

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/20/2025
NAME OF PROVIDER OR SUPPLIER COLUMBUS HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 220 EAST COLUMBUS STREET WHITEVILLE, NC 28472		
(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 20, 2025. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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 record reviews and interviews the facility failed to obtain drug regimen reviews for 2 of 3 clients (#2, and #3) who received psychotropic medications. The findings are: Review on 3/19/25 of client #2 record revealed:	V 121		

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Admission date of 8/20/19 -Diagnoses of Autistic Disorder and Severe IDD -No 6 month Drug Regimen reviews were present. <p>Review on 3/19/25 of client #2's physician order dated 8/21/24 for the following psychotropic medications: Chlorpromazine (treat psychotic disorders) Divalproex (treats seizures) Clonazepam (treat seizures)</p> <p>Review on 3/19/25 of client #3's record revealed: - Admission date of 11/01/15. - Diagnoses of Down Syndrome and Moderate IDD -No 6 month Drug Regimen reviews were present.</p> <p>Review on 3/19/25 of client #3's physician order dated 9/19/24 for the following psychotropic medications: Benztropine (symptoms of Parkinson's disease) Trazodone (treats seizures) Ziprasidone (treat schizophrenia)</p> <p>Interview on 3/19/25 the Qualified Professional stated: -Drug Regimen reviews were completed in December 2024 when client #1's review was completed. -The Home Manager should have filed this in their records.</p> <p>Interview on 3/19/25 the Home Manager stated: -Drug Regimen reviews were completed along with the sister facility in December by the pharmacist. -Had the forms, just can not locate them. -Thought he had filed them in the records.</p>	V 121		

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V 121	Continued From page 2 Interview on 3/20/25 the Executive Director stated: -Drug Regimen reviews were completed by the pharmacist in December. -The Home Manager needs to be better organized and file those in the client records. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121			
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 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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291			

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V 291	<p>Continued From page 3</p> <p>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 record review and interview the facility failed to coordinate services for one of three clients (#3). The findings are:</p> <p>Review on 3/19/25 of client #3's record revealed: - Admission date of 11/01/15. - Diagnoses of Down Syndrome and Moderate IDD</p> <p>Review on 3/19/25 of client #3's physician order dated 9/19/24 revealed: -Ensure- PRN (as needed) three times a day if 50 percent of her meals are not completed.</p> <p>Review on 3/19/25 of client #3's medications revealed no Ensure present.</p> <p>Interview on 3/19/25 the Home Manager stated: -Client #3 had been out of Ensure for about 2 weeks. -Client #1's medicaid would not pay for the Ensure Clear and she was having to pay out of pocket. -Was referred by the pharmacy to the Department of Aging to buy the Ensure at a lower cost but it was thirty five dollars for a small case. -Had not informed management of this issue with the Ensure.</p> <p>Interview on 3/19/25 the Qualified Professional stated:</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>-Was not aware that client #3's medicaid was not paying for the the Ensure.</p> <p>-Would reach out to the care coordinator to see if she could add the Ensure to her waiver services to pay for it.</p> <p>-Not aware client #3 had been out of Ensure for the last two weeks.</p> <p>Interview on 3/20/25 the Executive Director stated:</p> <p>-Not acceptable that client #3 was out of Ensure and having to pay for it out of her pocket.</p> <p>-No one had mentioned this was an issue, but will be addressed immediately.</p>	V 291			