STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-194	A. BUILDING: _____ B. WING _____	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYNTHIA'S LOVING CARE HOME	1722 SAVANNAH SCHOOL ROAD KINSTON, NC 28501

(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 survey was completed on 5/15/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
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.	V 118		

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V 118	Continued From page 1 (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 review, observation and interview, the facility failed to ensure the medications were administered on the written order of a physician affecting 2 of 2 current clients (#1, #2). The findings are: A. Review on 5/15/25 client # 1's record revealed: - Admitted: 10/28/24 - Diagnosis: Autism - Physician order dated 4/29/25 revealed: - Mucinex Extended Release (ER) 600 milligram (mg) tablet (tab), as needed (PRN) (mucus relief) Observation on 5/15/25 at approximately 12:00pm of client # 1's medication box revealed: - Mucinex had an expiration date on the label of 5/7/25 - no other Mucinex was in the facility B. Review on 5/15/25 client #2's record revealed: - Admitted: 10/12/23 - Diagnosis: Other specified Bipolar and Related Disorder - Physician order dated 4/25/25 revealed: - Best Fiber Powder, PRN (supplement) Observation on 5/15/25 at approximately	V 118		

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V 118	Continued From page 2 10:50am of client # 2's medication box revealed: - Best Fiber had an expiration date on the label of 4/8/25 - no other Best Fiber was in the facility Interview on 5/15/25 staff #1 reported: - she was responsible for checking for expired medications - she also took the medications to the office monthly for the Qualified Professionals (QP) to check them - the last visit to the office was about 2 weeks ago, the end of April or the beginning of May - the medications weren't expired the last visit to the office - she knew now that when she saw a medication about to expire, she would need to make a note of it to remind her Interview on 5/15/25 the QP reported: - the QP's did medication checks monthly - the last one for this facility was done around April 28th or 29th - the Mucinex was overlooked because she did not notice that it was expiring soon - she was unsure where the Best Fiber was and thought that staff #1 discarded it by mistake instead of the new one that was ordered - if medications were low or close to the expiration date, staff #1 would send a picture of the medication to the QP and would then call the pharmacy for a refill	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription	V 119		

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V 119	Continued From page 3 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: 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 2 of 2 current clients (#1, #2). The findings are: A. Review on 5/15/25 client # 1's record revealed: - Admitted: 10/28/24 - Diagnosis: Autism	V 119		

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V 119	Continued From page 4	V 119		

- Physician order dated 4/29/25 revealed:
  - Mucinex Extended Release (ER) 600 milligram (mg) tablet (tab), as needed (PRN) (mucus relief)

Observation on 5/15/25 at approximately 12:00pm of client # 1's medication box revealed:
- Mucinex had an expiration date on the label of 5/7/25
- no other Mucinex was in the facility

B. Review on 5/15/25 client #2's record revealed:
- Admitted: 10/12/23
- Diagnosis: Other specified Bipolar and Related Disorder
- Physician order dated 4/25/25 revealed:
  - Best Fiber Powder, PRN (supplement)

Observation on 5/15/25 at approximately 10:50am of client # 2's medication box revealed:
- Best Fiber had an expiration date on the label of 4/8/25
- no other Best Fiber was in the facility

Interview on 5/15/25 staff #1 reported:
- she discarded expired medications by calling the pharmacy for a box to place the expired medications in to be returned back to the pharmacy

Interview on 5/15/25 the QP reported:
- expired medications went back to the pharmacy