

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-983	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/06/2025
NAME OF PROVIDER OR SUPPLIER CAROLINE'S DDA GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 334 MOORE STREET EAST FAYETTEVILLE, NC 28301		
(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 6, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing	V 117		

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

TITLE

(X6) DATE

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V 117	<p>Continued From page 1 practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure that medications were labeled as required for one of four audited clients (#3). The findings are:</p> <p>Review on 3/5/25 of client #3's record revealed: -Date of Admission: 2/11/22. -Diagnoses: Intellectual Developmental Disability-Moderate, Diabetes, Hyperlipidemia, Chronic Obstructive Pulmonary Disease, Asthma, Vitamin D Deficiency, Impulse Control Disorder and Pedophilia. -Physician order dated 12/2/24 revealed Trulicity injection 0.75 milligrams (mg)/0.5 milliliters (ml) (Diabetes) Inject 0.75 mg once weekly.</p> <p>Observation on 3/5/25 at approximately 11:30 am of client #3's medications revealed: -Five Trulicity disposable pens located in a locked zipped bag inside the refrigerator did not have a prescription label.</p> <p>Interview on 3/5/25 client #3 stated: -He took medication daily. -He took diabetes medication but did not remember the rest of the medications. -He self-administered his diabetes medications.</p> <p>Interview on 3/6/25 staff #1 stated: -She threw client #3's Trulicity medication box with the label away.</p>	V 117			

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V 117	Continued From page 2 Interview on 3/6/25 staff #2 stated: -Client #3's Trulicity medication was in a locked bag in the refrigerator. -Client #3 was administered Trulicity once a week on Saturdays. Interview on 3/5/25 the Qualified Professional stated: -Client #3's "Trulicity box was too large for the locked bag so it was thrown away." Interview on 3/5/25 the Administrator stated: -The box with the label was thrown away. -The box was too large to fit into the locked bag.	V 117		
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;	V 118		

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V 118	<p>Continued From page 3</p> <p>(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 drug. (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 record reviews and interviews, the facility failed to administer medications as ordered by the physician affecting one of four audited clients (#1). The findings are:</p> <p>Finding #1 Review on 3/5/25 of client #1's record revealed: -Date of Admission: 2/11/22. -Diagnoses: Autism, Intellectual Developmental Disability-Mild, Seizure Disorder, Hypertension, "Mild History of Equine Encephalitis", Mood and Behavior Disorder, Adjustment Disorder and Bi-lateral Swimmer's Ear.</p> <p>Review on 3/5/26 of client #1's signed physician orders revealed: Dated 1/16/25 -Chloramphenicol 50 milligrams (mg)/Sulfamethoxazole 50 mg/Amphotericin 5 mg/Hydrocortisone 1mg (Swimmer's Ear) Two puffs to ears twice daily.</p> <p>Review on 3/5/25 of client #1's MARs from</p>	V 118			

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V 118	Continued From page 4 1/16/25-3/5/25 revealed: -Chloramphenicol 50 milligrams (mg)/Sulfamethoxazole 50 mg/Amphotericin 5 mg/Hydrocortisone 1 mg was documented as administered once daily. Interview on 3/5/25 client #1 stated: -He took medication daily. -Staff administered his medications. -He had not missed any medications. Interview on 3/6/25 staff #2 stated: -Client #1's medication for his ears was administered "once a day in the morning." Interview on 3/6/25 the Qualified Professional stated: -"It was an oversight, I am not sure what happened." -"The staff will correct that and make sure he is receiving his ear medication twice daily." This deficiency has been cited 2 times since the original cite on July 1, 2022 and must be corrected within 30 days.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community	V 290		

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V 290	<p>Continued From page 5</p> <p>without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 290		

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V 290	<p>Continued From page 6</p> <p>facility failed to review the plan annually to ensure a client could remain in the home and community without supervision affecting one of four audited clients (#5). The findings are:</p> <p>Reviews on 3/6/25 of client #5's record revealed: -Admission date: 2/11/22. -Diagnoses: Schizophrenia, Autism Disorder, Generalized Anxiety Disorder and Asperger Syndrome. -Treatment plan dated 10/21/24 had no documentation of assessment for continued unsupervised time in the community.</p> <p>Interview on 3/6/25 with client #5 revealed: -He had unsupervised time in the community. -He walked to various activities in the neighborhood during his unsupervised time in the community. -He worked 18-20 hours a week unsupervised. -He used a local transportation company to transport to and from work. -He knew to contact staff for any concerns during his unsupervised time in the community. -He signed a resident sign out sheet when he left and returned to the facility.</p> <p>Interview on 3/6/25 staff #1 stated: -Client #5 had unsupervised time in the community. -Client #5 walked around in the community and would be back at the facility within the specified time. -There were never any issues of concern with client #5 during his unsupervised time.</p> <p>Interview on 3/6/25 staff #2 stated: -Client #5 signed himself out on the facility sign out log to go out during his unsupervised time. -There were no issues with client #5 returning</p>	V 290			

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V 290	Continued From page 7 back to the facility during his unsupervised time. Interview on 3/6/25 the Administrative Assistant stated: -Client #5 had unsupervised time in the community. Interview on 3/6/25 with the Qualified Professional stated: -No clients had unsupervised time. -She was not aware of client #5's unsupervised time. -She would make an appointment to get an updated assessment for unsupervised time. -Going forward she would ensure that the assessment is completed annually. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
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 and attractive manner. The findings are: Observation on 3/5/25 from approximately 9:43 am-10:10 am of the facility revealed: -In the dining room there were two cracks both approximately 6 inches long in the wall above the	V 736		

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V 736	<p>Continued From page 8</p> <p>door frame and a white plastered area on a cream colored wall approximately 1.5 feet by 1 foot in diameter.</p> <p>-Client #2's bedroom laminate vinyl flooring was chipped throughout the room.</p> <p>-In the downstairs bathroom there was yellow insulation approximately 4 inches wide exposed near the shoe molding.</p> <p>-In client #4's bedroom there was paint chipped on the wall approximately 3 inches long.</p> <p>-In the upstairs bathroom there was a dark residue around the top perimeter of the bathtub.</p> <p>-In client #1's bedroom paint was chipped under the window with the air conditioner unit and the handle on the wardrobe came off when pulled.</p> <p>-In client #5's bedroom the light receptacle near the door was not flush to the wall and had white plaster around it.</p> <p>-In client #3's bedroom the top half of the glass on one of the exterior pane windows was broken approximately 1 foot area with the bottom half remaining and the closet door knob was loose when pulled and there was a unpainted area on the wall approximately 1 foot in diameter.</p> <p>Interview on 3/5/25 client #3 stated: -Client #2 broke the window. -He did not remember when it happened.</p> <p>Interview on 3/6/25 staff #1 stated: -She did not know what happened to the window. -The Administrator submitted an order for the window to be replaced.</p> <p>Interview on 3/6/25 staff #2 stated: -She was unsure what happened to the window. -She asked the clients but they stated they did not know what happened.</p> <p>Interview on 3/6/25 the Qualified Professional</p>	V 736		

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V 736	Continued From page 9 stated: -It was unclear how the window was broken due to conflicting stories from clients. This deficiency has been cited 2 times since the original cite on July 1, 2022 and must be corrected within 30 days.	V 736			