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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 4/30/25. 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 4 and has a current census of 4. 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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V 114	Continued From page 1	V 114		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly and on each shift. The findings are:

Review on 4/29/25 of the facility's fire and disaster drills from 4/1/24 - 3/31/25 revealed:
- No 1st shift fire and disaster drills for the 4th quarter (October, November and December) of 2024

Interview on 4/29/25 client #2 reported:
- The facility practiced fire and tornado drills
- He would go out the front door if there was a fire
- He would go into the bathroom if there was a tornado

Interview on 4/29/25 staff #1 reported:
- The facility operated on 3 shifts: 7 am-3 pm was 1st shift; 3 pm - 11 pm was 2nd shift; 11 pm - 7 am was 3rd shift
- Fire and disaster drills were completed monthly
- Fire and disaster drills alternated between staff on each shift
- Drills were sometimes completed on the weekends if the scheduled drill "falls that way"

Interview on 4/29/25 staff #2 reported:
- Fire and disaster drills were scheduled for staff to complete monthly
- Drills were completed whenever they were scheduled and that could be any day of the week

Interview on 4/29/25 the Director reported:
- The shifts for the facility were the same 7 days a week
- The staff that worked on weekdays also

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V 114	Continued From page 2 worked on the weekends - Drills were scheduled for staff to complete and they alternated them among the different shifts This deficiency has been cited 3 times since the original cite on 12/29/21 and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 3 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep MARs current for 3 of 3 audited clients (#1, #2 and #3). The findings are: A. Review on 4/29/25 of client #1's record revealed: - Admission date: 7/30/08 - Diagnoses: Cerebral Palsy, Diabetes, Mild Mental Retardation (MR), Severe Major Depression with Psychotic features, Hyperlipidemia, Gastroesophageal Reflux Disease (GERD), Constipation, Seizures, Hypertension - A physician's order dated 5/6/24: - Aspirin low dose 81 milligrams (mg) take one tablet by mouth (po) every day (heart health) - Cetirizine 10 mg take one tablet po every morning (allergies) - Famotidine 20 mg take one tablet po every morning (GERD) - Folic acid 1 mg take one tablet po once daily (supplement) - Lisinopril 10 mg take one tablet po every morning (hypertension) - Metformin 500 mg take one tablet po every morning with breakfast (diabetes) - Risperidone 1 mg dissolve one tablet on the tongue po every day (psychosis) - Vitamin D3 2000 units take one tablet po once daily (supplement)	V 118		

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V 118	Continued From page 4 Review on 4/29/25 of client #1's MARs from 2/1/25-4/29/25 revealed: - No staff initials on 4/26/25 at 8:00 am to indicate administration of aspirin, cetirizine, famotidine, folic acid, lisinopril, metformin, risperidone and vitamin D3 Interviews on 4/29/25 the Director reported: - She was not sure why client #1's 8:00 am medication was not initialed as administered by staff on 4/26/25 - Would check schedule to see who was administering medication during 1st shift on 4/26/25 - She was responsible for checking the MARs twice each month to make sure medications were being initialed as administered B. Review on 4/29/25 of client #2's record revealed: - Admission date: 10/1/08 - Diagnoses: Hypothyroidism, Diabetes Mellitus due to underlying condition with unspecified complications, Dysthymic Disorder, Moderate MR - An FL2 dated 9/5/24: Murine ear drops 6.5% instill 5 drops into each ear on Tuesday and Thursday each week (earwax) Review on 4/29/25 of client #2's MARs from 2/1/25-4/29/25 revealed: - No staff initials to indicate administration of murine ear drops on 3/3/25 and 3/18/25 Interview on 4/29/25 the Director reported: - When she last checked the MARs, she did not notice the missing staff initials for client #2's murine ear drops - She would check the schedule to see what	V 118		

