

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601572</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONARCH DBA UMAR-HALL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6426 THERMAL ROAD CHARLOTTE, NC 28211</b>			
		DHSR-MH Licensure Sect			
(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 19, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000	<b>V118</b>  <b>1. Medication Administration Compliance</b> Monarch is committed to ensuring that all medications are administered on a physician's written order and that a current Medication Administration Record (MAR) is maintained for all individuals. • On March 25, 2025, a deep-dive medication review was conducted by Director, Residential Manager, and DSP staff in collaboration with Ashleigh, the Cycle Med Manager at Southern Pharmacy, our pharmacy provider. This review ensured that: o All medications were current. o MARs were updated. o Physician orders and prescriptions were properly documented. • On March 26, 2025, we held a live training session with Residential Managers (RMs) and Team Leads (TLs), outlining their first-line responsibilities for MAR accuracy, medication matching, and ensuring families use Southern Pharmacy as the primary provider. This session was recorded for further staff training. • On April 4, 2025, we replayed the in-service training with the Director of Southern Pharmacy for Direct Support Professionals (DSPs) to reinforce proper medication administration procedures with the pharmacy. • At the April 4, 2025, staff meeting, we will review all MAR errors using sample MAR copies as a training tool. • At the April 4, 2025, in-person staff meeting, we will replay the Medication In-Service Training originally presented by LTSS Nursing Director on February 4, 2025 to ensure all staff receive proper instruction. <b>Transition to Electronic MAR System</b> To enhance compliance and reduce errors, Monarch is transitioning from paper-based MARs to the Therap Electronic MAR (eMAR) system. This transition will: • Reduce medication errors with automated alerts for missed or incorrect doses. • Improve accessibility with real-time MAR tracking. • Enhance documentation accuracy by streamlining medication administration logs. • Facilitate audits and compliance through built-in reporting tools. This electronic system will replace paper MARs, ensuring a more efficient, reliable medication administration process.		
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			

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

*Juanita Davis*  
Juanita Davis (Apr 2 2025 10:55 EDT)

TITLE

Residential Director

(X6) DATE

04/02/2025

STATE FORM

6899

Y99R11

If continuation sheet 1 of 7

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V 118	<p>Continued From page 2</p> <p>morning. L-Methyfolate Calcium 7.5mg (supplement), take 1 tablet by mouth once daily.</p> <p>Observation on 3/18/25 at approximately 1:16pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-Alfuzosin ER 10mg was dispensed on 2/20/25 for prostate;</li> <li>-Finasteride 5mg was dispensed on 2/20/25 for prostate gland;</li> <li>-Reguloid 400mg was dispensed on 2/20/25 for fiber supplement;</li> <li>-Centrum Silver Multivitamin was dispensed on 2/20/25 for supplement;</li> <li>-Vitamin C 500mg was dispensed on 2/20/25 for supplement;</li> <li>-Escitalopram 20mg was dispensed on 2/20/25 for anxiety;</li> <li>-L-Methyfolate Calcium 7.5mg was dispensed on 2/20/25 for supplement.</li> </ul> <p>Review on 3/18/25 of MARs for January 2025, February 2025, and March 2025 revealed:</p> <ul style="list-style-type: none"> <li>-Alfuzosin ER 10mg was not documented as having been administered on 1/5/25;</li> <li>-Finasteride 5mg was not documented as having been administered on 1/5/25;</li> <li>-Reguloid 400mg was not documented as having been administered on 1/5/25;</li> <li>-Centrum Silver Multivitamin was not documented as having been administered on 1/5/25;</li> <li>-Vitamin C 500mg was not documented as having been administered on 1/5/25;</li> <li>-Escitalopram 20mg was not documented as having been administered on 1/5/25;</li> <li>-L-Methyfolate Calcium 7.5mg was not documented as having been administered on 1/5/25.</li> </ul> <p>Review on 3/19/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 7/16/22;</li> </ul>	V 118		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MONARCH DBA UMAR-HALL**

**6426 THERMAL ROAD  
CHARLOTTE, NC 28211**

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V 118

Continued From page 4

Interview on 3/19/25 with the Director of Nursing Services revealed:  
- "Residential Manager (RM), Qualified Professional (QP), and Team Leader (TL) were responsible for checking MARs;"  
- The RM, QP, and TL would be responsible for cross checking MARs, physician orders, and medications once monthly. RM, QP, and TL would also be responsible for contacting the provider to get the information corrected;  
- There was not a nurse assigned to the Hall facility;  
- The nurses train staff and was available to answer questions. The nursing staff did not visit non-Intermediate Care (ICF) facilities.

