

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2025
NAME OF PROVIDER OR SUPPLIER MARAJO PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 166 MARAJO COURT WINSTON-SALEM, NC 27127		
(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 7/7/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation
STATE FORM

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARAJO PLACE

166 MARAJO COURT
WINSTON-SALEM, NC 27127

Division of Health Service Regulation
STATE FORM

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V 118	Continued From page 3 Review on 7/3/25 of Client #1's record revealed: - Admission date 9/13/21; - Diagnoses Cerebral Palsy, Severe Intellectual Developmental Disorder, Diabetic Type 2 with Peripheral Neuropathy; - Physician's order dated 3/27/25 Polyethylene Glycol 3350 Laxative Powder (constipation), Mix 17 grams 8oz of liquid and drink by mouth daily; Ketoconazole cream 2% (antifungal), Apply topically twice a week. Observations on 7/3/25 of Client 1's medication revealed: - Polyethylene Glycol 3350 Laxative Powder, Ketoconazole cream 2% were available. Review on 7/3/25 of Client #1's MAR from April 1, 2025-June 30, 2025 revealed: - Polyethylene Glycol 3350 Laxative Powder, Ketoconazole cream 2% not listed on the MAR from April 2025. Interview on 6/26/25 with Client #1 revealed: - Was administered medications daily. Interview on 7/3/25 with the Alternative Family Living (AFL) Provider revealed: - Was not aware the medications were left off the April MAR. Interview on 7/7/25 with the Qualified Professional revealed: - Checked the MARs during monthly visits for the previous month.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 119		

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V 119	<p>Continued From page 4</p> <p>REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to dispose of medications in a manner that guards against diversion accidental ingestion affecting 1 of 2 current clients (Client #1). The findings are:</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>Review on 7/3/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 9/13/21; - Diagnoses Cerebral Palsy, Severe Intellectual Developmental Disorder, Diabetic Type 2 with Peripheral Neuropathy. <p>Observation on 7/3/25 at approximately 1:08pm of Client #1's PRN (as needed) medication revealed:</p> <ul style="list-style-type: none"> - Acetaminophen 325 milligrams (mg), take two tablets by mouth every 6 hours as needed was dispensed on 1/9/24 and expired on 1/2025. <p>Interview on 7/3/25 with the Alternative Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> - Was not aware the Acetaminophen 325mg was expired; - Would call the pharmacy to get the Acetaminophen refilled and disposal of the medication. 	V 119		