

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1543 FERRELL ROAD

CHAPEL HILL, NC 27517

(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 April 28, 2025. 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.

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

Supervisor will retrain all employees certified in medication administration to administer and sign off on all medications as scheduled in MAR and to complete reviews of the MAR on a daily basis. Supervisor will monitor MAR on a weekly basis.

5/28/2025

RECEIVED
MAY 19 2025
DHSR-MH Licensure Sect.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Director of Supported / Independent Living Services 5/13/2025

STATE FORM

6899

1XDW11

If continuation sheet 1 of 10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/28/2025
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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Reviews on 4/24/25 and 4/25/25 of client #1's record revealed: -Admission date of 7/1/11. -Diagnoses of Autism, Mild Intellectual Disability, Bipolar Disorder and Anxiety Disorder. -Physician's order dated 4/7/25 for the following: Topiramate 100 milligrams (mg) (bipolar disorder), one half tablet three times a day Lorazepam 0.5 mg (anxiety), one half tablet daily at 4pm Lorazepam 0.5 mg, two tablets in the evening</p> <p>Review on 4/25/25 of client #1's April 2025 MAR revealed: -No staff initials to indicate the medication was administered for the following: Topiramate 100 mg on 4/18 4pm dose. Lorazepam 0.5 mg on 4/18. Lorazepam 0.5 mg on 4/16 and 4/17.</p> <p>Reviews on 4/24/25 and 4/25/25 of client #2's record revealed: -Admission date of 8/17/16.</p>	V 118			

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V 118	<p>Continued From page 2</p> <p>-Diagnoses of Major Depressive Disorder, Post Traumatic Stress Disorder (PTSD), Cerebral Palsy, Dysgraphia and Dyslexia.</p> <p>-Physician's order dated 4/3/25 for the following: Gummy Vitamin (supplement), two gummies once daily Sertraline 50 mg (PTSD), one tablet daily Metronidazole Cream 0.75% (infection), spread topically to face twice a day</p> <p>Review on 4/25/25 of client #2's April 2025 MAR revealed: -No staff initials to indicate the medication was administered for the following: Gummy Vitamin on 4/19 and 4/20. Sertraline 50 mg on 4/18. Metronidazole Cream 0.75% on 4/18 pm dose.</p> <p>Reviews on 4/24/25 and 4/25/25 of client #3's record revealed: -Admission date of 6/3/24. -Diagnoses of Moderate Intellectual Disability, Polycystic Ovarian Syndrome, Migraines and Hypercholesterolemia. -Physician's order dated 11/14/24 for the following: Propranolol 60 mg (high blood pressure), one capsule daily Omeprazole 20 mg (acid reflux), one capsule at bedtime Fexofenadine 180 mg (allergies), one tablet at bedtime Rosuvastatin 5 mg (high cholesterol), one tablet at bedtime</p> <p>Review on 4/25/25 of client #3's April 2025 MAR revealed: -No staff initials to indicate the medication was administered for the following: Propranolol 60 mg on 4/18.</p>	V 118			

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V 118	Continued From page 3 Omeprazole 20 mg on 4/23 and 4/24. Fexofenadine 180 mg on 4/23 and 4/24. Rosuvastatin 5 mg on 4/23 and 4/24. Interview on 4/25/25 with staff #1 revealed: -"I sign off on the clients MARs whenever I administered medication." -"Weekend staff are forgetting to sign off on the MAR." -The clients received their medication every day. -She confirmed the MARs were not kept current for clients #1, #2 and #3. Interview on 4/25/25 with the Supervisor of Support Services revealed: -The clients received their medication. -Staff possibly forgot to document the medication was administered. -She confirmed the MARs were not kept current for clients #1, #2 and #3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with	V 121	QP has been retrained by Director to ensure that all psychiatric appointment records will be acquired upon completion of the appointment and filed in the resident record. Director will monitor appointment documentation on at least a quarterly basis.	5/31/2025

