PRINTED: 04/21/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL023-244 NAME OF PROVIDER OR SUPPLIER STREET			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MUL 022 244	B. WING		0.4/0.4/0007	
		ADDRESS, CITY, STATE	02	04/04/2025		
			TER ROAD	,		
NATURAL	LY RIGHT AT HOME	GROVE	R, NC 28073			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	CTION SHOULD BE COMPI O THE APPROPRIATE DAT	
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on April 4, 2025. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
		ed for 2 and has a current rvey sample consisted of ents.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other la privileged to prepare (4) A Medication Adm all drugs administere current. Medications	histration: on-prescription drugs shall to a client on the written thorized by law to prescribe be self-administered by thorized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The				
	(C) instructions for a (D) date and time the	and quantity of the drug; dministering the drug; e drug is administered; and f person administering the				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL023-244		B. WING		04	/04/2025
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
ATURAL	LY RIGHT AT HOME		TER ROAD R, NC 28073			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE COMPL D THE APPROPRIATE DAT	
V 118	Continued From page 1		V 118			
	checks shall be record	or medication changes or rded and kept with the MAR opointment or consultation				
	interview, the facility medications on the w affecting 1 of 2 client	n, record review, and				
		ual and Developmental				
	Disabilities Moderate -No physician orders medications:	for the following				
	(anti-seizure), 4 caps (QD).	s 125 milligram (mg) caps s by mouth (PO), everyday tablet (tab) (aggression), 1				
	tab PO, twice a day (-Risperidone 1mg tal BID.	BID). b (aggression), 1 tab PO				
	revealed:	5 of Client #1's medications s 125mg, dispensed 3/12/25.				
		ab, dispensed 3/6/25.				
	January 1, 2025 to A	Client #1's MARs from pril 4, 2025 revealed: s 125mg caps, 4 caps PO				

STATE FORM

R8V511

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Division of Health Service Reguest STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL023-244	B. WING		04	/04/2025	
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
IATURAL	LY RIGHT AT HOME		TER ROAD R, NC 28073				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPLI TO THE APPROPRIATE DATE		
V 118	Continued From page 2		V 118				
	as administered start discontinued 2/10/20 -Risperidone 0.5mg t as administered start -Risperidone 1mg tal administered starting 3/4/25. Attempted interview revealed: -client was non-verba Interview on 4/4/25 v -had Client #1 for alm -Client #1 did not tak anymore, "it was too -did not have physici medications. Interview on 4/4/25 v Professional (QP) re -was acting QP for th -would be following u	tab, 1 tab PO BID, initialed ting on 1/14/25 and 25. tab, 1 tab PO BID, initialed ting 3/5/25. b, 1 tab PO BID, initialed as 2/10/25 and discontinued on 4/4/25 with Client #1 al. with AFL Provider revealed: most a year. e the 1mg Risperidone much." an orders for Client #1's with the Licensee/Qualified vealed:					

R8V511