STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL059023	B. WING			к 11/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
DAWN'S	PLACE		HORY HILL DR , NC 28752	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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 HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual and follo on 6/11/25. Deficie	w up survey was completed ncies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.					
		ed for 3 and has a current urvey sample consisted of an ients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person and drugs. (2) Medications shat clients only when an client's physician. (3) Medications, inclusion administered only builticensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administered administered and drugs administered mAR is to include the (A) client's name; (B) name, strength, (C) instructions for a strength 	inistration: non-prescription drugs shall d 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 y licensed persons, or by trained by a registered nurse legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
	MHL059023		B. WING			R 06/11/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
DAWN'S	PLACE		HORY HILL DR I, NC 28752	IVE			
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V 118	drug. (5) Client requests checks shall be rec	ige 1 for medication changes or corded and kept with the MAR appointment or consultation	V 118				
	observation, the fac medications were a order of a physiciar current affecting 1 o Review on 6/10/25 -Date of admission:	views, interviews and cility failed to ensure administered on the written n and failed to keep the MAR of 3 clients (#1). of Client #1's record revealed: : 4/14/03.					
	Intellectual Develop Disruptive Behavior Seasonal Allergies. -Physician's orders -Seroquel 150	5 Blood Disorder, Severe omental Disability, Epilepsy, r Disorder, Incontinence, dated 1/17/25 included: milligrams (mg) take 1 capsule twice daily.					
	Client #3 revealed: -Instructions: "Se mouth three times of tablet by mouth twice -Seroquel 50m	of MARs 4/1/25-6/11/25 for eroquel 50mg- take 1 tablet by daily. Seroquel 100mg- take 1 ce daily." g was documented as es daily 4/1/25-5/31/25. (61					
	Interview on 6/11/2 pharmacist reveale ealth Service Regulation	5 with the dispensing d:					

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL059023	B. WING			06/11/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
DAWN'S	PLACE		IORY HILL DR , NC 28752	IVE			
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	-Seroquel order dated 1/17/25 was for 150mg twice daily but "insurance doesn't cover 150mg twice daily so we had to change to 50mg twice daily and 100mg twice daily." -The February 2025 MAR was correct with 50mg 2 times daily"I don't see any reason the March (2025) MAR would have been changed to 3 times a day." The April 2025 and May 2025 MARs were also written as 3 times daily. "There was a new order 5/23/25 for Seroquel 50mg in the evening with 100mg. The June (2025) MAR is correct." -"we have 3 people look over (dispill) packets before sealingthey are looking at the orders not the MARthe MAR is in an editable excel file		t				
	why the MAR was of -The medication was order correctly50 Interview on 6/11/2 Living (AFL) provide -The pharmacy type dispill packaged me -"I don't see an ord 50mg 3 times daily indicates."	5 with the Alternative Family er revealed: ed the MARs and sent with the edications monthly. er (in paperwork) for Seroquel despite what the MAR					
	-"I think probably th I signed based on t thatI can't blame Interview on 6/11/2 Professional (QP) r -She made monthly medications, MARs -It had been a really provider. -"We both (QP and	5 with the Qualified					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED R		
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DAWN'S	PLACE		ORY HILL DR NC 28752	IVE			
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V 118	Continued From pa	ge 3	V 118				
	determined if clients as ordered by the p	s received their medications hysician.					
	This deficiency con- must be corrected v	stitutes a recite deficiency and within 30 days.					
V 766	27G .0304(d)(3) No	t More Than Two Clients	V 766				
	EQUIPMENT (d) Indoor space re- licensed prior to Oc minimum square fo at that time. Unless Rules, residential fa 1, 1988 shall meet f requirements: (3) No more f	04 FACILITY DESIGN AND equirements: Facilities tober 1, 1988 shall satisfy the otage requirements in effect s otherwise provided in these acilities licensed after October the following indoor space than two clients may share an regardless of bedroom size.					
	This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure no more than 2 clients shared a bedroom, regardless of the bedroom size, affecting 3 of 3 clients (Client #1, #2, #3). The findings are:						
	facility on 6/11/25 a revealed: -The lower level of t shared bedroom for	Alternative Family Living (AFL) t approximately 12:30pm the AFL was set up as a r 3 clients. bed, dresser and nightstand.					
		of waivers approved by the service Regulation revealed:					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL059023		B. WING			R 06/11/2025	
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V 766	Continued From pa	ge 4	V 766				
	-No evidence of a current approved waiver for Dawn's Place.						
	Interview on 6/11/25 with AFL Provider revealed: -The 3 clients had always shared the bedroom downstairs.						
	Interview on 4/23/24 with the Qualified Professional (QP) revealed: -"It's not a surprise we needed a waiver." -Thought a waiver was in place from last year and lasted for 10 years. -Will talk with the Licensee's Director about the waiver.		b				
		stitutes a recite deficiency and within 30 days.	1				