STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL036-329	B. WING			R 08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
PATRIOT	S		AST HUDSON A, NC 28054	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ACTION SHOULD BE COM TO THE APPROPRIATE	
{\ 000}	INITIAL COMMENTS		{V 000}			
	A follow-up survey was completed on 05/08/2025. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	The facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.					
{V 118}	27G .0209 (C) Medication Requirements		{V 118}			
	 only be administered order of a person and drugs. (2) Medications shat clients only when and client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered current. Medication and all drugs administered mAR is to include the (A) client's name; (B) name, strength, (C) instructions for a privile administered and time the strength 	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the duding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL036-329		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		B. WING			R 05/08/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PATRIOT	S		AST HUDSON			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID			
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	(X5) COMPLET DATE
{V 118}	Continued From page 1		{V 118}			
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation				
	interviews, the facil	et as evidenced by: ions, record reviews, and ity failed to ensure the MAR fecting 1 of 2 Clients (#1).				
	revealed: -Admission date of -Diagnosed with Big Intellectual Develop Physician's order da -Levothyroxine 50 r (Hypothyroidism)- T daily. Physician's orders of -Omeprazole 20 mg capsule (cap) PO 1 Physician's order da -Loratadine 10 mg 1 tablet (tab) daily b Physician's orders of -Divalproex 125 mg by PO twice daily.	polar Disorder and Moderate omental Disabilities (IDD). ated 06/28/2024: mcg (micrograms) mcg Fake 1 tab PO (by mouth) dated 11/20/2024: g (Acid Reducer)- Take 1 hour before morning meal. ated 11/29/2024: (milligrams) (Allergies) - Take by mouth.				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL036-329	B. WING			R 08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PATRIOT	S		AST HUDSON			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{V 118}	Continued From page 2		{V 118}			
	Physician's orders dated 01/22/2025: -Emergen-C Gummies 500 mg (Multivitamins)- Chew 2 250 mg gummies TID.					
	Review on 05/08/2025 of Client #1's MARs from April 01, 2024 - May 07, 2025 revealed: 04/01/2025-05/07/2025: No transcription for route: -Loratadine 10 mg. -Emergen-C 500 mg. -Omeprazole 20 mg.					
	No transcription for administer: -Divalproex 12 -Client #1 had a tot omissions.	tal of 7 MAR transcription isted above were administered				
	Officer revealed: -"It was a misunder it (MAR issues). I the Moving forward, we the doctor ' s order Staff have been training match, but we will n	2025 with the Chief Operating rstanding, we thought we fixed hought it had been corrected. will make sure that what is on matches what is on the MAR. hined that everything must make sure that MAR, doctor's ation labels all match."				

RBLJ12

If continuation sheet 3 of 3