

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/10/2025
NAME OF PROVIDER OR SUPPLIER ABHS 4124 NORTHFORK		STREET ADDRESS, CITY, STATE, ZIP CODE 4124 NORTHFORK DRIVE LA GRANGE, NC 28551		
(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 April 10, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 5 clients and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 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 these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff 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.	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 4/10/25 of the facility's documented fire and disaster drills for 4/1/24 - 3/31/25 revealed:</p> <ul style="list-style-type: none"> - First quarter (4/1/24 - 6/30/24); no 3rd shift fire or disaster drill documented. - Second quarter (7/1/24 - 9/30/24); no 3rd shift fire drill or disaster drill documented. <p>Interview on 4/10/25 client #1 stated:</p> <ul style="list-style-type: none"> - He had been at the facility for a long time. - He had participated in fire and disaster drills. - He went and touched the flag pole when practicing for a fire. - He took cover in the bathroom and covered his head during disaster drills. <p>Interview on 4/10/25 client #3 stated:</p> <ul style="list-style-type: none"> - He was uncertain how long he had been at the facility, but it had been a long time. - He had participated in fire and disaster drills. <p>Interview on 4/10/25 staff #1 stated:</p> <ul style="list-style-type: none"> - She had been with the facility for 23 years. - The facility completed fire and disaster drills. <p>Interview on 4/10/25 staff #2 stated:</p> <ul style="list-style-type: none"> - She had been with the facility for 2 years. - Fire and disaster drills were completed monthly. <p>Interview on 4/10/25 Qualified Professional (QP) #1 stated:</p> <ul style="list-style-type: none"> - Fire and disaster drills were completed every month and covered every shift. - There were three shifts (7am - 3pm, 3pm - 	V 114		

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V 114	Continued From page 2 11pm, and 11pm - 7am). Interview on 4/10/25 QP #2 stated: - Fire and disaster drills were completed every month and covered every shift. - There were three shifts (7am - 3pm, 3pm - 11pm, and 11pm - 7am). - They would ensure 3rd shift completed fire and disaster drills for every quarter.	V 114		
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. Activities shall be designed to foster community	V 291		

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V 291	<p>Continued From page 3</p> <p>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 reviews, observation and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1: Review on 04/10/25 of client #2's record revealed: - Date of admission: 01/13/16. - Diagnoses of Autism, Severe Intellectual Developmental Disability (IDD) and Seizure Disorder.</p> <p>Review on 04/10/25 of client #2's physician order dated 05/07/24 revealed: - Nayzilam (seizures) 5 milligrams (mg) - take as needed for seizures.</p> <p>Observation on 04/10/25 at approximately 12:15pm revealed: - Client #2's medication on hand at the facility included Nayzilam. - Client #2 arrived with his one to one worker from the community. - Client #2 did not have Nayzilam with him while in the community in the event of a seizure.</p> <p>Interview on 04/10/25 client #2's one to one worker stated she did not have Nayzilam available while she was with client #2 in the</p>	V 291			

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V 291	<p>Continued From page 4</p> <p>community.</p> <p>Finding #2: Review on 04/10/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 10/29/13. - Diagnoses of Mood Disorder, Moderate-IDD, Seizure Disorder, Hypertension, Schizophrenia, and Type II Diabetes. - No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician. <p>Review on 4/10/25 of client #3's 01/01/25 - 04/09/25 medication administration records (MAR) revealed:</p> <ul style="list-style-type: none"> - BS was being checked three times weekly (Mon, Wed, Fri). <p>Review on 4/10/25 of client #3's 01/01/25 - 04/09/25 BS Monitoring Chart revealed:</p> <ul style="list-style-type: none"> - BS results for January 2025 ranged from 170 - 256. - BS results for February 2025 ranged from 155 - 303. - BS results for March 2025 ranged from 111 - 301. - BS results for April 2025 ranged from 175 - 251. <p>Interview on 4/10/25 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #3's BS checks were completed 3 times per week. - If client #3's BS was high, she would give him water and then recheck. - If client #3's BS was low, she would give him orange juice and then recheck. - She wasn't sure what how client #3 would present if he was showing signs of high/low BS. - There were no parameters for blood sugar 	V 291		

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V 291	Continued From page 5 results that were too high or too low. - She went by the blood glucose monitor to determine if client #3 was high or low. Interview on 4/10/25 client #3 stated: - He received medications daily. - He had BS checks weekly. Interview on 04/10/25 Qualified Professional #1 stated: - Client #2 used to have a suppository medication for seizures. - She would make sure client #2 had his Nayzilium available for administration while away from the facility. - There were no parameters or guidelines for staff to follow for blood sugar results that were too high or too low. - She would address concerns with client #3's physician regarding parameters for BS readings.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 4/10/25 at approximately 12:30pm revealed: - The kitchen floor had a 6" x 6" pattern of brown residue to the left of the stove.	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> - There were circular brown stains on ceiling in dining room extending 2-3' in length along the far right wall in the dining room. - There was loose debris around the floor board of the kitchen. - The surface of the range hood vent in the kitchen had a sticky substance extending across the vent. - Bathroom #1 had mildew along the grout extending along the bottom of the shower tiles. - The toilet bowl in bathroom #1 had urine stains and debris along the top of the toilet bowl and behind the toilet seat. <p>Interview on 4/10/25 Qualified Professional #2 stated facility would address the concerns.</p> <p>This deficiency has been cited 6 times since the original cite on 3/09/17 and must be corrected within 30 days.</p>	V 736			