Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C MHL032-621 B. WING 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 EBON ROAD MORETZ MANOR** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on March 10, 2025. The complaint was unsubstantiated (intake #NC00226256). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised DHSR-MH Licensure Sect Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 1 current client and 1 former client. V 112 27G .0205 (C-D) Moretz Manor will implement treatment V 112 05-04-2025 Assessment/Treatment/Habilitation Plan plans that are developed based on client assessments and collaboration with their legally responsible person. Moretz 10A NCAC 27G .0205 ASSESSMENT AND Manor will too, meet the needs of clients TREATMENT/HABILITATION OR SERVICE by developing and implementing goal stratagies to meet those needs. (c) The plan shall be developed based on the assessment, and in partnership with the client or To address Client #1's targeted behavior legally responsible person or both, within 30 days of undressing in public places, Mortez of admission for clients who are expected to Manor's Program Director will meet with client's treatment team, to include his legally receive services beyond 30 days. responsible person, Vaya Health's Care (d) The plan shall include: Manager, and Andrews Counseling (1) client outcome(s) that are anticipated to be Consulting Behavior Analyst on 03-27-2024. achieved by provision of the service and a Discussion for next steps will be to revise/ projected date of achievement: update his Individual Support Plan to (2) strategies: include the behavior of undressing in public places. The ISP will be revised/updated by (3) staff responsible; the Care Manager. The Behavior Analyst (4) a schedule for review of the plan at least will add to his Behavior Support Plan nonannually in consultation with the client or legally restrictive stratagies for staff members to responsible person or both: implement to address and hopefully reduce/ (5) basis for evaluation or assessment of eliminate occurrences of undressing in outcome achievement; and public places. The Program Director, QP will (6) written consent or agreement by the client or write a short term goal related to BSP responsible party, or a written statement by the strategies with interventions to be used by provider stating why such consent could not be staff members. Signature pages with the legally responsible person's consent will be obtained. Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

(X6) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL032-621 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 EBON ROAD MORETZ MANOR** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 112 Continued From page 1 completed by the team. Documentation of V 112 client's progress will be completed by the staffs providing services. Client ISP, Behavior Support Plan and Short Term Goals will continue to meet the needs of the client to include new behavioral tends once identified. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement a goal and strategies to meet the needs of one of one audited current client (#1). The findings are: Review on 3/6/25 of client #1's record revealed: -Admission date of 10/8/22. -Diagnoses of Traumatic Brain Injury, Profound Intellectual Disability, Generalized Anxiety Disorder, Transaminitis, Vascular Dementia, History of Strokes, History of Seizures, Tremors, Gastroesophageal Reflux Disease, History of Constipation and Insomnia. -Individualized Support Plan (ISP) dated 7/1/24 had no goal and strategies to address taking off his clothing in public. -Behavior Support Plan (BSP) dated 3/3/25 had no strategies to address taking off his clothing in public Review on 3/7/25 of a facility 24-Hour Report -1/15/25-"[Client #1] continues to take off his clothes while in the vehicle and in the doctor's office." Interview on 3/6/25 with the Program Manager revealed: -Client #1 took off his clothes in public. -Client #1 would take off his pants, shirt and

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C MHL032-621 B. WING 03/10/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 EBON ROAD** MORETZ MANOR DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 112 Continued From page 2 V 112 shoes. -"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 off his clothing in public. -Client #1 had been taking off his clothes in public since September or October 2024. -Client #1 would take off all his clothes and would be naked. -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's new BSP. -She confirmed client #1 had no goal or strategies to address taking his clothes off in public. V 118 27G .0209 (C) Medication Requirements V 118 Moretz Manor will keep the clients' Medication 05-04-25 Administration Record current to include all drugs administered and the immediate 10A NCAC 27G .0209 MEDICATION documentaion of drugs that have been REQUIREMENTS administered. The MAR will also include the (c) Medication administration: clients' name, drug names, strengths, and (1) Prescription or non-prescription drugs shall quantities of drugs, instructions for only be administered to a client on the written administering the drugs dates, times the drugs are administered and the names or initials of order of a person authorized by law to prescribe staff member administering the drugs. Any drugs. client request for medication changes or checks (2) Medications shall be self-administered by will be recorded and kept with the MAR file followed up by an appointment/consultation with clients only when authorized in writing by the prescribing physician.

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 03/10/2025 MHL032-621 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **409 EBON ROAD** MORETZ MANOR DURHAM, NC 27713 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 4 History of Strokes, History of Seizures, Tremors, Gastroesophageal Reflux Disease, History of Constipation and Insomnia. -Physician's order dated 10/30/24 for Thorazine 50 milligrams (mg) (Bipolar Disorder), take one tablet in the morning and 2 tablets at bedtime; Thorazine 10 mg, take 4 tablets in the morning and Ziprasidone 20 mg (Bipolar Disorder), one capsule every other day. Reviews on 3/6/25 and 3/10/25 of client #2's December 2024 MAR revealed: No staff initials to indicate the medication was administered for the following: -Thorazine 50 mg on 12/27 am dose and 12/1 thru 12/31 pm doses. -Thorazine 10 mg on 12/9 and 12/27. -Ziprasidone 20 mg on 12/9. Attempt on 3/7/25 to interview client #1 revealed: -He could not be interviewed due to his limited communication skills. Interview on 3/7/25 with staff #1 revealed: -She administered medication during her shift. -Staff always administered the medication for -Client #1 never missed any doses of medication. Interview on 3/6/25 with staff #2 revealed: -He administered medication during his shift. -All of the clients get their prescribed medications. -Client #1 never missed taking any of his medication. Interview on 3/10/25 with the Program Manager -Client #1 received the evening dose of Thorazine in December 2024.

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C 03/10/2025 B. WING_ MHL032-621 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **409 EBON ROAD** MORETZ MANOR DURHAM, NC 27713 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 118 V 118 Continued From page 5 -She was responsible for ensuring the information on the MAR was accurate. -The pharmacy staff did not put the pm dose of Thorazine on the December 2024 MAR grid. -"It was an oversight on the December 2024 MAR for [client #1]." -"Staff always give [client #1] his medication." -She confirmed the MAR was not kept current for client 1. Interview on 3/10/25 with the Program Director/Qualified Professional revealed: -"[Client #1] always take his medication." -There were no issues with staff administering clients medication. -Staff forget to put their initials on the December 2024 MAR for client #1. -She confirmed the MAR was not kept current for client 1.

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