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Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RIVER PLAN OF		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED
		MHL074-136	B. WING		R 06/06/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ΓE, ZIP CODE	
PARADIG	M INC	4001 OLD	PACTOLUS RO	AD	
TAINADIO		GREENVIL	LE, NC 27834		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS	•	V 000		
	June 6, 2025. Deficie				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.			
	_	d for 6 and currently has a vey sample consisted of ents.			
V 118	27G .0209 (C) Medic	ation Requirements	V 118		
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to the pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for according to the contraction of the contraction	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following:			

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
					R
		MHL074-136	B. WING		06/06/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
PARADIG	M, INC		PACTOLUS RO LLE, NC 27834		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECT	TION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE COMPLETE
V 118	Continued From page	e 1	V 118		
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation			
	facility failed to keep	as evidenced by: ews and interviews, the the MAR current affecting clients (#3, #5). The findings			
	-Admission date of 3/ -Diagnoses of Intelled Disability-Mild, Interm Mood Disorder, Oppo (ODD), Diabetes, Tac Deficiency, Sleep Api Reflux Disease (GER	ctual Developmental nittent Explosive Disorder, ositional Defiant Disorder			
	dated 1/7/25 revealed -Haloperidol 10 millig take one tablet three -Ativan 2 mg (Intermitake one tablet in the -Lipitor 20 mg (High 0 in the eveningChlorpromazine 200 one tablet once daily.	ram (mg) (Mood Disorder), times a day. ttent Explosive Disorder), evening. Cholesterol), take one tablet mg (Mood Disorder), take			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R	
		MHL074-136	B. WING		06/06/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		4001 OLD	PACTOLUS RO	DAD		
PARADIG	M, INC	GREENV	LLE, NC 27834			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	2	V 118			
	1, 2025 through June -No staff initials to ind administered for the formation of the format	5, 2025 revealed: licate the medications were collowing: mg, 3/30/25 at 12 pm. l/30/25 at 2 pm and 8 pm. lat 8 pm. lient #3 stated: linis medications every day. lient #s was administered in and in the evening. lient #5's record revealed: 1/00. liellectual Developmental lied with psychotic features,				
		•				
	one tablet once daily.	Attack Prevention), take				
	-Cogentin 1 mg (Mootablets once dailyDepakote 500 mg (Mablets once dailyMiralax (Constipation oz of water and drink -Lisinopril 10 gm (Hyponce daily.	d Disorder), take three lood Disorder), take three n), mix 17 grams (gm) in 8 once daily. pertension), take one tablet ng (Mood Disorder), take				

Division of Health Service Regulation

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PARADIGM, INC		PACTOLUS ROAD LE, NC 27834	
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STATE, ZIP CODE	
	MHL074-136	B. WING	R 06/06/2025
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
<u>Division of Health Service Regu</u>	ılation		

PARADIG	M, INC GREEN	REENVILLE, NC 27834			
(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 118	Continued From page 3	V 118			
	-Chlorpromazine 100 mg (Mood Disorder), take one tablet three times dailyFlonase 0.5% (Allergies), 2 sprays in each nostrils every dayCrestor 20 mg (High Cholesterol), one tablet every night. 3/21/25 -Diclofenac Sodium 1% gel (Pain Reliever), apply 4 grams topically to elbow four times a day. Review on 6/5/25 of client #5's MAR from March 1, 2025 through June 5, 2025 revealed: -No staff initials to indicate the medications were administered for the following: March -Miralax 17 gm, 3/26 at 8 amLisinopril 10 mg, 3/26 at 8 amCelexa 40 mg, 3/26 at 8 amCogentin 1 mg, 3/26 at 8 amClexa 40 mg, 3/26 at 8 amChlorpromazine 100 mg, 3/30 at 12 pmDiclofenac Sodium 1% gel, 3/20 at 4 pm, 3/24 at 4 pm & 8 pm, 3/25 at 8 am, 4 pm & 8 pm, 3/30 at 4 pm & 8 pm and 3/31 at 8 amCrestor 20 mg, 3/25 at 8 pm and 3/30 at 8 pm. May -Chlorpromazine 50 mg, 5/19-5/23 at 2 pm and 5/27-5/31 at 2 pmChlorpromazine 100 mg, 5/16 at 2 pm, 5/19-5/23 at 2 pm and 5/27-5/31 at 2 pmChlorpromazine 100 mg, 5/16 at 2 pm, 5/19-5/23 at 2 pm and 5/27-5/31 at 2 pmDiclofenac Sodium 1% gel, 5/15 at 4 pm, 5/19-5/23 at 12 pm, 5/19-5/23 at 12 pm, 5/19-5/23 at 12 pm, 5/19-5/23 at 12 pm, 4 pm and 8 pm. Interview on 6/6/25 client #5 stated: -He was administered his medication every dayHe knew "some" of the medications he was administered.				

