STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 05/08/2025	
	MHL036-329					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PATRIOT	S		AST HUDSO A, NC 2805	N BOULEVARD		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	· ·	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE
{\ 000}	INITIAL COMMENTS A follow-up survey was completed on 05/08/2025.		{V 000}	Opportunity Awaits, Inc. is the following services cate NCAC 27G. 5600C. Super	gory. 10A	Complete Current License
	A deficiency was cit	ed.		Living for Adults with Deve Disability. The facility is lid and has a current cesus of	elopmental censed for 3	for 56000 Supervise Living for
	category: 10A NCA	eed for the following service C 27G .5600C Supervised h Developmental Disability.				Adults for 3 Decem 31, 2025 License
		ed for 2 and has a current irvey sample consisted of clients.				Number MHL-036 329.
{V 118}	27G .0209 (C) Med	ication Requirements	{V 118}			
	 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 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug. 			Immediate Action tak COO-qualified profes group home met and a plan to obtain the o order to match the m administration record prescribing phyicians and a request for the for the medication wa to be added to the prescription. The req orders were recived a medication administra were updated to mate order.	sional and discussed correct docto edication . The were contac correct route as requested uested docto and the ation records	cted e or's
				Opportunity Await all doctor's orders administration rec obtain a six month of psychotropic m	and medica ords match n medicatior	ation . Staff will n evaluatio

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL036-329	B. WING		F 05/0	२)8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PATRIOT	S		AST HUDSC A, NC 280	ON BOULEVARD		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
{V 118}	Continued From page 1		{V 118}	being prescribed to the o		
	(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.			our agency supports. The qualified profess and group home manager will monitor the medication administration record and doc order's for any issues pertaining to medica Medication administration record are revie weekly by group home manager and bi-we qualified professional and monthly by the nurse practitioner.		
	interviews, the facili	et as evidenced by: ons, record reviews, and ity failed to ensure the MAR fecting 1 of 2 Clients (#1).				
	Ū	D2E of Client #11a record				
	Review on 05/08/2025 of Client #1's record revealed:					
	Intellectual Develop Physician's order da	polar Disorder and Moderate Internetal Disabilities (IDD).				
	(Hypothyroidism)- T daily. Physician's orders of	ake 1 tab PO (by mouth)				
	capsule (cap) PO 1 Physician's order da	hour before morning meal. ated 11/29/2024: (milligrams) (Allergies) - Take				
	Physician's orders of -Divalproex 125 mg by PO twice daily.					
		ree times daily 250 mg/5 ml				

RBLJ12

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL036-329	B. WING			R 08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PATRIOT	S		AST HUDSON			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{V 118}	Continued From page 2		{V 118}			
	Physician's orders dated 01/22/2025: -Emergen-C Gummies 500 mg (Multivitamins)- Chew 2 250 mg gummies TID.					
	Review on 05/08/2025 of Client #1's MARs from April 01, 2024 - May 07, 2025 revealed: 04/01/2025-05/07/2025: No transcription for route: -Loratadine 10 mg. -Emergen-C 500 mg. -Omeprazole 20 mg.					
	No transcription for administer: -Divalproex 12 -Client #1 had a tot omissions.	tal of 7 MAR transcription isted above were administered				
	Officer revealed: -"It was a misunder it (MAR issues). I the Moving forward, we the doctor ' s order Staff have been training match, but we will n	2025 with the Chief Operating rstanding, we thought we fixed hought it had been corrected. will make sure that what is on matches what is on the MAR. hined that everything must make sure that MAR, doctor's ation labels all match."				

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If continuation sheet 3 of 3