

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER GOSS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 12 SWANN HILL LANE ASHEVILLE, NC 28805		
(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 survey was completed on 6/11/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 2 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.	V 000	27G .0209 B Medication Rqmts New labels received from pharmacy. All medications have proper lables AFL staff retraining- will attend scheduled medication class with nurse in July. QP to monitor medications at monthly supervision with AFL staff.	6/26/25
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	V 117	27G .0209 C Medication rqmts All medications to be continued unless written order from a physician is given to discontinue medications. Document on MAR immediately after giving. AFL staff retraining-will attend scheduled medication class with nurse in July. QP to monitor monthly 27G .0209 E Medication Rqmts Refrigerated medication is in a locked box in the refrigerator. QP to monitor monthly. AFL staff retraining- will attend scheduled medication class with the nurse in July.	6/26/25 6/26/25

RECEIVED
JUL 07 2025

Division of Health Service Regulation

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

Colleen Hahn, Executive Director

TITLE **DHSR-MH Licensure Sect** (X6) DATE

6/26/25

STATE FORM

6899

V71V11

If continuation sheet 1 of 6

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V 117	<p>Continued From page 1</p> <p>center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that medications were labeled as required for 1 of 2 audited clients (#1). The findings are:</p> <p>Observation on 6/10/25 at approximately 8:05 am revealed: Fluticasone 50 micrograms (mcg) nasal spray and Albuterol Sulfate 108mcg inhaler in large plastic bag with dispill packs of other medications. Neither fluticasone nor albuterol had individual pharmacy labels to include client name, prescriber's name, dispense date, name of medication, strength, quantity, expiration date or instructions.</p> <p>Interview on 6/10/25 with the Alternative family living caregiver revealed: -Client #1 had been with him since the end of November. -Clients had gone home for a visit Memorial day weekend. " ...sent the meds (medication) in their boxes but (the boxes) did not return."</p> <p>Interview on 6/10/25 with the Qualified Professional revealed: -"The guys (clients) just came back from home visit ..." -Had not been to the facility yet this month. -Will make sure labels are kept with medications.</p>	V 117		

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**12 SWANN HILL LANE
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V 118	Continued From page 2	V 118		
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> <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>	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting 1 of 2 clients (#1).</p> <p>Review on 6/10/25 of Client #1's record revealed: -Date of admission: 11/25/24. -Diagnoses: Autism Spectrum Disorder, Mild Intellectual Developmental Disability, Diabetes. -Physician's orders dated 11/27/24 included: -Fluticasone 50 micrograms (allergies) - 1 spray each nostril daily.</p> <p>Review on 6/10/25 of MARs 4/1/25-6/10/25 for Client #1 revealed: -Fluticasone was not documented as administered 5/1/25-5/31/25. (31 doses)</p> <p>Interview on 6/10/25 with Client #1 revealed: -He knew what medications as well as the milligrams that he was administered. -"I don't take the nose spray any more."</p> <p>Interview on 6/10/25 with the alternative family living (AFL) caregiver revealed: -"[Client #1] got his Flonase (fluticasone) every day." -"I could have made a mistake on the MAR ... [the Qualified Professional (QP)] checks the MARs, checks the meds, talks to the guys ..."</p> <p>Interview on 6/11/25 with the QP revealed: -She made home visits monthly ...had not been to the facility yet this month. -She always looked at medications. -Will pay more attention (to medications).</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications</p>	V 118		

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V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to store medications securely affecting 2 of 2 clients (#1, #2). The findings are: Observation on 6/10/25 at approximately 8:30am of Alternative Family Living (AFL) provider retrieving Ozempic for Client #1 and client #2	V 120		

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V 120	<p>Continued From page 5</p> <p>from door compartment inside the refrigerator. Both Ozempic pens were in pharmacy labeled manufacturers boxes but were not secured. Both were dispensed on 5/15/25.</p> <p>Review on 6/10/25 of Client #1's record revealed: -Physician's order dated 4/11/25 included: -Ozempic 2 milligram (mg) (diabetes) - inject 0.25mg subcutaneously weekly.</p> <p>Review on 6/10/25 of Client #2's record revealed: -Physician's order dated 4/11/25 included: -Ozempic 2mg (diabetes) - inject 0.25mg subcutaneously weekly.</p> <p>Interview on 6/10/25 with the AFL provider revealed: -Was not aware medications in the refrigerator also needed to be locked. -The Qualified Professional (QP) had not looked at the Ozempic when she reviewed the medications. -Will get a lock box for the refrigerator.</p> <p>Interview on 6/10/25 with the QP revealed: -Visited the facility monthly but never looked in the refrigerator for medications. -Will pay more attention.</p>	V 120		

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V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa</p>	V 117	<p>27G .0209 C Medication rqmts All medications to be continued unless written order from a physician is given to discontinue medications. Document on MAR immediately after giving. AFL staff retraining-will attend scheduled medication class with nurse in July.</p> <p>QP to monitor monthly</p> <p>27G .0209 E Medication Rqmts Refrigerated medication is in a locked box in the refrigerator. QP to monitor monthly. AFL staff retraining- will attend scheduled medication class with the nurse in July.</p>	

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