crumbled and hanging off of the shower curtain rings. All 12 shower rings were discolored (light brown). The tub had approximately 10 black spots that ranged from dot size to the size of a dime. The tile on the inside of the shower had a brownish substance in between approximately 20 of the tiles. The light panel was rusted. There was peeling paint on the inside of the door. -Client's #1 and #2's bedroom-A strong urine and musty odor. Closet had peeling paint and approximately 6 brownish water stains. The floor in front of the entrance to the bathroom was spongy and it gave way when stepped on. -Bathroom #2 in client's #1 and #2's bedroom- The shower curtain liner had 5 rusted rings. Seven of the shower curtain rings were missing. There was no shower curtain. The top of the stopper in the sink was missing. There were brown and black stains on the baseboards towards the back of the sink. -The empty bedroom-The door was not capable of locking. There was a bottle of pine cleaner, container of bleach, bottle of all purpose cleaner and bottle of disinfectant cleaner siting on a night	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 9</p> <p>stand.</p> <p>-Closet in den area-The closet door was not capable of locking. There were 5 containers of bed bug spray.</p> <p>-Client's #2 and #5's bedroom-There were 4 plastic bags in the corner on the floor with clothes in them. Walls had approximately 40 white and brown pin sized spots. There was a bin on top of the dresser with 2 coats lying across it. There was a 2nd bin with toothpaste, 3 books, 3 bottles of lotion, deodorant, phone charger block, bath sponge, 2 items of clothing, a cup and 2 plastic food containers on top of it in a pile.</p> <p>Interview on 3/6/25 with staff #1 revealed:</p> <p>- "Most of the cabinets and closets in the facility don't lock."</p> <p>- He talked to the Licensee about getting locks installed in the facility.</p> <p>- He had been keeping the cleaning supplies in the empty bedroom for "about a week or so."</p> <p>- The Licensee was aware of most of the issues with the facility.</p> <p>- He reported those issues to her.</p> <p>- "The landlord comes to the facility, however he don't really fix anything."</p> <p>- He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>Interview on 3/6/25 with the Licensee revealed:</p> <p>- She was at the facility about once a month.</p> <p>- She was aware of some of the maintenance issues with the facility.</p> <p>- Staff made her aware of some of the issues with the facility.</p> <p>- She talked to the landlord about some of the repairs that needed to be made.</p> <p>- She did not know staff were keeping the cleaning supplies unlocked in the facility.</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 10 -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. This deficiency has been cited 5 times since the original cite on 3/11/22 and must be corrected within 30 days.	V 736		