STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-125	A. BUILDING: _____ B. WING _____	R 06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LCBHS 412 EVERGREEN BAPTIST CHRUCH R	412 EVERGREEN BAPTIST CHURCH ROAD EVERGREEN, NC 28438

(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 and follow up survey was completed on June 27, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups. This facility is licensed for 1 and currently has a census of 0. The survey sample consisted of an audit of 1 former client.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 administered; and (E) name or initials of person administering the	V 118		

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V 118	Continued From page 1 drug. (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. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of one former client (FC) (#1). The findings are: Review on 6/27/25 of FC#1's record revealed: - 17 year old male. - Admission date of 2/18/25. - Discharge date of 3/27/25. - Diagnoses included Disruptive Mood Dysregulation Disorder, Gastroesophageal Reflux Disease(GERD), and Diabetes. Review on 6/27/25 of FC #1's signed medication orders dated 1/31/25 revealed: - Metformin (treats diabetes) 1000mg - 1 tablet twice daily. - Divalproex (treats bipolar disorder) 500mg - 1 tablet twice daily. - Fluoxetine (treats depression) 20mg - 1 capsule daily. - Omeprazole (treats GERD) 20mg - 1 capsule daily. Review on 6/27/25 of FC #1's March 2025 MAR revealed the following blanks:	V 118		

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V 118	Continued From page 2 - Metformin 1000mg - 3/1/25 and 3/2/25 at 8am. - Divalproex 500mg - 3/1/25 and 3/2/25 at 8am. - Fluoxetine 20mg - 3/1/25 and 3/2/25 at 8am. - Omeprazole 20mg - 3/1/25 and 3/2/25 at 6:30am. Interview on 6/27/25 the Supervisor stated: -The findings would be reviewed with staff. Due to the failure to accurately document medication administration it could not be determined if client received their medications as ordered by the physician.	V 118		
V 275	27G .5104 Community Respite - Physical Plant 10A NCAC 27G .5104 PHYSICAL PLANT In private home respite services: (1) A minimum of one ionized smoke detector wired into the house current shall be installed and centrally located. Additional smoke detectors that are not wired into the house current shall be checked at least monthly by the provider. (2) A dry powder or CO(2) type fire extinguisher shall be located in the kitchen and shall be checked at least annually by the local fire department. Each provider of respite care shall receive instruction in its use prior to the initiation of service. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a dry powder CO(2) type fire extinguisher was checked at least annually by the local fire department. The findings are:	V 275		

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V 275	Continued From page 3 Observation on 6/27/25 at approximately 12pm revealed: -Fire extinguisher located in kitchen area was tagged as last inspected in April, 2024. Interview on 6/27/25 supervisor stated she would call to have the fire extinguishers inspected.	V 275		