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Division c	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTII		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL074-136	B. WING		R 06/06/2025
		11112074-100			1 00/00/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PARADIGI	M INC	4001 OLI	PACTOLUS RO	DAD	
I AILADIOI	w, mvo	GREENV	ILLE, NC 27834		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGOLATORT ORT	EGO IDENTIL PING IN ORMATION)	TAG	DEFICIENCY)	UATE
V 118	Continued From page	e 4	V 118		
	-He would know if he	missed any medications.			
	-He had not missed a				
		•			
	Interview on 6/5/25 st	taff #1 stated:			
	-"If there is a blank in	the MAR, someone forgot			
		edication administration)."			
	-	ications as prescribed by			
	their doctor."				
	Intomious on C/C/OF of	1-# #2 stated:			
	Interview on 6/6/25 st				
		stered their medication every			
	_	ere would be blanks on the			
	MARs."	1 / 1 / 1			
		meds (medication) I go			
	(medication) to them.	AR) when I administer it "			
	Interview on 6/5/25 th	ne House Manager stated:			
		just forgot to sign, it was a			
	mistake."	, ao t-10. go t-10 o.g, 11 11 ao a			
	-Client #3 received al	I of his medication as			
	prescribed.				
	-"For [client #5] he pro	obably went home and we			
	forgot to put a 'f' for o	ut of the facility."			
	-Client #5 received al	l of his medication as			
	prescribed.				
	Interview on 6/6/25 th	ne Qualified Professional			
	stated:				
	-She did not know wh MARs.	ny there were blanks on the			
	-"I think they (staff) ju (MARs)."	st forgot to sign off on them			
	` ,	would immediately begin			
	"double checking" the				
		a "refresher training" for all			
	staff on MAR docume	entation.			
			1	1	1

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Division of	Division of Health Service Regulation						
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
					R		
		MHL074-136	B. WING		06/06/2025		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA				
PARADIG	M, INC		.D PACTOLUS RO				
		GREEN	VILLE, NC 27834				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /		
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP			
				DEFICIENCY)			
V 752	Continued From page	- E	V 752				
V 732	Continued From page	<i>•</i> 5	V 752				
V 752	27G .0304(b)(4) Hot \	Water Temperatures	V 752				
	10A NCAC 27G .0304	4 FACILITY DESIGN AND					
	EQUIPMENT						
	(b) Safety: Each facil	lity shall be designed,					
	constructed and equip	pped in a manner that					
		safety of clients, staff and					
	visitors.						
		the facility where clients are					
		, the temperature of the					
		ined between 100-116					
	degrees Fahrenheit.						
	This Rule is not met	as evidenced by:					
	Based on observation	ı, record review and					
	interview the facility fa						
		ot water was maintained					
	_	grees Fahrenheit (°F). The					
	findings are:						
	Observation on 6/5/2	5 from approximately 2:54					
	pm - 3:16 pm of the fa						
	temperatures reveale						
	-Kitchen sink was 133						
	-Client #5's bathroom	sink was 131°F and the					
	shower was 132°F.						
		#6's shared bathroom					
	shower and sink was						
		#3's shared bathroom					
	shower was 118°F.						
	Review on 6/6/25 of t	he facility's Environmental					
		2024-May 2025 revealed:					
		res ranged from 106°F to					
	113°F.	2					
	-Source of hot water t	temperature checks not					
	indicated on the Envir	ronmental Checklist.					

