

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOSS LANE II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>42414 MOSS LANE NEW LONDON, NC 28127</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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on May 27, 2025. The complaints were substantiated (intake #NC00229176 and NC00230557). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</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 interview, the facility failed to keep the MAR current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 5/22/25 of client #1's record revealed: -Admission date of 4/18/23. -Diagnoses of Moderate Intellectual Disability, Type II Diabetes Mellitus, Hyperlipidemia, Hypertension and Obsessive Compulsive Disorder (OCD). -Physician's order dated 1/31/25 for the following medication: Clomipramine 50 milligrams (mg) (OCD), one capsule at bedtime Trazodone 100 mg (Sleep), one tablet at bedtime</p> <p>Review on 5/22/25 of the May 2025 MAR revealed:</p> <p>No staff initials to indicate the medication was administered for the following: Clomipramine 50 mg on 5/3 and 5/10. Trazodone 100 mg on 5/3.</p> <p>Review on 5/22/25 of client 2's record revealed:</p>	V 118			

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V 118	Continued From page 2  -Admission date of 3/2/21. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Unspecified Psychosis due to substance or known psychological condition, Sleep Disorder, Intermittent Explosive Disorder, Schizoaffective Disorder, Bipolar Disorder, History of Traumatic Brain Injury, Personality Disorder, Type II Diabetes, Hypothyroidism and Hyperlipidemia. -Physician's order dated 1/1/25 for the following medication: Glycopyrrolate 2 mg (Drooling), one tablet three times daily Divalproex 500 mg (Seizure Disorder), one tablet twice daily Phenobarbital 32.4 mg (Seizure Disorder), one tablet in the morning Phenobarbital 32.4 mg, three tablets at bedtime Zonisamide 100 mg (Seizure Disorder), three capsules twice daily Levetiracetam 500 mg (Seizure Disorder), three tablets twice daily Benztropine 1 mg (Involuntary movements), one tablet twice daily Tamsulosin 0.4 mg (Enlarged Prostate), one capsule twice daily Lactulose 10 grams (gm)/15 milliliters (ml) (Constipation) take 60 ml three times daily Senna 8.6 mg (Constipation), one tablet twice daily Metformin 500 mg (Diabetes), two tablet twice daily Glipizide 10 mg (Diabetes), one tablet twice daily Olanzapine 20 mg (Bipolar Disorder), one tablet twice daily Trazodone 100 mg (Sleep), two tablets at bedtime Zolpidem 5 mg (Sleep), one tablet at bedtime Amlodipine 10 mg (Hypertension), one tablet once daily	V 118			

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V 118	<p>Continued From page 3</p> <p>Pioglitazone 15 mg (Diabetes), one tablet daily Humalog Kwik Insulin (Diabetes), inject 10 units subcutaneously as needed if blood sugar is greater than 300 and recheck in 1 hour, inject 5 more units if blood sugar is greater than 150 Blood glucose check four times daily (before meals and at bedtime)</p> <p>Review on 5/22/25 of client #2's MARs revealed:</p> <p>May 2025:</p> <p>No staff initials to indicate the medication was administered for the following:</p> <ul style="list-style-type: none"> <li>-Glycopyrrolate 2 mg on 5/3 8pm dose; 5/5 4pm and 8pm doses; 5/6 thru 5/21 all three doses and 5/22 8am dose.</li> <li>-Divalproex 500 mg on 5/3 8pm dose; 5/5 8pm doses; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> <li>-Phenobarbital 32.4 mg on 5/1 and 5/6 thru 5/22.</li> <li>-Phenobarbital 32.4 mg on 5/3 and 5/5 thru 5/21.</li> <li>-Zonisamide 100 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> <li>-Levetiracetam 500 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> <li>-Benztropine 1 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> <li>-Tamsulosin 0.4 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> <li>-Lactulose 10 gm on 5/3 8pm dose; 5/5 4pm and 8pm doses; 5/6 thru 5/21 all three doses and 5/22 8am dose.</li> <li>-Senna 8.6 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</li> </ul>	V 118			

