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: MHL020-009 03/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3/4/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of an audit of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of RECEIVED these plans available to the county emergency services agencies upon MAR 2 U 2025 request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff DHSR-MH Licensure Sect and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.

Division of Health Service Regulation

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

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Executive Oirector

(X6) DATE

3-16-25

STATE FORM

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL020-009 03/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 This Rule is not met as evidenced by: Based on record review and interviews, the V 114 facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: The Group Home manage developed a master schedule 3-15-25 Review on 3/3/25 of disaster drills revealed: -There was no documentation of disaster drills having been conducted on 1st or 2nd shifts in the quarter from October-December 2024. Interview on 3/3/25 with Client #1 revealed: to make sure that -"Go out to the driveway for fire drills. Don't have disaster drills." disaster and five Interview on 3/3/25 with Client #2 revealed: -"Go outside to end of driveway for fire drills once drills are done, a month." -"We had a real tornado ...we went to the one pershift per bathroom ...put a mattress on the floor ...I didn't sleep all night." Quarter, and not Interview on 3/3/25 with the Director/Qualified forget to do them. The schedule states Professional revealed: -The House Manager was responsible for scheduling fire and disaster drills. -Will create a master schedule to make sure drills are completed as required. the Date, time and Staff responcible for conducting the Fire and disaster 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 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

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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 MHL020-009 03/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRFFIX PREFIX COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 118 Continued From page 3 V 118 VIIN

The Administator immediately corrected is Physician ordered medication on 5/29/24 included: Cetirizine 10 milligrams (mg) (allergies) 1 tablet daily. corrected the MAR Review on 3/3/25 of Client #1's MARs for period 12/1/24-2/28/25 revealed: -Cetirizine was not documented as to seperate the prednisone onto 2 administered on 1/31/25. Review on 3/3/25 of Client #2's record revealed: -Date of Admission: 12/1/93. different lines on the -Diagnoses: Mild IDD, Depression. -Physician ordered medications included: MAR. The Group Home Manager will monitor -Fluticasone 50 micrograms (mcg) (allergies) 2 sprays each nostril daily ordered 7/25/24. Cetirizine 10mg (allergies) 1 tablet daily ordered 4/12/24. the MAR monthly to Atorvastatin 20mg (high cholesterol) 1 tablet daily ordered 8/1/24. ensure of its confedences Review on 3/3/25 of Client #2's MARs for period 12/1/24-2/28/25 revealed: and not let mistakes -Fluticasone was not documented as administered on 1/31/25. -Cetirizine was not documented as like this happen. administered on 1/31/25. -Atorvastatin was not documented as administered on 1/31/25. Review on 3/3/25 of Client #3's record revealed: -Date of Admission: 8/26/94. -Diagnoses: Moderate IDD, Autism Spectrum Disorder, Auto-immune-Anemia, Type II Diabetes. -Physician ordered medication on 5/29/24 included: -Cetirizine 10mg (allergies) 1 tablet daily ordered 3/1/24. -Metformin 500mg (diabetes) 2 tablets twice

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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PLEASANT VALLEY GROUP HOME 33 GENTLE DOVE LANE MURPHY, NC 28906							
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V 118	Continued From page 4		V 118				
	daily ordered 1/25/2 -Prednisone 5m daily ordered 1/25/2	omg (low hemoglobin) 1 tablet 14. ng (low hemoglobin) 1 tablet 14.					
	Review on 3/3/25 of Client #3's MARs for period 12/1/24-2/28/25 revealed:  -Cetirizine was not documented as administered on 1/31/25.  -Metformin was not documented as administered on 1/31/25.  -Prednisone 2.5mg was not written on the						
	MAR.	ng was not written on the mg was not documented as 1/25.					
	Observation on 3/3/25 of medication for Client #3 revealed: 1 bottle of Prednisone 2.5mg tablets dispensed on 1/25/25 and 1 bottle of Prednisone 5mg tablets dispensed on 1/25/25.						
	Interview on 3/3/25 v -"take 1 pill every -Never missed any r					TO AND THE PROPERTY OF THE PRO	
		with Client #2 revealed: s but can't pronounce the medications)."			***************************************		
	-"I take Jardiance,	vith Client #3 revealed: prednisone for my blood nose drops, ear drops"			***************************************	#COLUMN WINDOWS PROJECTION OF THE PROPERTY OF	
	revealed:	vith the House Manager (HM)					

Division of Health Service Regulation

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 MHL020-009 03/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE PLEASANT VALLEY GROUP HOME MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 5 V 118 without completing the month. "It was on a Friday ...it was me ...just didn't pay attention....I'm sure they got their meds." Interview on 3/3/25 with the Director/Qualified Professional revealed: -He or the HM were responsible for typing the MARs. -Was not aware he couldn't combine 2 different strengths of the same medication onto 1 line on the MAR. -Immediately corrected the MAR with a separate line for each strength of the prednisone. Would inform all staff of the change on the MAR. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a recite deficiency and must be corrected within 30 days.

Division of Health Service Regulation

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