

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CURRY'S HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2482 ADAMS FARM COURT SNOW CAMP, NC 27349
--	---

(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 survey was completed on July 3, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audit of 1 current client.</p>	V 000		
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>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CURRY'S HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2482 ADAMS FARM COURT SNOW CAMP, NC 27349
--	---

(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	<p>Continued From page 1</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 review, observation, and interview, the facility failed to: A) Ensure the Medication Administration Record (MAR) was kept current and B) Ensure medication was available according to the physician order for one audited client (#1.) The findings are:</p> <p>Review on 7/3/25 of Client #1's record revealed: -Admission date of 1/28/13. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Type, Oppositional Defiant Disorder, Moderate Intellectual Developmental Disability, Arthrogyrosis, Microcephaly and Hyperacusis. -Physician order dated 5/26/25 for Olanzapine 10 milligrams (mg) (Antisychotic)- Take one tablet at bedtime.</p> <p>Observation on 7/3/25 at 10:00 am of Client #1's medications revealed: -Olanzapine 10 mg was not available.</p> <p>-Review on 7/3/25 of Client #1's MAR for May 1, 2025 through July 2, 2025 revealed Olanzapine 10 mg was documented as administered on the following dates: -June: -6/25- 6/30.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CURRY'S HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2482 ADAMS FARM COURT SNOW CAMP, NC 27349
--	---

(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	<p>Continued From page 2</p> <p>-July: -7/1-7/2.</p> <p>Interview on 7/3/25 with the Pharmacist revealed: -Client #1's doctor had not sent in the refills orders for the Olanzapine. -They had tried calling Client #1's physician and sent him a fax, but he never responded back to them. -She was unsure why the facility staff were not informed by the pharmacy.</p> <p>Interview on 7/3/25 with Staff #2 revealed: -She administered client's medications. -She was responsible for reviewing medications when they arrived from the pharmacy. -She had received Client #1's bubble pack on 6/13/25 and thought that all of his medications had been packed by the pharmacist. -She was not aware that Client #1's Olanzapine was not available in his bubble pack. -She had started administering Client #1's medications from the new bubble packs on 6/25/25. -She acknowledged that Client #1 did not receive his Olanzapine 10 mg from 6/25/25 to 7/2/25. -She acknowledged Client #1's Olanzapine 10 mg was marked as administered from 6/25/25 to 7/2/25.</p> <p>Due to the failure to accurately document medication administration and not having a medication available, it could not be determined when and if Client #1 received his medication as ordered by the physician.</p>	V 118		