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V 118	<p>Continued From page 4</p> <p>-Metformin 500 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</p> <p>-Glipizide 10 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</p> <p>-Olanzapine 20 mg on 5/3 8pm dose; 5/5 8pm dose; 5/6 thru 5/22 8am doses and 5/6 thru 5/21 8pm doses.</p> <p>-Trazodone 100 mg on 5/3 and 5/5 thru 5/21.</p> <p>-Zolpidem 5 mg on 5/3 and 5/5 thru 5/21.</p> <p>-Amlodipine 10 mg on 5/6 thru 5/22.</p> <p>-Pioglitazone 15 mg on 5/6 thru 5/22.</p> <p>-No staff initials to indicate blood glucose checks on 5/1 thru 5/22 all 4 times and 5/22 am time.</p> <p>April 2025:</p> <p>No staff initials to indicate the medication was administered for the following:</p> <p>-Glycopyrrolate 2 mg on 4/22, 4/29 and 4/30 2pm doses.</p> <p>No staff initials to indicate blood glucose check on 4/25 4:30pm and 8pm doses; 4/26 thru 4/30 all times.</p> <p>Review on 5/22/25 of client #3's record revealed:</p> <p>-Admission date of 4/18/23.</p> <p>-Diagnoses of Moderate Intellectual Disability, Type II Diabetes Mellitus, Hyperlipidemia, Hypertension (HTN) and Obsessive-Compulsive Disorder.</p> <p>-Physician's order dated 4/30/25 for Metformin 1000 mg, one tablet twice daily.</p> <p>-Physician's order dated 1/31/25 for the following medication:</p> <p>Risperidone 1 mg (Bipolar Disorder), one tablet twice daily</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Senna-Plus 8.6-50 mg (Constipation), one tablet twice daily Atorvastatin 20 mg (High Cholesterol), one tablet at bedtime</p> <p>Review on 5/22/25 of client #3's May 2025 MAR revealed:</p> <p>No staff initials to indicate the medication was administered for the following: -Metformin 1000 mg on 5/10 8pm. -Risperidone 1 mg on 5/3 and 5/10 8pm doses. -Senna-Plus 8.6-50 mg on 5/3 and 5/10 8pm doses. -Atorvastatin 20 mg on on 5/3 and 5/10 8pm doses.</p> <p>Interview on 5/23/25 with the Qualified Professional revealed: -Staff possibly forgot to sign off on MARs. -The clients got their medication. -"[The Registered Nurse] put out of facility on the May 2025 MAR for [client #2], that was why staff stopped documenting." -She confirmed the MARs were not kept current for clients #1, #2 and #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118			
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to</p>	V 132			

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V 132	<p>Continued From page 6</p> <p>any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure allegations of abuse were reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>1. Review on 5/22/25 of an investigation summary revealed: -An allegation of neglect was investigated on 5/13/25 to 5/15/25. -"The purpose of this investigation is to determine if [The Direct Support Supervisor (DSS)] did not</p>	V 132		

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V 132	<p>Continued From page 7</p> <p>follow instructions to take [client#2] to the Emergency Room (ER) due to having multiple seizures on May 1st and May 2nd. An investigation has been initiated to investigate the allegation of neglect. [DSS] was suspended pending the investigation outcome ... Based upon statements for this investigation, the allegation of neglect is un-substantiated."</p> <p>Review on 5/22/25 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>-Incident report dated 5/13/25- "[The DSS] didn't follow instructions to take [client #2] to the ER ...An investigation has been initiated to look into this allegation of abuse. The accused staff [DSS] was suspended pending the investigation outcome. All recommendations from the investigation will be completed."</li> <li>-The 5-day working report was not submitted by facility staff.</li> </ul> <p>2. Review on 5/22/25 of an investigation summary revealed:</p> <ul style="list-style-type: none"> <li>-An investigation was conducted 3/7/25 to 3/13/25.</li> <li>-"On March 7, 2025 [Regional Administrator (RA)] received a call from [Qualified Professional (QP)] explaining about a fight on the van and a bruise on [client #1 ' s] chest. [QP] wasn't sure when the bruise appeared. [QP] didn't have all the details of the fight with another peer. [Client #1] told [staff #3] that the bruise came from [FS #7] pinching him. [QP] went over to the house and afterwards she called [RA]...Based on the facts obtained during the investigation interviews, [RA] did not substantiate the allegations of abuse. [FS #7] was terminated due to violation of Policy 420.3 Taking the people we support to an employee's home/location or the home of the employee 's</li> </ul>	V 132		



