STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED			
			7. BOILDING	A. BUILDING:		
		MHL084-100	B. WING		R-C 07/18/2025	
NAME OF D	ROVIDER OR SUPPLIER	QTDEET A	DDRESS, CITY, STATE	ZIR CODE		
NAME OF F	ROVIDER OR SUFFLIER		OSS LANE	c, ZIF CODE		
MOSS LA	NE II		NDON, NC 28127			
(X4) ID			ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		
V 000	0 INITIAL COMMENTS		V 000			
	on July 18, 2025. The substantiated (intake NC00231391). Deficient This facility is licensed category: 10A NCAC Living for Adults with Interest This facility is licensed.	#NC00231621, encies were cited. d for the following service 27G .5600C Supervised Developmental Disability. d for 3 and has a current ey sample consisted of				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	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					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R-C
		MHL084-100	B. WING			7/18/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
MOSSIA	NE II	42414 M	OSS LANE			
MOSS LA	NE II	NEW LC	NDON, NC 28127			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 1	V 118			
	drug. (5) Client requests fo checks shall be recor	person administering the representation changes or ded and kept with the MAR pointment or consultation				
	facility failed to keep two of two clients (#1 Review on 7/15/25 of -Admission date of 4/-Diagnoses of Moder Type II Diabetes Mell Hypertension and Ob Disorder (OCD)Physician's order da medications: Lisinopr Pressure) one tablet 500mg (Blood Sugar) and one in the evenir (Cholesterol) one tab-Physician's order da	ews and interview, the the MAR current affecting and #2). The findings are: client #1's record revealed: 18/23. ate Intellectual Disability, itus, Hyperlipidemia, issessive Compulsive ted 1/31/25 for the following il 10 milligrams (mg) (Blood in the morning, Metformin one tablet in the morning ig, Simvastatin 20mg let in the morning. ted 4/17/25 for the following 33 50mcg (Calcium) one				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I DAY OF CONNECTION			A. BUILDING: _			
		MHL084-100	B. WING		R-C 07/18/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MOSS LA	NE II	42414 MO				
			IDON, NC 2812	7	T	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 2		V 118			
	Metformin 500mg on 6/12 8am and 6/15 5pm. Simvastatin 20mg on 6/12 8am. Vitamin D3 50mcg on 6/12 8am.					
	Review on 7/15/25 of client #2's record revealed: -Admission date of 7/15/25.					
	-Diagnoses of Moderate Intellectual Disability, Down's Syndrome, Impulse Control Disorder, Type II Diabetes, Obesity, Heart Disease and					
Mixed Receptive, and Expressive Language DisorderPhysician's order dated 1/31/25 for the True						
	Metric Kit Meter: True Metric Kit Meter (Blood Sugar) check blood sugar three times daily. Review on 7/15/25 of client #2's June 2025 MAR revealed: No staff initials to indicate blood sugar checks on 6/2 12pm; 6/3 12pm; 6/4 12pm; 6/5 5pm; 6/10 12pm; 6/13 12pm; 6/15 12pm; and 6/18 12pm. Interview on 7/15/25 with the Qualified Professional (QP) revealed: -"[Client #2] is in group with about four to five staff when it's time to check his blood sugar." -"The staff checks his blood sugar daily while at the day program."					
		ne other staff to complete gets done."				
	This deficiency consti and must be correcte	tutes a re-cited deficiency d within 30 days.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it	EMENTS				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		MHL084-100	B. WING		07/18/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
		42414 MO	SS LANE			
MOSS LA	NE II	NEW LON	DON, NC 2812	7		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	-
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 3	V 736			
	maintained in a safe,	clean, attractive and orderly kept free from offensive				
	and its grounds were	n and interviews, the facility not maintained in a clean, nner and kept free from				
	AM revealed: -Client #3's bedroom- the walls approximate brownish scrape was long. Peeling paint or floor. The door to the and a crack approxim of the floor boards ha flooringClient #1's bedroom- set of blinds. A yellow A crack in the bedroo three inches long. A s door was approximate back of the bedroom client#1's first and las back of the bedroom -Client #2's bedroom- Four screw holes in th closet had a black dis Bottom of bedroom d -Bathroom in client #2 door had a crack app Two nail holes on back	at name were written on the door. Peeling paint on the walls. The door to the scoloration towards the top.				
	Interview on 7/15/25 v					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MUU 004 400	B WING		R-C	
MHL084-100					07/18/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD 42414 MO	DRESS, CITY, STA	TE, ZIP CODE		
MOSS LA	NE II		DON, NC 2812	77		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 4	V 736			
V 736	Professional (QP) rev-"I have sent in work repair the damage in -"I don't know why the yet." -"That is all I can do a complete the repairs. Interview on 7/15/25 Operations revealed: -"I will be getting togeteam on deciding whethe clients to live in." -"The facility is too old money to renovate the "Management will be the clients to move in	vealed: orders for maintenance to the facility." e repairs haven't been done and wait for maintenance to " with the Vice President of ether with the management ether to find a new home for d and will cost too much e home." e looking for a new home for to."	V 736			

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