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V 118	Continued From page 5 staff administered medications on those days and speak with that staff C. Review on 4/29/25 of client #3's record revealed: - Admission date: 3/27/17 - Diagnoses: Down's Syndrome, Congenital Heart Disease, Hypothyroidism, Hyperglycemic, Severe MR, Psychosis - A physician's order dated 3/3/25: Prednisone 50 mg take one tablet po daily for 5 days (airway inflammation) Review on 4/29/25 of client #3's MARs from 2/1/25-4/29/25 revealed: - On 3/4/25, there were no staff initials to indicate administration of prednisone Observation on 4/29/25 at approximately 12:08 pm - There was a removable stick-on arrow pointed at the block for client #3's prednisone on 3/4/25 with a staff initials written on the arrow Interview on 4/29/25, the Director reported: - She knew that the staff initials to indicate administration of predisone for client #3 were missing on 3/4/25 - She had identified the staff that was scheduled to administer client #3's medication on 3/4/25 and notified them of the missing initials but they had not reviewed or corrected it yet Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency has been cited 3 times since the original cite on 12/29/21 and must be corrected	V 118		

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V 118	Continued From page 6 within 30 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by:	V 119		

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V 119	Continued From page 7 Based on record reviews, observations and interviews the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion affecting 3 of 3 audited current clients (#1, #2 and #3). The findings are: A. Review on 4/29/25 of client #1's record revealed: - Admission date: 7/30/08 - Diagnoses: Cerebral Palsy, Diabetes, Mild Mental Retardation (MR), Severe Major Depression with Psychotic features, Hyperlipidemia, Gastroesophageal Reflux Disease, Constipation, Seizures, Hypertension - A physician's order dated 5/6/24: - Albuterol aerosol hydrofluoroalkane (HFA) inhale 1 or 2 puffs by mouth (po) every 4-6 hours as needed (prn) (shortness of breath) - Ibuprofen 200 milligrams (mg) take one tablet po 3 times daily prn (headache, fever, body ache) Observation on 4/29/25 at approximately 12:42 pm of client # 2's medication box revealed: - Albuterol aerosol HFA had a discard date of 4/30/24 - Ibuprofen 200 mg had a discard date of 11/13/24 Observation on 4/29/25 at 1:28 pm: - Overheard the Director contact the pharmacy and request a new albuterol for client #1 Interview on 4/29/25 the Director reported: - They had a 2nd shift staff that was responsible for reviewing medications and ensuring that expired medication was pulled and returned to the pharmacy - She did not realize that client #2 had expired	V 119		

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V 119	Continued From page 8	V 119		

medications in his medication box
- Client #1 had not used the prn medications since the discard date

B. Review on 4/29/25 of client #2's record revealed:
- Admission date: 10/1/08
- Diagnoses: Hypothyroidism, Diabetes Mellitus due to underlying condition with unspecified complications, Dysthymic Disorder, Moderate MR
- An FL2 dated 9/5/24:
  - Albuterol inhale 2 puffs every 4 hours prn (shortness of breath)
  - Clonazepam 0.5 mg take one tablet po once a day prn (anxiety)
  - Triamcinolone cream 0.1% apply topically twice a day prn (rash)

Observation on 4/29/25 at approximately 11:23 am of client # 2's medication box revealed:
- Albuterol had a discard date of 9/30/23
- Clonazepam 0.5 mg had a discard date of 4/10/25
- 2 containers of triamcinolone cream 0.1% that had discard dates of 1/9/23 and 3/10/23

Observation on 4/29/25 at 12:11 pm:
- Overheard the Director contact the pharmacy and request a new albuterol for client #2

Interview on 4/29/25 the Director reported:
- Was not aware that the medications for client #2 had expired
- The medications should have been returned to the pharmacy
- Client #2 had not used the prn medications since the discard date
- She would ensure the medications were ordered from the pharmacy and added to client

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V 119	Continued From page 9 #2's medication box C. Review on 4/29/25 of client #3's record revealed: - Admission date: 3/27/17 - Diagnoses: Down's Syndrome, Congenital Heart Disease, Hypothyroidism, Hyperglycemic, Severe MR, Psychosis - An FL2 dated 10/17/24: Acetaminophen 500 mg take one tablet po every 4 hours prn (mild pain) Observation on 4/29/25 at approximately 12:08 pm of client # 3's medication box revealed: - Acetaminophen 500 mg had a discard date of 4/2/25 Interview on 4/29/25 the Director reported: - She did not know that client #3 had expired medication in her medication box - Client #3 had not taken the medication since the discard date - She would speak with the staff designated to review medication for discard date and return to the pharmacy - She would have all expired medications returned to the pharmacy	V 119		
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	V 291		

