STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL029062		B. WING	05/27/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ARLINGTO	ON HOUSE		ER LANE ON, NC 27292		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual survey was Deficiencies were cite	s completed on 5/27/25. ed.			
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.				
	•	d for 3 and has a current ey sample consisted of ents.			
V 114	27G .0207 Emergence	y Plans and Supplies	V 114		
	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.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MHL029062		B. WING		05/27/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ADI INGT	ON HOUSE	216 AGNEI	R LANE			
AKLINGI	ON HOUSE	LEXINGTO	N, NC 27292			
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V 114	Continued From page 1		V 114			
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 5/28/25 of the facility's fire and disaster drill log from June 1, 2024-May 1, 2025 revealed:					
1st quarter (January- March 2025): - No 1st shift (7am-3pm) fire drills.						
	3rd quarter (July- September 2024): - No 3rd shift (11pm-7am) fire drills and 2nd shift disaster drills. 4th quarter (October-December 2024): - No 1st and 3rd shift fire drills and disaster drills. Interview on 5/27/25 with Staff #1 revealed: - Completed fire and disaster monthly.					
		with Staff #2 revealed: lls were completed monthly.				
	completed with the Re Coordinator; - "I am the one who re drills. I go to the home	: fire and disaster drills being egional Operations uns the fire and disaster				
	Coordinator revealed	with the Regional Operations : disaster drill schedule since				

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January due to an audit.

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PRINTED: 06/04/2025 FORM APPROVED

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTI		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MHL029062		B. WING		05/27/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		216 AGNI				
ARLINGTO	ON HOUSE		ON, NC 27292			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG				D BE COMPLETE		
V 120	V 120 27G .0209 (E) Medication Requirements		V 120			
V 120 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.						
	3 clients (Client #1, C Review on 5/22/25 of observations of 8am - Admission date 3/2	n, record reviews and refailed to ensure red separately affecting 2 of client #2). The findings are: Client #1's record and medications revealed:				
	Disabilities, Attention Disorder, Schizophre	Deficit Hyperactivity				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COWII LETED	
MHL029062		B. WING		05/27/2025		
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ARLINGTO	ON HOUSE	216 AGNEI LEXINGTO	R LANE N, NC 27292			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 120	Continued From page	∌ 3	V 120			
V 120	Obsessive Compulsive Infective Gastroenterin Dystrophy, Diabetes, - Physicians order 10 reflux) 20 milligram (reflux) 20 mouth twice daily; Nut 20-10 mg, take 1 caps Januvia (blood sugaritablet by mouth once (schizophrenia) 10 mg once daily; - 1/21/25 Glipizide Effablet by mouth once - 3/25/25 Mag Oxide 400 mg, take 1 tablet - 4/14/25 Baclofen (reflux) 40 mg, take 1 tablet - 4/14/25 Baclofen (reflux) 40 mg, take 1 tablet - 4/14/25 Baclofen (reflux) 40 mission date 9/23 - Diagnoses Intellecture Disabilities, Severe; (and mobility, Allergic Cri-Du-Chat Syndrom Generalized; Abnorm Dermatitis, unspecified Mixed Hyperlipidemia Agitation, Pain in Unservice Physicians order 2/2 (antidepressant) 40 mg Fanapt (anxiety) table mouth twice daily; Fe take one tab by mouth	ve Disorder, Arthritis, Non itis and Colitis, Muscular Pseudobulbar; //21/24 Omeprazole (acid ng), take 1 capsule by ledexta (pseudobulbar) Cap sule by mouth twice daily,) tablet (tab) 100mg, take 1 daily, Aripiprazole g, take 1 tablet by mouth R (diabetes) 5mg, take 1 daily, (muscle function) Tab by mouth once daily, nuscle relaxer) 5mg, Take 1 daily. F Client #2's record and cations revealed: 8/19; lal Developmental Other Abnormalities of Gait Rhinitis, Constipation, ne, Anxiety disorder, lal weight Gain, Seborrheic ed, unspecified Convulsions, a, Restlessness and specified Foot;	V 120			
	Observation on 5/22/2 revealed:	25 at approximately 3:06pm				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 120			V 120			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

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