

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER MONARCH DBA UMAR-HOLT		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 UMAR COURT CHARLOTTE, NC 28215		
(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	INITIAL COMMENTS An annual survey was completed on 6-10-25. 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 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that an admission assessment was completed prior to the delivery of services affecting 3 of 3 audited clients (clients #1, #2 and #3). The findings are:</p> <p>Review on 6-9-25 and 6-10-25 of client #1's record revealed: -Date of admission: 9-13-2013. -Diagnoses: Autism Disorder; Epilepsy; Anxiety. -No documentation of an admission assessment in the record.</p> <p>Review on 6-9-25 and 6-10-25 of client #2s record revealed: -Date of admission: 11-7-1996. -Diagnoses: Mild Intellectual Disability, Depression. -No documentation of an admission assessment in the record.</p> <p>Review on 6-9-25 and 6-10-25 of client #3's record revealed: -Date of admission: 7-1-2017. -Diagnoses: Mild Intellectual Disability, Expressive Language Disorder. -No documentation of an admission assessment</p>	V 111		

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V 111	Continued From page 2 in the record. Review on 6-4-25 of the Division of Health Service Regulations (DHSR) records revealed a change of licensee and license number to the current licensee effective 2-15-2024. Interview on 6-6-25 with the Residential Team Lead/Qualified Professional revealed: -He was not sure what the protocol regarding admission assessment were. "I would need to reach out to my supervisor (Residential Director/RD) to get the answer to that (admission assessments)." Interview on 6-9-25 with the RD revealed: -New admission assessments were not completed after the change of licensee. -"New assessments were not completed because we were still [previous licensee], we were operating as [previous licensee], we had the same clients. Nothing changed except the name. I will need to reach out to someone (administrator) that was here during the transition to find out exactly why (new admission assessments were not completed)."	V 111		
V 114	27G .0207 Emergency Plans and Supplies 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	V 114		

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V 114	<p>Continued From page 3</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were completed quarterly and repeated for each shift. The findings are:</p> <p>Review on 6-6-25 and 6-10-25 of the facility's fire and disaster drill logs for 6-1-24 to 5-31-25 revealed:</p> <p>1st Quarter (June through August 2024). -No documentation of disaster drills for June 2024 to August 2024.</p> <p>2nd Quarter (September through November 2024). -No documentation of 1st shift or 2nd shift disaster drills for September 2024 or October 2024.</p> <p>3rd Quarter (December 2024 through February 2025). -No documentation of a 2nd shift or 3rd shift fire or disaster drill for December 2024 through</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>February 2025.</p> <p>Review on 6-9-25 of an email chain between the Residential Team Lead (RTL)/Qualified Professional (QP) and the Fleet Manager dated 6-6-25 revealed:</p> <p>-RTL/QP: "We have a visitor from the State requesting that we - Provide copies of fire and disaster drills for the past year (June 2024 to May 2025). I have attached their card."</p> <p>-Fleet Manager: "FYI> some (fire/disaster drills) where not completed from Nov to present."</p> <p>Interview with Client #1 unsuccessful due to client being out of the facility.</p> <p>Interview on 6-4-25 with client #2 revealed:</p> <p>-Fire and disaster drills are completed monthly.</p> <p>Interview on 6-4-25 with client #3 revealed:</p> <p>-Fire and disaster drills are completed monthly.</p> <p>Interview on 6-4-25 with staff #1 revealed:</p> <p>-Fire and disaster drills were completed monthly for each shift.</p> <p>Interview on 6-4-25 with the home manager revealed:</p> <p>-"The shifts are Monday through Friday 2pm to 10pm (2nd) and 10pm to 8am (3rd). Then there is a mini shift from 4pm to 9pm. On the weekends the shifts are 8am to 8pm and 8pm to 8am and we will have staff come in for the mini shift, sometimes 6am to 11am or 12 and 3 or 4 to around 9pm to help out with outings and things like that."</p> <p>-"Yes, we do fire and disaster drills. We do them every month on each shift. We just did one this morning (6-8-25).</p>	V 114		

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V 114	Continued From page 5 Interview on 6-5-25 and 6-6-25 with the RTL/QP revealed: -"Drills (fire and emergency) are completed monthly. We changed the way the drills are documented (unknown date). Instead of documenting (drills) on paper we went to documenting them electronically. I fear some of the paper documentation was not transferred to the electronic system." -"[Residential Director/RD], sent these (drills) from [electronic system]. She (RD) said there were a couple that were not in the system." Interview on 6-9-25 with the RD revealed: -She was sure the fire and disaster drills had been completed. -"We started putting them (drills) in [electronic system] so some of them (drills) are documented on paper and some are electronic."	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept	V 118		

