

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL073-057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTH MOORE DRIVE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 SOUTH MOORE DRIVE ROXBORO, NC 27573</b>			
(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	<b>INITIAL COMMENTS</b>  An annual survey was completed on March 7, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current clients.	V 000	<div style="text-align: center;"> <p>RECEIVED</p> <p>MAR 31 2025</p> <p>DHSR-MH Licensure Sect</p> </div>		
V 118	<b>27G .0209 (C) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (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; (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.	V 118			

*Morris Thomas, Administrator*

03/26/2025

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(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 review and interview the facility to ensure 1 of 1 clients (#1) MARs current record immediately after administration. The findings are:</p> <p>Review on 3/6/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date: 2/13/23</li> <li>- diagnoses: Intellectual Developmental Disorder &amp; Depression</li> <li>- physician order dated 2/13/23 with the following medications:</li> <li>- Losartan Potassium 100mg (milligram) daily (blood pressure)</li> <li>- Omeprazole 20mg daily (heartburn)</li> <li>- Sertraline 50mg daily (depression)</li> <li>- Tamsulosin .4mg bedtime (prostate)</li> </ul> <p>Review on 3/7/25 of client #1's MARs sent to the Division of Health Service Regulation revealed:</p> <ul style="list-style-type: none"> <li>- December 2024 MARs</li> <li>- the December 2024 MARs had 12/1/24 - 1/17/25 with a strike thru 1/17/25 and had written 12/31/25</li> <li>- an initial was written beside the strike thru</li> </ul> <p>During interview on 3/6/25 the Alternative Family Living (AFL) provider reported:</p> <ul style="list-style-type: none"> <li>- the case management office had January</li> </ul>	V 118			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SOUTH MOORE DRIVE**

**109 SOUTH MOORE DRIVE  
ROXBORO, NC 27573**

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V 118	<p>Continued From page 2</p> <p>2025 and February 2025 MARs</p> <p>During interview on 3/7/25 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- was not able to locate the February 2025 MAR</li> <li>- thought the nurse sent the January 2025</li> <li>- she wrote incorrect dates on the December 2024 MAR, suppose to be January 2025 dates</li> <li>- sent the December 2024 MAR</li> <li>- was not sure why their were blank spaces on the December 2024 MAR</li> <li>- contacted the nurse and she had not responded</li> </ul> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician</p>	V 118	<p>V118</p> <p>The Registered Nurse will update the Medication Administration Record (MAR) to ensure that the dates are accurate and aligned with the current month. The RN will also conduct an in-service training for all staff on properly completing MARs and following reporting procedures. The clinical team will review the MAR weekly for one month, and then periodically thereafter, to ensure proper completion. Going forward, nursing will ensure that medications are listed on the MAR according to physician orders and with the correct dates.</p>	05/06/2025