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V 291	Continued From page 10 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 inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients treatment, affecting 3 of 3 audited current clients (#1, #2 and #3). The findings are: A. Review on 4/29/25 of client #1's record revealed: - Admission date: 7/30/08 - Diagnoses: Cerebral Palsy, Diabetes, Mild Mental Retardation (MR), Severe Major Depression with Psychotic features, Hyperlipidemia, Gastroesophageal Reflux	V 291		

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Disease, Constipation, Seizures, Hypertension
- A physician's order dated 5/6/24: Accu-check Blood Sugar (BS) check daily (diabetes)

Review on 4/29/25 of client #1's MARs from 2/1/25-4/29/25 revealed:
- Accu-check check BS every day at 7:00 am with one line for staff initials to indicate BS was checked and a second line for the blood glucose (BG) reading to be recorded
- On 3/11/25, 3/12/25, 3/24/25, 3/25/25, and 3/31/25, there was no staff initials to indicate BS was checked and no BG reading recorded
- On 3/8/25, 3/11/25 and 3/19/25 there were staff initials to indicate BS was checked but no BG reading recorded

Interviews on 4/29/25 the Director reported:
- Client #1 had BS checked daily throughout March 2025
- Would check to see who was working on the days when BG was not recorded and speak with those staff

B. Review on 4/29/25 of client #2's record revealed:
- Admission date: 10/1/08
- Diagnoses: Hypothyroidism, Diabetes Mellitus due to underlying condition with unspecified complications, Dysthymic Disorder, Moderate MR
- A physician's order dated 3/17/25: Hydrogen Peroxide Solution 3% instill 5 drops in each ear for 5 minutes and then let liquid drain out of each ear every week (earwax)

Review on 4/29/25 of client #2's MARs from 2/1/25-4/29/25 revealed:
- For 4/1/25-4/29/25, there were staff initials to indicate that hydrogen peroxide was instilled in

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V 291	Continued From page 12 client #2's ears daily at 8:00 am and every Friday at 8:00 pm Interview on 4/29/25 staff #1 reported: - Staff were initialing that client #2 received the hydrogen peroxide for his ears daily at 8:00 am "even though it wasn't being given then" - Staff had discussed it earlier that morning after noticing that it was being recorded incorrectly Interview on 4/29/25 the Director reported: - The staff initials for hydrogen peroxide should not have been on the April 2025 MAR daily at 8:00 am - Client #2 was only receiving the hydrogen peroxide for his ears one time weekly C. Review on 4/29/25 of client #3's record revealed: - Admission date: 3/27/17 - Diagnoses: Down's Syndrome, Congenital Heart Disease, Hypothyroidism, Hyperglycemic, Severe MR, Psychosis - An FL2 dated 10/17/24: Petroleum Jelly apply once a day to inner thighs in the morning (chaffing) Review on 4/29/25 of client #3's MARs from 2/1/25-4/29/25 revealed: - There were no staff initials to indicate that client #2 had petroleum jelly applied on 3/1/25, 3/4/25, 3/5/25, 3/8/25-3/12/25, 3/16/25, 3/17/25, 3/20/25-3/22/25, 3/24/25-3/26/25, 3/29/25-3/31/25 Interview on 4/29/25, the Director reported: - Thought that client #2 only needed the petroleum jelly applied if she was experiencing chaffing	V 291		

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V 291	Continued From page 13 - Was not sure why staff had initialed it daily in February and April of 2025, but had not initialed it daily in March of 2025 - Was responsible for checking the MARs twice each month to make sure medications are being initialed as administered - Had not noticed any of these issues when she had checked the MARs in March or April of 2025	V 291		