Interview on 3/19/25 with the Residential Director revealed:

- She became the Interim QP on 2/7/25;  
- "I review the MARS once a week;"  
- "Some of her duties are ...making sure medications are administered appropriately, MARs, medication, and pharmacy;"  
- She was aware of some issues with medication administration and she began spending more time on site at the facility;  
- "I met with the pharmacy Director on 3/18/25. I met with the pharmacy manager last month, and I talk to the pharmacy almost daily;"  
- The Licensee has filled the vacant HM and TL position, "hopefully we (licensee) will see a change in the administration of medication."

V 118

V 736

27G .0303(c) Facility and Grounds Maintenance

V 736

10A NCAC 27G .0303 LOCATION AND  
EXTERIOR REQUIREMENTS

(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly

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V 736	<p>Continued From page 6</p> <p>-They were unaware of the maintenance needs in the facility;</p> <p>Interview on 3/14/25 with staff #2 revealed:</p> <p>-The mattress in bedroom #1 was that was sunken in because the client sat on the bed while playing video games;</p> <p>-The blind in bedroom #3 had been that way for a couple of months;</p> <p>-He was unsure of how long the bathrooms had been that way;</p> <p>-The bridge had been that way, at least a month.</p> <p>Interview on 3/19/25 with the Residential Director revealed:</p> <p>- "I was unaware of any maintenance needs in the facility;"</p> <p>- "I recently noticed the bridge that way and I honestly could not answer the question;"</p> <p>- A work order was submitted on 3/17/25 for maintenance needs in the facility.</p>	V 736			

**SURVEY DATA FORM**  
**MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION**  
 (REVISED 12-10-19)

**Purpose of Form:** The purpose of this form is to update team databases and Interval Tracking Form.

**Procedure**

1. Surveyor completes this form upon completion of survey.
2. Form sent via email to assigned support staff along with SOD and surveyor letter when survey documents are ready to be sent to provider.
3. Support staff enter information on respective team database and Interval Tracking Form at least monthly.

<b>Facility Name:</b> <small>(as printed on license)</small>	Loretta's Place	<b>FID#:</b> 110238
<b>MHL#:</b> <small>(N/A for initials)</small>	084-085	<b>3600: N</b> <b>3600 Census #: N/A</b>
<b>Survey dates</b> <small>(entrance through exit):</small>	April 14-15, 2025	<b>Day Facility?</b> N
<b>Death investigation by DHSR?</b> Y/N	N	
<b>Administrative Actions:</b> <small>(n/a if none)</small>	N/A	
<b>Date of Admin Action letter</b> <b>(entered by Team Leader)</b>	N/A	

Enter "X" for each type of survey conducted. Enter "X" for substantiated or unsubstantiated when complaint survey conducted.

Type of Survey	Enter "X" <u>NOT</u> the date <small>(for each type of survey conducted)</small>
Initial	
Annual	
Complaint	X
• Substantiated	
• Unsubstantiated	X
Death	
Follow-Up to a:	
• Standard (60 day)	X
• Type A (23 day)	
• Type B (45 day)	
• Recited Standard (30 day)	
• Imposed B	
• Continuing A	

Complete "Date of Next Survey" column to include the date for the next scheduled survey for each type of survey (including next annual). Write "TBD" for Imposed B or Continuing A.

Type of Next Survey	Enter Date of Next Survey <small>(for each type of survey needed)</small>
Annual (12 months from start date)	
Follow-Up	
• Standard (60 day)	
• Type A (23 day)	
• Type B (45 day)	
• Recited Standard (30 days)	
• Imposed B	
• Continuing A	

<b>Surveyor Name:</b> Tamara Gathers, MSW	<b>Date:</b>	4-25-2025
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