

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER UCU RESIDENTIAL SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 319 SOUTH LLOYD STREET SALISBURY, NC 28144		
(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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/18/25. The complaint was unsubstantiated (intake #NC00230407). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

TITLE

(X6) DATE

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a disaster drill was held at least quarterly for each shift. The findings are: Review on 4/7/25 of the facility's disaster drill log from April 2025 - June 2025 revealed: - There was no disaster drills conducted during the second quarter (April 2025-June 2025). Interview on 6/17/25 with client #1 revealed: - Denied that she had practiced a disaster drill since she had lived in the facility (4/7/25). Interview on 6/17/25 with client #2 revealed: - She had "possibly" practiced a disaster drill since she had lived in the facility (3/27/25). Interview on 6/17/25 with staff #1 revealed: - She had not practiced disaster drills with the clients. Interview on 6/17/25 with the Licensee/staff client #1 revealed: - The clients had not practiced disaster drills. - "I didn't think we had to practice the disaster drills." Interview on 6/18/25 with the Qualified Professional revealed: - She did not know if the clients practiced disaster drills. - "[The Licensee/staff] is over the fire and disaster drills so ask her."	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 117		

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V 117	<p>Continued From page 2</p> <p>REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to ensure prescription medications were dispensed in a tamper resistant packaging that minimized the risk of accidental ingestion and failed to ensure the packaging label of each prescription drug dispensed included the client's</p>	V 117		

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V 117	<p>Continued From page 3</p> <p>name, the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date of the prescribed drug and the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 2 of 2 clients (#1 and #2). The findings are:</p> <p>Observations on 6/17/25 at approximately 2:19 pm of two pill organizers revealed:</p> <ul style="list-style-type: none"> - One pill organizer was rectangle and had the days of the week (Monday-Sunday) labeled at the top. Each day of the week had 3 individual compartments labeled: Morning, Noon and Night. There were pills in 18 of the 21 compartments. - The other pill organizer had 7 individual round plastic containers. On one side of the round container was a picture of the sun and on the other side was a picture of the moon. There were pills in 12 of the 14 compartments. <p>Interview on 6/17/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She put the clients' (#1 and #2) weekly medications in their pill organizers on Mondays. - She had put the clients' medication in the pill organizers since she had worked in the facility (April 2025). <p>Interview on 6/17/25 with the Licensee/staff revealed:</p> <ul style="list-style-type: none"> - She and staff #1 put client #1's weekly pills in the rectangle pill organizer either on Sunday or Monday. - She and staff #1 put client #2's weekly pills in the round plastic pill organizer either on Sunday or Monday. - She had placed the clients' weekly medications in the pill organizers since the end of March 2025. 	V 117		

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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> <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:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Based on record reviews and interviews, the facility failed to keep the MAR current affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Review on 6/17/25 Client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of Admission: 3/27/25 - Diagnoses: Post-Traumatic Stress Disorder; Mild intellectual developmental disorder; Reactive attachment Disorder; Attention Deficit Hyperactivity Disorder and Fetal Alcohol Disorder - Physician's order dated 4/4/25: Clonidine 0.1 milligrams (mg), take 1 tablet by mouth twice daily. - Physician's order dated 6/17/25: Vyvanse 40 mg, take 1 tablet every morning. - Physician's order dated 6/17/25: Risperidone 0.5 mg, take 0.5 mg by mouth every morning. <p>Review on 6/17/25 at approximately 3:04 pm of Client 2's MAR dated 6/1/25 to 6/17/25 revealed:</p> <ul style="list-style-type: none"> - Clonidine 0.1 mg 7 am dose: There were no initials on 6/1/25-6/8/25; 6/14/25 and 6/15/25. - Clonidine 0.1 mg second dose: There were no initials on 6/1/25-6/16/25. - Vyvanse 40 mg 7 am dose: There were no initials on 6/1/25-6/8/25 and no initial on 6/10/25-6/17/25. - Risperidone 0.5 mg: There were no initials on 6/1/25-6/8/25 and 6/12/25-6/17/25. -No comments on the MAR as to why medication was not administered. <p>Interview on 6/18/25 with client #2 revealed:</p> <ul style="list-style-type: none"> - "I always take my medicine. Even if I do refuse, I always come back and take it." - "Sometimes they (staff) do it (put initials on the MAR) and sometimes they (staff) forget." <p>Interview on 6/18/25 with the Licensee/staff revealed:</p>	V 118		

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V 118	Continued From page 6 - Client #2 had been given all her medications during the month of June 2025. - She talked to staff #3 who told her that she forgot to sign off on the June 2025 MAR. Interview on 6/18/25 with the Qualified Professional revealed: - "They (staff) are supposed to sign the MAR as soon as they give the meds (medications). I know for fact the meds were given (to client #2)."	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536		

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V 536	Continued From page 7 (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	Continued From page 8 (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536		

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STATE FORM

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V 536	Continued From page 10 - A hire date of 4/11/24. - Her training in alternatives to restrictive interventions expired on 3/21/25. - No evidence of an updated training certificate in alternatives to restrictive interventions. Review on 6/18/25 of the QP's record revealed: - A hire date of 4/11/24. - Her training in alternatives to restrictive interventions expired on 3/21/25. - No evidence of an updated training certificate in alternatives to restrictive interventions. Review on 6/18/25 of the Licensee/staff's record revealed: - A hire date of 4/11/24. - Her training in alternatives to restrictive interventions expired on 3/21/25. - No evidence of an updated training certificate in alternatives to restrictive interventions. Interview on 6/18/25 with the Licensee/staff revealed: - She was "working on getting" the training in alternatives to restrictive interventions again.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated	V 537		

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V 537	Continued From page 11 competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation	V 537		

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V 537	<p>Continued From page 12</p> <p>of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p>	V 537		

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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 537	<p>Continued From page 14</p> <p>(l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 3 audited staff (staff #1, Licensee/staff and the Qualified Professional (QP)) had received annual training on seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 6/18/25 of staff #1's record revealed: - A hire date of 4/11/24. - Her training in seclusion, physical restraint and isolation time-out expired on 3/21/25. - No evidence of an updated training certificate in seclusion, physical restraint and isolation time-out.</p> <p>Review on 6/18/25 of the QP's record revealed: - A hire date of 4/11/24. - Her training in seclusion, physical restraint and isolation time-out expired on 3/21/25. - No evidence of an updated training certificate in seclusion, physical restraint and isolation time-out.</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 15</p> <p>Review on 6/18/25 of the Licensee/staff's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 4/11/24. - Her training in seclusion, physical restraint and isolation time-out expired on 3/21/25. - No evidence of an updated training certificate in seclusion, physical restraint and isolation time-out. <p>Interview on 6/18/25 with the Licensee/staff revealed:</p> <ul style="list-style-type: none"> - She was "working on getting" the training seclusion, physical restraint and isolation time-out again. 	V 537		