STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL059023 06/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 HICHORY HILL DRIVE DAWN'S PLACE MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS 27G .0209 C Medication Requirements V 000 AFL will check MAR and compare to script and label to be sure all correct and An annual and follow up survey was completed match, before the month starts. MARs are on 6/11/25. Deficiencies were cited. printed from pharmacy then will be checked by AFL and QP monthly. DFS This facility is licensed for the following service medication administation policy to category: 10A NCAC 27G .5600F Supervised be reviewed with QPs at next QP meeting Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 3 and has a current census of 3. The survey sample consisted of an 6/27/25 audit of 3 current clients V 118 27G .0209 (C) Medication Requirements V 118 27G .0304 (d)(3) Facility Design No more than 2 clients can share a bedroom 10A NCAC 27G .0209 MEDICATION Waiver was previously in place for the REQUIREMENTS 3 girls to share an 800sf space based (c) Medication administration: on their choice to live together. (1) Prescription or non-prescription drugs shall New waiver request was sent to DHSR only be administered to a client on the written Director on 6/24/25 order of a person authorized by law to prescribe 6/24/25 (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 RECEIVED all drugs administered to each client must be kept current. Medications administered shall be JUL 0 7 2025 recorded immediately after administration. The MAR is to include the following: **DHSR-MH** Licensure Sect (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 administered; and (E) name or initials of person administering the Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Division of Health Service Regulation

ollsen Hahn, Executive Director

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL059023 B. WING 06/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 HICHORY HILL DRIVE DAWN'S PLACE MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 -Seroquel order dated 1/17/25 was for 150mg twice daily but "insurance doesn't cover 150mg twice daily so we had to change to 50mg twice daily and 100mg twice daily." -The February 2025 MAR was correct with 50mg 2 times daily ..."I don't see any reason the March (2025) MAR would have been changed to 3 times a day." The April 2025 and May 2025 MARs were also written as 3 times daily. "There was a new order 5/23/25 for Seroquel 50mg in the evening with 100mg. The June (2025) MAR is correct." -" ...we have 3 people look over (dispill) packets before sealing ...they are looking at the orders not the MAR ...the MAR is in an editable excel file separate from the packing (system) ...don't know why the MAR was changed in March (2025) ...' -The medication was packed according to the order correctly ...50mg 2 times a day. Interview on 6/11/25 with the Alternative Family Living (AFL) provider revealed: -The pharmacy typed the MARs and sent with the

medication administration, it could not be Division of Health Service Regulation

provider.

indicates."

dispill packaged medications monthly.

that ... I can't blame anyone else."

Professional (QP) revealed:

Interview on 6/11/25 with the Qualified

-"I don't see an order (in paperwork) for Seroquel 50mg 3 times daily despite what the MAR

-"I think probably the MAR was just incorrect and I signed based on the MAR ... I hope I didn't do

-She made monthly home visits to review client medications, MARs and physician orders. -It had been a really tough year for the AFL

-"We both (QP and AFL provider) overlooked it."

Due to the failure to accurately document

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED R B. WING\_ MHL059023 06/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 219 HICHORY HILL DRIVE **DAWN'S PLACE** MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 766 Continued From page 4 V 766 -No evidence of a current approved waiver for Dawn's Place. Interview on 6/11/25 with AFL Provider revealed: -The 3 clients had always shared the bedroom downstairs. Interview on 4/23/24 with the Qualified Professional (QP) revealed: -"It's not a surprise we needed a waiver." -Thought a waiver was in place from last year and lasted for 10 years. -Will talk with the Licensee's Director about the waiver. This deficiency constitutes a recite deficiency and must be corrected within 30 days.

Division of Health Service Regulation