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: \_ B WING MHL020-006 03/06/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET PLEASANT HILL GROUP HOME ANDREWS, NC 28901 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3/6/25. A deficiency was cited. RECEIVED This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised MAR 2 0 2025 Living for Adults with Developmental Disabilities. DHSR-MH Licensure Sect This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of an audit of 3 current clients. V118. V 118 27G .0209 (C) Medication Requirements V 118 The Administrator will immediately start asking the prescribing Or. 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 to turn over all after (2) Medications shall be self-administered by Visit notes and paperwork So we can keep up with the OC orders 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, and changes in medications. The Group Home Manager W:11 Use the Dr.s orders 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 to make sure the MAR MAR is to include the following: (A) client's name; refects these changes (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. Division of Health Service Regulation

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

(X6) DATE

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Executive Director

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: \_ B WING MHL020-006 03/06/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET PLEASANT HILL GROUP HOME ANDREWS, NC 28901 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 1 V 118 The Administrator reached 3-15-25 (5) Client requests for medication changes or out to the Or and checks shall be recorded and kept with the MAR verified that the file followed up by appointment or consultation with a physician. Fluoretine was to be given one a day and not over 3 doses. once verified with This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were the Or., the Administrator administered on the written order of a physician changed the Mar to show that the dient and failed to keep the MAR current affecting 2 of 3 clients (#1, #2). The findings are: Review on 3/4/25 of Client #1's record revealed: -Date of Admission: 5/28/15. was to take three -Diagnoses: Mild Intellectual and Developmental Disability (IDD), Anxiety Disorder. -Physician ordered medication included: 20mg Fluoxetme -Buspirone 7.5 milligrams (mg) (anxiety) 1 tablet twice daily ordered 11/21/24. tablets, one the time -Sertraline 50mg (depression) 1 tablet daily ordered 9/12/24. aday, and staff were notified of -Guanfacine ER (extended release) 1mg (attention/activity) 1 tablet daily ordered 1/16/25. -There were no physicians' orders for the following: the change. -Buspirone 10mg (anxiety) 1 tablet twice daily. -Hydroxyzine 25mg (anxiety) 1 tablet twice daily. -There were no physician's discontinue orders -Buspirone 7.5mg -Sertraline 50mg -Guanfacine ER 1mg

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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: B. WING MHL020-006 03/06/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET PLEASANT HILL GROUP HOME ANDREWS, NC 28901 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 | Continued From page 2 V 118 -Buspirone 10mg -Hydroxyzine 25mg Review on 3/4/25 of Client #1's MARs for period 12/1/24-2/28/25 revealed: -Buspirone 7.5mg was documented as administered on 12/2-12/6/24, 12/9-12/13/24, 12/16-12/22/24, 12/30-12/31/24 am doses and on 12/1-12/5/24, 12/8-12/12/24, 12/15-12/21/24, 12/30-12/31/24 pm doses. -Sertraline was documented as administered on 12/2-12/6/24, 12/9-12/13/24, 12/16-12/22/24, 12/30-1/3/25, 1/6-1/9/25, 1/14-1/17/25, 1/21-1/24/25, 1/27-1/31/25. -Guanfacine was documented as administered on 1/20/25-1/24/25, 1/26-1/30/25. -Buspirone 10mg was documented as administered on 12/30/24-1/3/25, 1/6-1/9/25, 1/14 -1/16/25 am doses and 12/29/24-1/2/25, 1/5-1/9/25, 1/13-1/15/25 pm doses. -Hydroxyzine was documented as administered on 12/2-12/6/24, 12/9-12/12/24 am doses and 12/1-12/524, 12/8-12/12/24 pm doses. Review on 3/4/25 of Client #2's record revealed: -Date of Admission: 4/20/20. -Diagnoses: Moderate IDD, Anxiety Disorder, Impulse Control Disorder, Autism Spectrum Disorder. -Physician ordered medication ordered 1/9/25 included: -Fluoxetine 20mg (anxiety) 3 capsules daily. Review on 3/4/25 of Client #2's MARs for period 12/1/24-2/28/25 revealed: -Fluoxetine was documented as administered 2/1/25-2/28/25 at 7am; 2/1/25-2/2/25, 2/5/25-2/28/25 at 4pm and 2/1/25-2/28/25 at 9pm.

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Interview on 3/4/25 with Client #1 revealed:

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B WING 03/06/2025 MHL020-006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET PLEASANT HILL GROUP HOME ANDREWS, NC 28901 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 -" ...don't know what I take ... get them at night and in the morning time." -"I go home every weekend ..." Interview on 3/4/25 with Client #2 revealed: -" ...take meds (medications) ...can't remember all of them." -"Fluoxetine helps calm me down." Interview on 3/4/25 with the Director/Qualified Professional revealed: -The pharmacy printed the MARs for this facility. -Client #1 was originally ordered Buspirone 5mg increasing to 7.5mg then to 10mg. The Buspirone 7.5mg was discontinued and 10mg started on 12/22/24 when Client #1 was out of the facility on a home visit. When he returned to the facility on 12/29/24 he was administered the 10mg Buspirone. Staff also documented on 12/30/25, 12/31/25 that they administered the am and pm doses of the 7.5mg but it was not in the facility. He removed all discontinued medications from the facility for just this reason. -Most of the doctor's appointments now were virtual making it even harder to get orders. -He had taken Client #2 to the doctor on 1/9/25. He thought the fluoxetine was meant to be given 3 times a day because the doctor asked if Client #2 could take a midday medication at work which he could not. When the medication and MAR was received with instructions for 3 tablets daily, he thought it was 3 times a day. -He immediately contacted the doctor to clarify the order. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL020-006 03/06/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET PLEASANT HILL GROUP HOME ANDREWS, NC 28901 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 118 V 118 | Continued From page 4 This deficiency constitutes a recite deficiency and must be corrected within 30 days.

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