	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
MHL032-621		BENNI IOMIONIDEN.	A. BUILDING:			
		MHL032-621	B. WING		C 03/10/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MORETZ	MANOR	409 EBO DURHAM	N ROAD I, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	2025. The complair	was completed on March 10, ht was unsubstantiated (intake ficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	census of 5. The su	sed for 6 and has a current irvey sample consisted of client and 1 former client.				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall b assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i	ILITATION OR SERVICE be developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days.				
	 achieved by provision projected date of activity of activ	on of the service and a chievement;				
	 responsible person (5) basis for evalua outcome achieveme (6) written consent 	or both; ation or assessment of				
		y such consent could not be				

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PRINTED: 03/12/2025 FORM APPROVED

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED
						C 10/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MORETZ	MANOR	409 EBO DURHAN	N ROAD 1, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	ge 1	V 112			
	facility failed to deve strategies to meet t audited current clien Review on 3/6/25 o -Admission date of -Diagnoses of Trau Intellectual Disabilit Disorder, Transami History of Strokes, Gastroesophageal Constipation and In -Individualized Supp had no goal and str his clothing in public -Behavior Support I no strategies to ado public	view and interviews, the elop and implement a goal and he needs of one of one nt (#1). The findings are: f client #1's record revealed: 10/8/22. matic Brain Injury, Profound y, Generalized Anxiety nitis, Vascular Dementia, History of Seizures, Tremors, Reflux Disease, History of somnia. port Plan (ISP) dated 7/1/24 ategies to address taking off c. Plan (BSP) dated 3/3/25 had dress taking off his clothing in				
	revealed: -1/15/25-"[Client #1	f a facility 24-Hour Report] continues to take off his vehicle and in the doctor's				
	revealed: -Client #1 took off h	with the Program Manager is clothes in public. a off his pants, shirt and				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
409 EBON ROAD DURHAM, NC 2773 OPEN CONSTRUCTION OF DEFICIENCE REACH DEFICIENCY MUST BE PRECEDED BY FULL REQUARTORY OR LSC IDENTIFYING INFORMATION) PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODERCISING ACTION SHOULD BE ECACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODERCISING ACTION SHOULD BE DEFICIENCY) CONSERTING CONSERTING ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONSERTING CONSERTING ACTION SHOULD BE DEFICIENCY) V112 Shoes. -XAs soon as [client #1] gets on van when he is picked up from his day program he will take off his shirt and shoes." V 112 Shoes. -XAs soon as [client #1] gets on van when he is picked up from his day program he will take off his shirt and shoes." -Client #1 took his clothes off in public Tjust about every day" he was sout of the facility. -They redirected client #1 had no goal or strategies to address taking his clothes off in public. Interview on 3/6/25 with the Program Director/Qualified Professional revealed: -Client #1 took his clothing off "almost" daily. -She just had a meeting with the psychiatrist a few weeks ago. -The behavior (removing clothes) was supposed to be added to client #1 had no goal or strategies to address taking his clothes off in public. V 118 V118 27G .0209 (C) Medication Requirements to Medication administration: (1) Prescription or non-prescription drugs shall only be administeration: (1) Prescription or non-prescription drugs shall only be administeration: (1) Prescription or non-prescription drugs shall only be administeration: (1) Prescription or non-prescription drugs shall only be administer			MHL032-621	B. WING				
DURHAM, NC DURHAM, NC 27713 (X4) ID TAG SUMMARY STATEMENT OF DEFICIENCIES RECHT DEFICIENCY MUST BE RECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG ID PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Comment DEFICIENCY) V 112 Continued From page 2 shoes. V 112 V 112 EACH DEFICIENCY) V 112 shoes. -"As soon as [client #11] gets on van when he is picked up from his day program he will take off his shirt and shoes." V 112 V Client #1 took his clothes off in public "just about every day" he was out of the facility. -He had been taking his clothes off again. -She confirmed client #1 and dressed him again. -Client #1 took his clothes off in public. Interview on 3/8/25 with the Program Director/Qualified Professional revealed: -Client #1 took off his clothes in public. -Client #1 took his clothing off "almost" daily. -The behavior (removing clothes) was supposed to be added to client #1 had no goal or strategies to address taking his clothes off in public. -Client #1 took his clothing off "almost" daily. -The behavior (genoving clothes) was supposed to be added to client #1 had no goal or strategies to address taking his clothes off in public. V118 276 .0209 (C) Medication Requirements V 118 V118 10A NCAC 27G .0209 MEDICATION RECUIREMENT	NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMMIT V 112 Continued From page 2 shoes. V 112 V 112 V 112 DEFICIENCY shoes. V 112 Image: Commit bit shows and shoes. V 112 Image: Commit bit shift and shoes. V 112 Image: Commit bit shift and shoes. V 112 Image: Commit bit shift and shoes. Image: Commit bit shift and shoes. V 112 Image: Commit bit shift and shoes. Image: Co	MORETZ	MANOR						
shoes. -'As soon as [client #1] gets on van when he is picked up from his day program he will take off his shift and shoes." -Client #1 took his clothes off in public "just about every day" he was out of the facility. -He had been taking his clothes off in public since the middle part of last year (2024). -They redirected client #1 and dressed him again. -Client #1 would then take his clothes off again. -She confirmed client #1 had no goal or strategies to address taking his clothes off again. -She confirmed client #1 had no goal or strategies to address taking his clothes off in public. Interview on 3/6/25 with the Program Director/Qualified Professional revealed: -Client #1 took his clothing in public. -Client #1 took off his clothing in public. -Client #1 had been taking off his clothes and would be naked. -Client #1 had been taking off "almost" daily. -She just had a meeting with the psychiatrist a few weeks ago. -The behavior (removing clothes) was supposed to be addred to client #1 to an og oal or strategies to address taking his clothes off in public. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication administration: (1) Prescription or non-prescription drugs shall only be administrated to client on the written V 118	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
 -"As soon as [client #1] gets on van when he is picked up from his day program he will take off his shirt and shoes." -Client #1 took his clothes off in public "just about every day" he was out of the facility. -He had been taking his clothes off in public since the middle part of last year (2024). -They redirected client #1 and dressed him again. -Client #1 would then take his clothes off again. -She confirmed client #1 had no goal or strategies to address taking his clothes off in public. Interview on 3/6/25 with the Program Director/Qualified Professional revealed: -Client #1 took fhis clothes in public. -Client #1 took off his clothes and would be naked. -Client #1 took his clothing off "almost" daily. -She gust had meeting with the psychiatrist a few weeks ago. -The behavior (removing clothes) was supposed to be added to client #1 had no goal or strategies to address taking his clothes off in public. V118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (f) Prescription or non-prescription drugs shall only be administered to a client on the written 	V 112	Continued From pa	ge 2	V 112				
drugs. (2) Medications shall be self-administered by	V 118	-"As soon as [client picked up from his his shirt and shoes. -Client #1 took his of every day" he was of -He had been takin the middle part of la -They redirected cli -Client #1 would the -She confirmed clie to address taking h Interview on 3/6/25 Director/Qualified F -Client #1 took off h -Client #1 took off h -Client #1 took off h -Client #1 took his of -Client #1 took his of -She just had a me few weeks ago. -The behavior (rem to be added to clien -She confirmed clie to address taking h 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or n only be administere order of a person a drugs.	day program he will take off " clothes off in public "just about but of the facility. g his clothes off in public since ast year (2024). ent #1 and dressed him again en take his clothes off again. ent #1 had no goal or strategies is clothes off in public. with the Program Professional revealed: his clothing in public. n taking off his clothes in public r October 2024. ke off all his clothes and would clothing off "almost" daily. eting with the psychiatrist a oving clothes) was supposed ht #1's new BSP. ent #1 had no goal or strategies is clothes off in public. Sent #1 had no goal or strategies is clothes off in public. Hication Requirements 209 MEDICATION inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe	5				