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V 132	<p>Continued From page 8</p> <p>friends or family if not authorized by [the Administrator/Director] and Policy 420.3 Failure to immediately report injuries of an employee."</p> <p>Review on 5/22/25 of the NC IRIS revealed: -Incident report dated 3/6/25-"On Thursday March 6, [client #1] informed [staff #3] and [Qualified Professional (QP)] that his 1 on 1 staff had pinched him above his left breast. [Client #1] then proceeded to tell [the QP] where they were when this happened." -The 5-day working report was not submitted by facility staff until 3/31/25.</p> <p>Interview on 5/22/25 with the Regional Supervisor with Health Care Personnel Investigations (HCPI): - The facility sent a report on 3/11/25 related to the incident with client #1 and FS #7. -The HCPI section did not get the final IRIS report until 3/31/25. -The facility did not complete the investigation within 5 working days.</p> <p>Interview on 5/23/25 with the Residential Administrator revealed: - She did not do the investigation of abuse related to the DSS and client #2. -The investigation was completed by the Intellectual and Developmental Disability (IDD) Administrator. - She thought the 5 day working report was put into IRIS within 5 days for the incident with the DSS and client #2. -She could not remember why the 5-day working report was submitted late to HCPR for the incident with client #1 alleged FS #7 pinched him. -"We had a lot going on at one time and I can't remember why it was reported late." -She confirmed the agency failed to report</p>	V 132			

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V 132	Continued From page 9  allegations of abuse to HCPR within five working days.	V 132			
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions;	V 500			

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V 500	<p>Continued From page 10</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS). The findings are:</p> <p>Review on 5/22/25 of the North Carolina (NC) Incident Response Improvement System (IRIS) revealed: -Incident report dated 5/13/25- "[The DSS] didn't follow instructions to take [client #2] to the ER ...An investigation has been initiated to look into</p>	V 500		

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V 500	Continued From page 11  this allegation of abuse. The accused staff [DSS] was suspended pending the investigation outcome. All recommendations from the investigation will be completed."  Interview on 5/22/25 with a Local DSS staff revealed: -There was a report made for client #2. -The report was submitted on 5/14/25. -The report was not made by facility staff. -The report was made by an agency outside of the facility.  Interview on 5/23/25 with the Residential Administrator revealed: - She did not do the investigation of abuse related to the DSS and client #2. -The investigation was completed by the Intellectual and Developmental Disability (IDD) Administrator. -She did not report the allegation of abuse to DSS. -"I would have to check with [the IDD Administrator] and see if he reported it to DSS." -She confirmed the agency failed to report the above allegation of abuse to DSS.	V 500			
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 and its grounds were not maintained in a clean,	V 736			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R-C 05/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOSS LANE II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>42414 MOSS LANE NEW LONDON, NC 28127</b>		
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V 736	<p>Continued From page 12</p> <p>attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 5/23/25 at approximately 9:15 AM revealed:</p> <ul style="list-style-type: none"> <li>-The den area-The blinds had seven broken slats. There was an unfinished and unpainted wall patch approximately two feet long and 12 inches wide. Approximately eight floor boards were separating from the floor.</li> <li>-Bathroom between clients #2 and #3's bedroom-Peeling paint on door jamb. A plum sized hole in the door. Soap scum on walls of shower.</li> <li>-Client #3's bedroom-A strong urine odor. Two brownish scrapes on the walls approximately two feet long. A third brownish scrape was approximately 14 inches long. Peeling paint on the walls. Dirt build up on floor. The door to the bedroom had peeling paint and a crack approximately six inches long. One of the floor boards had separated from laminate flooring.</li> <li>-Client #1's bedroom-Three slats missing from a set of blinds. A yellowish substance on the walls. A crack in the bedroom door was approximately three inches long. A second crack in the bedroom door was approximately eight inches long. Two scrapes approximately 13 inches long on the back of the bedroom door. Letters spelling client #1's first and last name were written on the back of the bedroom door.</li> <li>-Dining Area-A reddish scrape approximately 20 inches on the wall.</li> <li>-Client #2's bedroom-Peeling paint on the walls. Four screw holes in the wall. The door to the closet had a black discoloration towards the top. Bottom of bedroom door had grayish stain.</li> <li>-Bathroom in client #2's bedroom-The back of the door had a crack approximately eight inches long. Two nail holes on back of door. A penny sized</li> </ul>	V 736			

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V 736	<p>Continued From page 13</p> <p>hole in the wall. Approximately eight dot sized brown spots on the wall.</p> <p>-Outside-The third step to the set of steps leading to the front door was broken in half. There were approximately 35 pieces of trash on the ground. The trash included cigar wrappers, plastic ends to cigars, cigarette butts, candy wrappers, napkins, paper straw holders and cotton swabs.</p> <p>Interview on 5/23/25 with the Qualified Professional revealed:</p> <p>-They put work orders in already for some of the issues with the facility.</p> <p>-"I talked to staff about throwing trash on the ground over and over."</p> <p>-She acknowledged all of the above issues with the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			