(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL061-016 04/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 PINE BRANCH ROAD **SULLINS HOME** SPRUCE PINE, NC 28777 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 4/24/25. A deficiency was cited. This facility is licensed for the following service RECEIVED category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. DHSR-MH Licensure Sect The facility is licensed for 3 and has a current census of 3. The survey sample consisted of an audit of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Staff will attend another medication (c) Medication administration: administration training. Staff will be (1) Prescription or non-prescription drugs shall quizzed on the medication training only be administered to a client on the written guidelines. QP will continue to monitor 5/31/2025 order of a person authorized by law to prescribe client medications with the doctor order drugs. and the MAR. This will happen on a (2) Medications shall be self-administered by monthly basis. 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 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

CEO

5/6/2025

If continuation sheet 1 of 4

Aimee Smith

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL061-016 04/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 PINE BRANCH ROAD **SULLINS HOME** SPRUCE PINE, NC 28777 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 118 Continued From page 1 V 118 drug. (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. This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 1 of 3 clients (#3). Review on 4/22/25 of Client #3's record revealed: -Date of admission: 10/1/21. -Diagnoses: Major Depressive Disorder. Moderate Intellectual Developmental Disability, Diabetes, Post Traumatic Stress Disorder. -There was no physician's order for Simethicone. Review on 4/23/25 of MARs 2/1/25-4/23/25 for Client #3 revealed: -"Simethicone 180mg (milligram) Cap (capsule) take 1 softgel orally twice daily to control gas (breakfast and dinner) *in bottle*" was printed on the February, March and April MARs. -Simethicone was documented as administered 2/1/25- 4/23/25 for AM doses and 2/1/25-4/22/25 for PM doses. Observation on 4/23/25 at approximately 11am of Client #3's medication revealed dispill packed medications with all AM medications packed together in one blister pack with each medication

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL061-016 B. WING 04/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **55 PINE BRANCH ROAD SULLINS HOME** SPRUCE PINE, NC 28777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 enclosed listed on back of each pack. All PM medications were similarly packed together with their description listed on the back. There was no Simethicone included in AM or PM packs. There was also no bottle of Simethicone at the facility. Interview on 4/23/25 with Client #3 revealed: -She was not aware of what medications she was administered. Interview on 4/23/25 with Staff #1 (alternative family living caregiver) revealed: -"Simethicone used to be included in her (medication) pack ...that's on me ...I used to be better about checking their medications when they come in." -"The orders were out of date so I shredded them " Interview on 4/24/25 with the licensee's contracted pharmacy revealed: -Simethicone for Client #3 was last dispensed on 10/11/24. Interview on 4/24/25 with the Qualified Professional (QP) revealed: -He had only been their QP since the first of February. -He made monthly home visits during which he and Staff #1 reviewed any changes with medications. "She showed me where she keeps meds (medications)." -He compared medications to the MARS and "they reflected correctly." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.

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