

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/12/2025
NAME OF PROVIDER OR SUPPLIER PARADIGM VI		STREET ADDRESS, CITY, STATE, ZIP CODE 4558 REEDY BRANCH ROAD WINTERVILLE, NC 28590		
(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 and follow up survey was completed on June 12, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The 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 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 posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 6/10/25 of the facility's documented fire and disaster drills for 7/1/24-3/31/25 revealed:</p> <ul style="list-style-type: none"> - First quarter (1/1/25-3/30/25); no 2nd shift fire drills documented. - Third quarter (7/1/24 - 9/30/24); no 3rd shift fire drills documented; no 2nd or 3rd shift disaster drills documented. - Fourth quarter (10/1/24 - 12/31/24); no 3rd shift fire drills documented; no 1st, 2nd or 3rd shift disaster drills documented. <p>Interview on 6/10/25 with client #1 revealed: -She did not recall doing drills at the facility</p> <p>Interview on 6/10/25 with staff #3 revealed: - The facility did fire and disaster drills every month. - Her assigned drill was fire drills for this month. - The clients knew where to go during the drills.</p> <p>Interview on 6/10/25 with the Qualified Professional revealed: - Fire and disaster drills are completed monthly according to a schedule. - She understood the requirement of fire and disaster drills being held at least quarterly and repeated on each shift.</p>	V 114		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	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 observation, record reviews and interviews, the facility failed to ensure that medications were labeled as required for one of three audited clients (#1). The findings are:</p> <p> </p> <p>Review on 6/12/25 of client #1 record revealed:</p>	V 117		

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V 117	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Date of Admission: 9/14/23 -Diagnoses included Intellectual Developmental Disorder-Mild, Post Traumatic Stress Disorder and Schizoaffective Disorder. -Physician order dated 8/28/24 revealed Zonegran (epilepsy) 100mg, 2 daily in addition to 50mg Zonegran capsule. <p>Observation on 6/12/25 at approximately 9:17am of client #1's medications revealed:</p> <ul style="list-style-type: none"> - Blister pack for Zonegran 50mg, 2 daily in addition to one 50mg Zonegran capsule, green and white capsule. - Blister pack for Zonegran 50mg, 1 daily in addition to two 100mg Zonegran capsule, orange and white capsule. <p>Interview on 6/12/25 client #1 stated she received her medication daily as prescribed.</p> <p>Interview on 6/12/25 the House Manager stated:</p> <ul style="list-style-type: none"> - The label for the Zonegran for 50mg, 2 daily in addition to 50mg Zonegran was incorrect. - She had not noticed the error on the label when she checked the medications in. - Client #1 was administered her medications as order and stated on the MAR. - She contacted the pharmacy to have another pack with the correct pharmacy label delivered. <p>Interview on 6/12/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The House Manager checks the medication in when delivered. - Staff were to check the medication label, the order and MAR when medications are given. 	V 117		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 4</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/12/25 at 11:01am revealed:</p> <ul style="list-style-type: none"> - Client #1 and #4's bedroom baseboard to the right of the room had brown residue in 2 areas that were approximately 3 foot (ft) and 1 ft long; the bathroom shower had dark residue around the shower door frame and caulking along with shower door had dark colored residue; spider webs were in the right corner of the wall beside the shower with a live spider it. - Client #6's beside table was broken at the bottom with the legs detached. - Client #5's beside table was leaning and not sturdy. - Client #3 had a 5 drawer dresser that was missing a handle on the first, second and fifth drawers. <p>Interview on 6/12/25 the House Manager stated:</p> <ul style="list-style-type: none"> - Client #5 and #6 would be getting new bedside tables. - She did not know what the brown residue was on the baseboard in client # 1 and # 4's bedroom. - She would ensure the shower was cleaned. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		