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V 118	<p>Continued From page 6</p> <p>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: Based on record reviews and interviews, the facility failed to ensure the MAR were kept current affecting 3 of 3 audited clients (clients #1, #2 and #3). The findings are:</p> <p>Review on 6-9-25 and 6-10-25 of client #1's record revealed:</p> <p>-Date of admission: 9-13-2013.</p> <p>-Diagnoses: Autism Disorder; Epilepsy; Anxiety.</p> <p>-Physicians' order dated 4-28-2025 for Buspirone (anxiety) 10mg, 2 tablets by mouth three times a day.</p> <p>Review on 6-4-25 of client #1's MARs for 3-1-25 to 6-5-25 revealed no documentation of administration for buspirone 10 milligram (mg) for the following dates:</p> <p>- 2pm dose on 5-28-2025, 5-29-2025 or 5-30-2025.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-8pm dose on 3-15-2025.</p> <p>Review on 6-9-25 and 6-10-25 of client #2s record revealed:</p> <p>-Date of admission: 11-7-1996.</p> <p>-Diagnoses: Mild Intellectual Disability, Depression.</p> <p>-Physicians' order dated 9-6-2024 for the following medications: Buspirone (anxiety) 10mg, one tablet by mouth twice daily; Carbamazepine (nerve pain) 400mg, one tablet by mouth twice daily; Clonazepam (anxiety) 0.5mg, one half tablet by mouth twice a day; Duloxetine (depression) 60mg, one tablet by mouth daily; Loratadine (antihistamine) 10mg, one tablet by mouth daily.</p> <p>Review on 6-4-25 of client #2's MARs for 3-1-25 to 6-5-25 revealed no documentation of administration for the following medications on the following dates:</p> <p>-Buspirone: 8pm dose on 3-21-25, 8pm dose on 4-30-25, 7am dose on 5-30-25.</p> <p>-Carbamazepine: 7am dose on 3-10-25, 7am dose on 4-19-25, 8pm dose on 4-30-25, 7am dose on 5-30-25.</p> <p>-Clonazepam: 7am dose on 3-29-25, 7am dose on 3-31-25, 8pm dose on 4-30-25, 7am dose on 5-30-25.</p> <p>-Duloxetine: 7am dose on 5-30-25.</p> <p>-Loratadine: 7am dose on 5-30-25.</p> <p>Review on 6-9-25 and 6-10-25 of client #3's record revealed:</p> <p>-Date of admission: 7-1-2017.</p> <p>-Diagnoses: Mild Intellectual Disability, Expressive Language Disorder.</p> <p>-Physicians' order dated 9-6-24 for the following medications: Fish Oil Adult Gummy Chews (omega 3), chew two gummies by mouth daily;</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Multivitamin (supplement) one tablet daily by mouth; Vitamin D3 2000 IU (international units) two tablets by mouth daily.</p> <p>Review on 6-4-25 of client #3's MARs for 3-1-25 to 6-5-25 revealed no documentation of administration for the following medications on the following dates: -Fish Oil Adult Gummies: 7am dose on 3-23-25, 3-28-25 or 5-30-25. -Multivitamin: 7am dose on 3-28-25, 5-28-25 or 5-30-25. -Vitamin D3: 7am dose on 3-28-25, 5-28-25 or 5-30-25.</p> <p>Interview with Client #1 unsuccessful due to client being out of the facility.</p> <p>Interview on 6-4-25 with client #2 revealed: -She gets her medications everyday and had not missed taking any of her medications.</p> <p>Interview on 6-4-25 with client #3 revealed: -She gets her medications everyday and had not missed taking any of her medications.</p> <p>Interview on 6-4-25 with staff #1 revealed: -She have not had any medications errors that she is aware of. -"They (clients) get their meds everyday. No one has missed any medications."</p> <p>Interview on 6-4-25 and 6-5-25 with the Home Manager revealed: -"I make sure that the meds (medications) were given, if there is a missed signature. I check the bubble pack to make sure the med was actually given. If it was given I will reach out to the staff and remind them to sign if it was not given I do an incident report, call the doctor and go from there."</p>	V 118		

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V 118	Continued From page 9 -"That (client missing medication) has not happened since I've been a manager.."	V 118		