

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER HOLY ANGELS, INC-MORROW CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 WILKINSON BOULEVARD BELMONT, NC 28012		
(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/17/25. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities, 10A NCAC 27G .2200 Before/After School and Summer Developmental Day Services for Children with or at Risk for Developmental Delays, Developmental Disabilities, or Atypical Development, 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities, 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility is licensed for 45 and has a current census of 19. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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 interview, record review, and observation, the facility failed to ensure MARs were kept current and medications were administered per the written order of a physician affecting 1 of 3 audited current clients (Client #3). The findings are:</p> <p>Review on 4/15/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 8/31/20. -Diagnoses of Profound Intellectual Developmental Disability, Cerebral Palsy secondary to Non-Accidental Trauma, Epilepsy and current Seizures, Legally Blind, Gastroesophageal Reflux Disease, Dysphagia, Gastrostomy, Vitamin D Deficiency, Left Hip Dislocation, Iron Deficiency, Neuromuscular Bladder and Neurogenic Bowel. 	V 118		

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V 118	<p>Continued From page 2</p> <p>-Physician's orders 11/11/24: Motegrity (bowel stimulation) 1 milligram (mg) 2 tablets (2 mg) daily via gastrostomy-tube. -Bisacodyl Suppository 10 mg insert 1 suppository per rectum daily.</p> <p>Review on 4/16/25 of Client #3's MARs from 2/1/25 through 4/15/25 revealed: Motegrity 2 mg daily - -February - initialed as administered 2/1/25 through 2/13/25 then "DC'd." -March - not listed. -April - 4/1/25 through 4/13/25 not initialed as administered. Bisacodyl Suppository 10 mg daily - -February - 2/10/25 - not initialed as administered (blank). -April - 4/10/25 - 4/12/25 - not initialed as administered. -no "Exceptions" documented to explain the reasons for the blanks.</p> <p>Attempted interview on 4/15/25 with Client #3 revealed she was non-verbal.</p> <p>Interview on 4/16/25 with the Chief Nursing Officer revealed: -the original physician's order for Motegrity was written 2/13/24. -as a result of the pharmacy having the order expire in 1 year (2/13/25), the electronic medication record automatically deleted Motegrity from the MAR. -Motegrity was never discontinued and should have remained on the MAR and administered. -there should have been "something documented" as to why Client #3's Bisacodyl suppository was not administered. -"It (MAR) should not be blank."</p>	V 118		

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V 118	Continued From page 3 Interview on 4/16/25 with the Medical Director revealed: -recalled when a facility nurse notified her Client #3's Motegrity needed to be restarted. -called the pharmacy and this was when the medication was re-instated. -Motegrity was a "motility agent to get the bowels to move the food", the client continued to have bowel movements daily when the Motegrity was not administered.	V 118		