		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	l` ′co		TE SURVEY MPLETED	
712 . 271	IDENTIFICATION IDENTIFICATION NOWIDER.		A. BUILDING:				
	MHL024-125		B. WING			R <b>06/27/2025</b>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LCBHS 4	112 EVERGREEN BAI	PTIST CHRUCH R	RGREEN BAF EEN, NC 284	TIST CHURCH ROAD 38			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMEN	тѕ	V 000				
		ow up survey was completed 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 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	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 administering the						

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

TITLE (X6) DATE

TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  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 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		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  LCBHS 412 EVERGREEN BAPTIST CHRUCH R  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  TAG  V 118  Continued From page 1 drug.  (5) Client requests for medication changes or checks shall be recorded and kept with the MAR fills 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 falled to administer medications on the written order of a physician and falled 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, Castroesophageal 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	MHL024-125			a				
CALL   DESCRIPTION   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   CALL   DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREEX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   DEFICIENCY)    V 118   Continued From page 1   V 118   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 Disgnoses 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	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	, , ,	
EVERGREEN, NC 29438  ((A4) ID PREPIX ID PROVIDER'S PLAN OF CORRECTION CORRECTION SHOULD BE (EACH DEFICIENCY WINST BE PRECEDED BY FULL TAG (PACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG (PACH CORRECTIVE ACTION SHOULD BE DATE DEFICIENCY)  V 118 Continued From page 1	I CBHS 4	412 FVFRGRFFN BAF	PTIST CHRUCH R		_			
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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	LODIIO -	TIZ EVERGICERI BAI	TIOT OTIKOOTIK	EVERGRE	EN, NC 284			
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- 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	drug. (5) Client requests checks shall be reciple followed up by a with a physician.  This Rule is not me Based on record reinterview, the facility medications on the and failed to keep to fone former client.  Review on 6/27/25 - 17 year old male Admission date of - Diagnoses include Dysregulation Disord Disease (GERD), and Review on 6/27/25 orders dated 1/31/2 - Metformin (treats twice daily Divalproex (treats tablet twice daily Fluoxetine (treats daily Omeprazole (treat daily Review on 6/27/25	et as evidenced by: view, observation, ar y failed to administer written order of a ph he MARs current affet t (FC) (#1). The findin of FC#1's record rev f 2/18/25. ed Disruptive Mood rder, Gastroesophag nd Diabetes. of FC #1's signed me f 5 revealed: diabetes) 1000mg - bipolar disorder) 500 depression) 20mg - ts GERD) 20mg - 1 co of FC #1's March 20	the MAR altation  ysician ecting one ngs are: ealed: eal Reflux edication 1 tablet 0mg - 1 1 capsule	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL024-125			B. WING			R <b>06/27/2025</b>	
	PROVIDER OR SUPPLIER	PTIST CHRUCH R 412 EVE		PTIST CHURCH ROAD 138			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 118	- Divalproex 500mg - Fluoxetine 20mg - Omeprazole 20mg 6:30am.  Interview on 6/27/2 -The findings would Due to the failure to medication adminis	g - 3/1/25 and 3/2/25 at 8am. g - 3/1/25 and 3/2/25 at 8am. 3/1/25 and 3/2/25 at 8am. g - 3/1/25 and 3/2/25 at 8am. g - 3/1/25 and 3/2/25 at  5 the Supervisor stated: I be reviewed with staff.  accurately document tration it could not be received their medications as	V 118				
V 275	10A NCAC 27G .51 In private home res (1) A minimu detector wired into installed and centra detectors that are r current shall be che provider. (2) A dry pow extinguisher shall b shall be checked at department. Each		V 275				
	failed to ensure a d extinguisher was ch	et as evidenced by: on and interview, the facility ry powder CO(2) type fire necked at least annually by the nt. The findings are:					

Division of Health Service Regulation STATE FORM

GT7211 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPI AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER	.   ` ′	PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY PLETED
						R
		MHL024-125	B. WING _		06/2	27/2025
NAME OF I	PROVIDER OR SUPPLIER		EET ADDRESS, CITY			
LCBHS 4	112 EVERGREEN BAF	PTIST CHRUCH R	EVERGREEN BA	APTIST CHURCH ROAD 8438		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 275	Continued From pa	ge 3	V 275			
	Observation on 6/2 revealed: -Fire extinguisher to tagged as last inspection. Interview on 6/27/25	7/25 at approximately 12p ocated in kitchen area was ected in April, 2024. 5 supervisor stated she w extinguishers inspected.	om s			

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Division of Health Service Regulation STATE FORM