STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOIVIDER.		A. BUILDING:		
		MHL073-037	B. WING			R 12/2025
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VINHAV	EN STREET GROUP	HOME	HAVEN STREE RO, NC 27573	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
		w up survey was completed 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 5. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	<ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when a client's physician.</li> <li>(3) Medications, included administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name;</li> <li>(B) name, strength,</li> <li>(C) instructions for</li> <li>(D) date and time the distance of a person of the person of the person of the privileged to prepare (3) A medication for the privileged to prepare (4) A medication for the privileged to prepare (4) A medication for the person of the person</li></ul>	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse r legally qualified person and re and administer medications liministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		PLETED	
		MHL073-037	B. WING			R 1 <b>2/2025</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE			
WINHAV	EN STREET GROUP	HOME	IHAVEN STREE RO, NC 27573				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 118	Continued From pa	age 1	V 118				
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation					
	Based on record re facility failed to kee one of three audite Review on 6/11/25 -Admission date of -Diagnoses of Trau	et as evidenced by: eview and interviews, the p the MAR current affecting d clients (#2). The findings are of client #2's record revealed: 11/14/24. Imatic Brain Injury, Seizure Hyperthyroidism and					
	#2 revealed: -Order dated 2/24/2 micrograms (mcg) before breakfast. -Order dated 1/16/2 (mg) (Depression), -Order dated 12/11 mg (Relax Muscless -Order dated 12/100 International Unit (I daily; B12 1000 mc tongue in the morn 500 mg (Bone Heat daily.	/24 for Sodium Chloride 1000 s), one tablet daily. //24 for Vitamin D3 5000 U) (Bone Health), one capsule g (Energy), one tablet under ing and Calcium Carbonate Ith), one tablet three times	s				
	-Order dated 12/6/2 (Seizure Disorder),	24 for Pregabalin 225 mg one capsule daily; Pregabalir ile every 12 hours; Clobazam	1				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 06/12/2025	
		MHL073-037			06/	12/2025
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> HAVEN STREE			
WINHAV	EN STREET GROUP	HOME	RO, NC 27573	-1		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	<ul> <li>15 mg (Seizure Disorder), 1.5 tablets at bedtime; Brivaracetam 100 mg (Seizure Disorder), one tablet twice daily and Lacosamide 200 mg (Seizure Disorder), one tablet twice daily.</li> <li>Review on 6/11/25 of the April 2025 MAR revealed:</li> <li>No staff initials to indicate the medication was administered for the following:</li> <li>Levothyroxine 75 mcg on 4/5 thru 4/8.</li> <li>Sertraline 200 mg on 4/5 thru 4/8.</li> <li>Sodium Chloride 1000 mg on 4/5 thru 4/8.</li> <li>-Vitamin D3 5000 IU on 4/5 thru 4/8.</li> <li>-Calcium Carbonate 500 mg on 4/5 thru 4/8 am doses, 4/4 thru 4/8 2pm doses and 4/4 thru 4/8</li> </ul>					
	8pm doses. -Pregabalin 225 mg -Pregabalin 300 mg -Clobazam 15 mg o -Brivaracetam 100 and 4/5 thru 4/8 pm	g on 4/1, 4/4 thru 4/8. g on 4/5 thru 4/8 pm doses. on 4/4 thru 4/8. mg on 4/5 thru 4/8 am doses n doses. ng on 4/5 thru 4/8 am doses				
	initials daily on the -"Staff know they sl are on leave."					
	revealed: -Client #2 was in th medical reasons.	5 with the Director of Services he hospital in April 2025 for posed to leave MAR blank."				

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	MHL073-037		B. WING			R 06/12/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
WINHAV	EN STREET GROUP	HOME	AVEN STREE O, NC 27573	T			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 3	V 118				
	client is out of facilit -She confirmed the client #2.	MAR was not kept current for stitutes a re-cited deficiency					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	was not maintained	et as evidenced by: on and interviews, the facility in a clean, attractive, orderly ee from offensive odor. The					
	revealed: -Client #4's bedroor 50 black spots on c size to the size of a Wall had black and -Bathroom #1-The shower curtain had bottom. -Bathroom #2-The	door jamb was rusted. The a rust like stain towards the tub had black stains near the curtain liner had a rust like					
		5 with staff #1 revealed: ained in client #1's bedroom ot of spitting."					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL073-037	B. WING			R 12/2025	
AME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
VINHAV	EN STREET GROUP	HOME	HAVEN STREE RO, NC 27573				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pa	age 4	V 736				
		ow long the carpet was stained. I all of the above issues with					
	revealed: -They had been we support agency to #4's bedroom. -They do preventa: -The reports are do staff. -She didn't managereports. -She didn't know if the facility were ide	25 with the Director of Services orking with the mental health get the carpet replaced in client tive maintenance reports. one by other management e the preventative maintenance <sup>7</sup> any of the recent issues with entified in those reports. ed all of the above issues with					