Interview on 6/6/25 client #1 stated:

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DIVISION	n nealth Service Negu	ialion	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				R	
		MHL074-136	B. WING		
		WINE074-136			06/06/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		4001 OLD	PACTOLUS RO	DAD	
PARADIG	M, INC	GREENVI	LLE, NC 27834		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d (V5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
V 752	Continued From page	. 6	V 752		
* 702			1102		
		er), I never got burned but			
	it's too hot."				
	Interview on 6/6/25 cl				
	-"The hot water feel g	ood. It feels just right."			
	Interview on 6/6/25 cl				
		water). I never got burned."			
		t was too hot, they probably			
	already know."				
		C 114 1 1 1			
	Interview on 6/5/25 st				
	-	ted to her that the hot water			
	was "too hot."				
	Interview on 6/6/25 st	toff #2 stated			
		ted to her concerns of hot			
	water was "too hot."	ted to fiel concerns of flot			
		the hot water being "too			
	hot."	the not water being too			
	***	ter water that was too hot			
	anyway."	ior water that was too not			
	a,a., .				
	Interview on 6/5/25 ar	nd 6/6/25 the House			
	Manager stated:				
	-Client #1 required as	sistance with bathing. Staff			
		emperature for bathing,			
	brushing teeth and wa				
	-Client #3 & Client #5				
		ents regulated their hot water			
	temperatures.				
		any injuries as a result of the			
	hot water temperature				
		for completing hot water			
	checks monthly.	-			
	_	rature log did not indicate			
		he hot water temperature			
	was taken in the facili				
		e hot water temperature			

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over 116°F when tested.

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STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _			
		MHL074-136	B. WING		R 06/06/2025
					06/06/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
PARADIG	M, INC		PACTOLUS RO		
	T	GREENVI	LLE, NC 27834		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 752	Continued From page	e 7	V 752		
	(QP) stated: -Staff completed hot valueThe checks were recompleted in the completed in the completed in the complete in the	ate where the water en in the facility. any hot water temperatures ented on the monthly tely begin to document the e and where the hot water acility. ne Program Director stated: with the water temperature,			
	6/6/25 and signed by -"What immediate accensure the safety of to the water temperature of the was adjusted appeared of temps (temperatures of temps (temperatures of temperatures of the water o	tion will the facility take to the consumers in your care? re has been adjusted per r] maintenance employee on d with supervisor. r] will check the temperature propriately on 6/9/25. This on June 2025 environmental Manager and staff will check) daily until [Maintenance hal adjustment if needed on propriate temps throughout			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPL MHL074-136 B. WING 06/0	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
PARADIGM, INC 4001 OLD PACTOLUS ROAD	
GREENVILLE, NC 27834	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
all bathrooms/kitchen to ensure temperatures is appropriate. Staff will document temperature readings along until date/shift and signature of staff. Staff will adjust water temps for showers/baths of individuals if needed for comfort and appropriateness. If water temp readings are still elevated (above 116°) (Fahrenheit) (Maintenance Worker) will be notified and thermostat will be replaced if needed." This facility serves clients with diagnoses of Severe Intellectual Developmental Disability, Moderate Intellectual Developmental Disability, Mid Intellectual Developmental Disability, Syndrome, Schizoaffective Disorder, Intermittent Explosive Disorder and Bipolar Disorder, Diabetes and Hypertension. Hot water temperatures at sources where clients were exposed ranged from 118 to 133 degrees Fahrenheit. Clients had concerns of the hot water being too hot. Two clients were able to regulate the hot water and one client was dependent upon staff for bathing, hygiene and hot water regulation. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	

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