

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE RESIDENTIAL FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 SPINNER ROAD HOPE MILLS, NC 28348</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 5/14/25. 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 5/12/25 of the facility's fire and disaster drills from 4/1/24 - 3/31/25 revealed:</p> <ul style="list-style-type: none"> <li>- No 1st or 3rd shift disaster drills for the 2nd, 3rd and 4th quarters (March - December) of 2024</li> <li>- No 2nd shift disaster drills for the 2nd quarter (March - May) of 2024</li> </ul> <p>Interview on 5/12/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- He was not sure if the facility practiced disaster drills</li> <li>- He would go into the hallway for a tornado</li> </ul> <p>Interview on 5/12/25 client #2 reported:</p> <ul style="list-style-type: none"> <li>- The facility practiced disaster drills</li> <li>- He would go into the hallway for a tornado</li> </ul> <p>Interview on 5/12/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The facility operated on 3 shifts: 8:00 am - 4:00 pm was 1st shift; 4:00 pm - 12:00 am was 2nd shift; 12:00 am - 8:00 am was 3rd shift</li> <li>- She had been working 1st shift at the facility for 1 year and 1 month</li> <li>- She only completed disaster drills "when the weather is bad"</li> <li>- She was not sure if she had completed one disaster drill for each quarter</li> </ul> <p>Interview on 5/12/25 the Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Fire and disaster drills were completed monthly</li> <li>- The staff decided when to do them</li> <li>- Staff had been told to document their response to weather emergencies, like a tornado warning</li> </ul>	V 114		

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V 114	Continued From page 2  - She did not mean for staff to use that documented response in place of disaster drills - There was a scheduled weekly staff meeting with all facility staff and she would clarify the requirement for drills at the next meeting  This deficiency constitutes a re-cited deficiency 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	<p>Continued From page 3</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to administer medications on the written order of a physician and failed to keep MARs current for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 5/12/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 6/16/21</li> <li>- Diagnoses: Moderate Intellectual Developmental Disability, Schizophrenia, Chronic Obstructive Pulmonary Disease (COPD), Hypertension, High Cholesterol, Eczema</li> <li>- FL2 dated 3/5/25 with the following orders: <ul style="list-style-type: none"> <li>- Furosemide 20 milligrams (mg) take one tablet by mouth (po) daily (hypertension)</li> <li>- Tamsulosin Hydrochloride (HCl) 0.4 mg take 2 capsules po daily (prostate)</li> <li>- Trelegy Ellipta 100-62.5-25 use one puff po daily (COPD)</li> <li>- Vitamin D2 1.25 mg take one capsule po once per week (supplement)</li> <li>- Omeprazole delayed release (DR) 40 mg take one capsule po daily (antacid)</li> </ul> </li> </ul> <p>Observation on 5/12/25 at 10:44 am of client #1's medicine bin revealed the following:</p> <ul style="list-style-type: none"> <li>- No furosemide in medicine bin</li> <li>- One Trelegy Ellipta in medicine bin with a dispense date of 1/7/25</li> </ul>	V 118			

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V 118	<p>Continued From page 4</p> <p>Reviews on 5/12/25 of client #1's April and May 2025 MARs revealed:</p> <ul style="list-style-type: none"> <li>- No staff initials to indicate administration of the following: <ul style="list-style-type: none"> <li>- Furosemide from 5/1/25-5/12/25</li> <li>- Tamsulosin HCl, Trelegy Ellipta and omeprazole DR on 5/5/25</li> <li>- Vitamin D2 on 5/11/25</li> </ul> </li> <li>- Trelegy Ellipta not listed on April 2025 MAR</li> </ul> <p>Interview on 5/12/25 client #1 reported:</p> <ul style="list-style-type: none"> <li>- He took his medicine daily</li> <li>- "I guess I take my medicine when they say come and get your pills"</li> </ul> <p>Interview on 5/12/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She had worked at the facility for 1 year and 1 month</li> <li>- She worked 1st shift and the morning medications had usually been administered by the 3rd shift staff when she arrived daily</li> <li>- Client #1 did not have furosemide at the facility and she did not know why</li> <li>- Client #1 received the Trelegy Ellipta daily and she was not sure why it was not on the April 2025 MAR</li> <li>- The medication that was not initialed on 5/5/25 was administered but the staff that administered forgot to initial</li> </ul> <p>Interview on 5/14/25 the facility's pharmacist reported:</p> <ul style="list-style-type: none"> <li>- They printed the MARs for the facility monthly</li> <li>- Client #1's Trelegy Ellipta was last filled in April 2025</li> <li>- Trelegy Ellipta should have been listed on client #1's April 2025 MAR and it not being listed was the pharmacy's error</li> <li>- Client #1's Trelegy Ellipta would last at least a month and the pharmacy filled it monthly</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Client #1's furosemide was last filled on 4/23/25 and it was delivered to the facility with 5 additional medications on that day</li> </ul> <p>Interview on 5/12/25 the Office Manager reported:</p> <ul style="list-style-type: none"> <li>- Went to the facility each Monday to review MARs and brought them back to the personnel office at the end of each month</li> <li>- Made sure staff initialed medications as administered daily and ensured it was the same medications on the new MARs that was on previous MARs</li> <li>- Would call the pharmacy if something was missing on a MAR or if something was printed twice</li> <li>- Would notify the pharmacy of any needed refills</li> <li>- Had not noticed any issues with the April or May 2025 MARs for client #1</li> </ul> <p>Interviews on 5/12/25 and 5/14/25 the Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- The Office Manager was responsible for checking MARs monthly</li> <li>- Client #1 was waiting on furosemide from the pharmacy</li> <li>- The pharmacist told her on 5/12/25 it was delivered with other medications but the facility never received it</li> <li>- The pharmacy did deliver the furosemide after speaking with them on 5/12/25 and it was now at the facility and client #1 had resumed taking it</li> <li>- Client #1's Trelegy Ellipta being used now was pulled from the facility's extra stock without looking at the date</li> <li>- The facility kept extra stock in the closet or in the medication bin</li> <li>- Client #1 used the Trelegy Ellipta daily</li> <li>- The pharmacy sent client #1's Trelegy Ellipta</li> </ul>	V 118		

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V 118	Continued From page 6  monthly and it lasted client #1 longer than a month  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 10/13/21 and must be corrected within 30 days.	V 118			
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 5/12/25 at 10:08 am revealed: - The kitchen had one window with a blind with 3 broken slats - A dining table chair in the kitchen had silver duct tape wrapped around 4 inches on the right and left side of the top rung - There was a brown dry discolored area approximately the size of a basketball on the kitchen ceiling - The hallway bathroom walls had: - one large spot approximately 6 inches by 14 inches and 2 small spots about the size of a baseball that had been patched with spackle but	V 736			

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V 736	<p>Continued From page 7</p> <p>not sanded or painted</p> <ul style="list-style-type: none"> <li>- one large spot approximately 24 inches by 24 inches that had been patched but not painted</li> <li>- The hallway bathroom had a black substance speckled on the ceiling in the space directly above the shower</li> <li>- Client #4's bedroom had a 2 drawer dresser that was missing 1 drawer</li> <li>- Client #4's bedroom door had a piece of wood that had broken away next to the doorknob that was approximately 1 inch by 3 inches</li> </ul> <p>Interview on 5/14/25 the Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Staff is supposed to let her know if something at the facility needs to be repaired</li> <li>- The facility had a handyman that completed repairs around the facility</li> <li>- There were lots of repairs that need to be completed due to damage caused by client #4</li> <li>- The handyman currently had a list that he was working through repairing for the facility</li> </ul>	V 736		