STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	MHL011-353		B. WING		06/11/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GOSS H	ОМЕ		N HILL LANE LE, NC 2880			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	An annual survey was completed on 6/11/25. Deficiencies 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. The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.					
V 117	117 27G .0209 (B) Medication Requirements		V 117			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa					

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

(X6) DATE TITLE

AND BLAN OF CORRECTION IN THE PROPERTY OF THE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL011-353		B. WING		06/11/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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V 117	Continued From pa center), and the na practitioner.	ge 1 me of the dispensing	V 117			
	This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that medications were labeled as required for 1 of 2 audited clients (#1). The findings are: Observation on 6/10/25 at approximately 8:05 am revealed: Fluticasone 50 micrograms (mcg) nasal spray and Albuterol Sulfate 108mcg inhaler in large plastic bag with dispill packs of other medications. Neither fluticasone nor albuterol had individual pharmacy labels to include client name, prescriber's name, dispense date, name of medication, strength, quantity, expiration date or instructions.					
	living caregiver reverselicities and been NovemberClients had gone had g	n with him since the end of nome for a visit Memorial day the meds (medication) in their es) did not return."				

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AND BLAN OF CORRECTION TO IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL011-353		B. WING		06/1	1/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	V 118 Continued From page 2		V 118			
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 as client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials drug. (5) Client requests to checks shall be recorded.	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe III be self-administered by uthorized in writing by the Iluding 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 led to each client must be kept s administered shall be ely after administration. The				

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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		
	MHL011-353		B. WING		06/11/2025	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	00/1	1/2023
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			LE, NC 2880			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	8 Continued From page 3		V 118			
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting 1 of 2 clients (#1).					
	-Date of admission -Diagnoses: Autism Intellectual Develop -Physician's orders	of Client #1's record revealed: : 11/25/24. In Spectrum Disorder, Mild omental Disability, Diabetes. Idated 11/27/24 included: crograms (allergies) - 1 spray				
	Review on 6/10/25 of MARs 4/1/25-6/10/25 for Client #1 revealed: -Fluticasone was not documented as administered 5/1/25-5/31/25. (31 doses) Interview on 6/10/25 with Client #1 revealed: -He knew what medications as well as the milligrams that he was administered"I don't take the nose spray any more."					
	living (AFL) caregiv -"[Client #1] got his day." -"I could have made	Flonase (fluticasone) every e a mistake on the MAR [the nal (QP)] checks the MARs,				
	-She made home v the facility yet this r -She always looked					
	medication adminis	o accurately document stration, it could not be s received their medications				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
			A. BOILDING.			
MHL011-353			B. WING 06/1			1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	8 Continued From page 4		V 118			
	as ordered by the physician.					
V 120	27G .0209 (E) Medication Requirements		V 120			
	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.					
	This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to store medications securely affecting 2 of 2 clients (#1, #2). The findings are:					
	of Alternative Famil	0/25 at approximately 8:30am y Living (AFL) provider for Client #1 and client #2				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12 SWANN HILL LANE ASHEVILLE, NC 28805 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 120 Continued From page 5 from door compartment inside the refrigerator. Both Ozempic pens were in pharmacy labeled manufacturers boxes but were not secured. Both were dispensed on 5/15/25. Review on 6/10/25 of Client #1's record revealed: -Physician's order dated 4/11/25 included: -Ozempic 2 milligram (mg) (diabetes) - inject 0.25mg subcutaneously weekly. Review on 6/10/25 of Client #2's record revealed: -Physician's order dated 4/11/25 included:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
Taswann Hill Lane Asheville, NC 28805 Continued From page 5 From door compartment inside the refrigerator. Both Ozempic pens were in pharmacy labeled manufacturers boxes but were not secured. Both were dispensed on 5/15/25. Review on 6/10/25 of Client #1's record revealed: -Ozempic 2 milligram (mg) (diabetes) - inject 0.25mg subcutaneously weekly. Review on 6/10/25 of Client #2's record revealed: -Physician's order dated #2's record r	MHL011-353			B. WING		06/1	1/2025
ASHEVILLE, NC 28805 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 120 Continued From page 5 (From door compartment inside the refrigerator. Both Ozempic pens were in pharmacy labeled manufacturers boxes but were not secured. Both were dispensed on 5/15/25. Review on 6/10/25 of Client #1's record revealed: -Ozempic 2 milligram (mg) (diabetes) - inject 0.25mg subcutaneously weekly. Review on 6/10/25 of Client #2's record revealed: Review on 6/10/25 of Client #2's record revealed:	NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		
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-Physician's order dated 4/11/25 included:	V 120	from door compartr Both Ozempic pens manufacturers boxe were dispensed on Review on 6/10/25 -Physician's order of -Ozempic 2 mill 0.25mg subcutaneous Review on 6/10/25 -Physician's order of -Ozempic 2mg subcutaneously were Interview on 6/10/25 revealed: -Was not aware metalso needed to be leftedThe Qualified Profetat the Ozempic where medicationsWill get a lock box Interview on 6/10/25 -Visited the facility in the refrigerator for in	ment inside the refrigerator. Is were in pharmacy labeled les but were not secured. Both 15/15/25. of Client #1's record revealed: Idated 4/11/25 included: Iligram (mg) (diabetes) - inject busly weekly. of Client #2's record revealed: Idated 4/11/25 included: Idated 4/	V 120			

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