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V 121	<p>Continued From page 4</p> <p>corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (#1, #2 and #3) who received psychotropic drugs. The findings are:</p> <p>Reviews on 4/24/25 and 4/25/25 of client #1's record revealed: -Admission date of 7/1/11. -Diagnoses of Autism, Mild Intellectual Disability, Bipolar Disorder and Anxiety Disorder. -Physician's order dated 4/7/25 for the following: Topiramate 100 milligrams (mg) (bipolar disorder), one half tablet three times a day Lorazepam 0.5 mg (anxiety), one half tablet daily at 4pm Lorazepam 0.5 mg, two tablets in the evening Quetiapine 100 mg (bipolar disorder), one tablet at bedtime Buspirone 30 mg (anxiety), one tablet twice daily -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 4/25/25 of the April 2025 Medication Administration Record (MAR) revealed: -Staff documented client #1 was administered the above medication on 4/1 thru 4/23.</p> <p>Reviews on 4/24/25 and 4/25/25 of client #2's record revealed: -Admission date of 8/17/16. -Diagnoses of Major Depressive Disorder, Post Traumatic Stress Disorder (PTSD), Cerebral</p>	V 121			

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V 121	<p>Continued From page 5</p> <p>Palsy, Dysgraphia and Dyslexia. -Physician's order dated 4/3/25 for Sertraline 50 mg (PTSD), one tablet daily.</p> <p>Review on 4/25/25 of the April 2025 MAR revealed: -Staff documented client #2 was administered the above medication on 4/1 thru 4/23.</p> <p>Reviews on 4/24/25 and 4/25/25 of client #3's record revealed: -Admission date of 6/3/24. -Diagnoses of Moderate Intellectual Disability, Polycystic Ovarian Syndrome, Migraines and Hypercholesterolemia. -Physician's order dated 11/14/24 for Escitalopram 10 mg (anxiety), one tablet daily.</p> <p>Review on 4/25/25 of the April 2025 MAR revealed: -Staff documented client #3 was administered the above medication on 4/1 thru 4/23.</p> <p>Interview on 4/25/25 with the Supervisor of Support Services revealed: -She wasn't sure why there was no drug regimen review for clients #1, #2 and #3. -She confirmed there was no documentation of a drug regimen review completed for clients #1, #2 and #3 within the last six months.</p> <p>Interview on 4/28/25 with the Director of Supported-Independent Living Services revealed: -"I thought we could use the 180 day physician's order for the drug regimen review." -She confirmed there was no documentation of a drug regimen review completed for clients #1, #2 and #3 within the last six months.</p>	V 121		

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V 290	Continued From page 6	V 290	QP was retrained by Director regarding need for unsupervised time assessments. Unsupervised time assessments will be completed on all individuals for whom they are needed. Director will monitor as part of annual ISP process to ensure these assessments are completed on an annual basis.	6/27/2025
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assess the capability for two of three audited clients (#1 and #2) to be unsupervised in the home and community. The findings are:</p> <p>Reviews on 4/24/25 and 4/25/25 of client #1's record revealed: -Admission date of 7/1/11. -Diagnoses of Autism, Mild Intellectual Disability, Bipolar Disorder and Anxiety Disorder. -No documentation that client #1 had been assessed for capability of having unsupervised time in the home and community without staff supervision.</p> <p>Reviews on 4/24/25 and 4/25/25 of client #2's record revealed: -Admission date of 8/17/16. -Diagnoses of Major Depressive Disorder, Post Traumatic Stress Disorder (PTSD), Cerebral Palsy, Dysgraphia and Dyslexia. -No documentation that client #2 had been assessed for capability of having unsupervised time in the home and community without staff supervision.</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>Interview on 4/28/25 with client #1 revealed: -She had unsupervised time in the home and community. -She went to stores and to the nail salon during her unsupervised time in the community. -She took the city bus or other public transportation in the community whenever she used her unsupervised time. -She didn't stay at the home unsupervised that "often."</p> <p>Interview on 4/25/25 with client #2 revealed: -She stayed at the home alone without staff supervision. -She also goes out in the community without staff supervision. -She went to the store to shop and to the library during her unsupervised time in the community.</p> <p>Interview on 4/25/25 with staff #1 revealed: -Clients #1 and #2 both had unsupervised time in the home and community. -Client #1 went for walks, took the city bus and went shopping in the community. -Client #2 went shopping and to the library in the community during her unsupervised time. -The clients don't stay at the home unsupervised "very often."</p> <p>Interview on 4/28/25 with the Director of Supported-Independent Living Services revealed: -She wasn't aware that clients #1 and #2 had no unsupervised time assessment. -The Senior Direct Support Coordinator was responsible for the unsupervised time assessments for clients. -She confirmed there was no documentation that clients #1 and #2 had been assessed for capability of having unsupervised time in the home and community without staff supervision.</p>	V 290			

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