Division of Health Service Regulation STATE FORM

If continuation sheet 3 of 6

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL032-621	B. WING			C 10/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MORETZ	MANOR	409 EBO				
			I, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco	cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	facility failed to kee	et as evidenced by: view and interviews, the p the MAR current affecting current client (#1). The				
	#1's record reveale -Admission date of -Diagnoses of Trau Intellectual Disabilit					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-621				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		B. WING			10/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
MORETZ	Z MANOR		N ROAD M, NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	nge 4	V 118			
	Gastroesophageal Constipation and In -Physician's order of 50 milligrams (mg) tablet in the mornin Thorazine 10 mg, ta and Ziprasidone 20 capsule every other Reviews on 3/6/25 December 2024 M/ No staff initials to in administered for the	dated 10/30/24 for Thorazine (Bipolar Disorder), take one og and 2 tablets at bedtime; ake 4 tablets in the morning 0 mg (Bipolar Disorder), one r day. and 3/10/25 of client #2's AR revealed: ndicate the medication was e following: on 12/27 am dose and 12/1 es. on 12/9 and 12/27.				
		o interview client #1 revealed: terviewed due to his limited lls.				
	-She administered -Staff always admir clients.	with staff #1 revealed: medication during her shift. histered the medication for ssed any doses of medication.				
	-He administered m -All of the clients ge	with staff #2 revealed: nedication during his shift. et their prescribed medications ssed taking any of his				
	revealed:	5 with the Program Manager the evening dose of Thorazine	9			

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If continuation sheet 5 of 6

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		A. BUILDING.			C		
		MHL032-621	B. WING			03/10/2025	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
IORET	ZMANOR	409 EBO DURHAN	N ROAD /, NC 27713				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 118	Continued From pa	ge 5	V 118				
	on the MAR was ac -The pharmacy stat Thorazine on the D -"It was an oversigh for [client #1]." -"Staff always give -She confirmed the client 1. Interview on 3/10/2 Director/Qualified F -"[Client #1] always -There were no issu clients medication. -Staff forget to put t 2024 MAR for clien	ff did not put the pm dose of ecember 2024 MAR grid. It on the December 2024 MAF [client #1] his medication." MAR was not kept current for 5 with the Program Professional revealed: take his medication." ues with staff administering their initials on the December	8				

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