

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</b>		
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V 000	INITIAL COMMENTS  An annual and followup survey was completed on June 23, 2025. Defeciencies were cited  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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

TITLE

(X6) DATE

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure records were complete for 1 of 1 audited client (#2) . The findings are:</p> <p>Review on 06/20/25 of client #2's record revealed: -Date of admission: 05/27/25. -Diagnosis of Schizophrenia. -No signed documentation from the legally responsible person that granted permission to seek emergency services from a hospital or physician.</p> <p>Interview on 06/20/25 with the Qualified Professional revealed: -The consent for emergency medical services was not in the chart. -A treatment team meeting has been scheduled</p>	V 113		

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STATE FORM

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V 114	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-No disaster drills documented for 1st shift during the first quarter of 2025 (January-March).</li> <li>-No disaster drills documented for 1st shift during the second quarter of 2024 (April-June).</li> <li>-No disaster drills documented for 1st shift during the third quarter of 2024 (July-September).</li> <li>-No disaster drills documented for 1st shift during the fourth quarter of 2024 (October-December).</li> </ul> <p>Interview on 06/20/25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-They did fire and disaster drills. They had not be done them in a while.</li> <li>-She stated we did go to the basketball goal for fire drills and in the hallway if we had a tornado.</li> </ul> <p>Interview on 06/20/25 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-She had only been at the facility for a couple of months.</li> <li>-She had not completed a fire or disaster drill.</li> <li>-She did not know where to go during a fire or disaster drill.</li> </ul> <p>Interview on 06/20/25 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-She did fire and disaster drills.</li> <li>-She knew where to go during fire drills.</li> <li>-She knew where to go in the hallway for a tornado drill and demonstrated crouching down with hands on head.</li> </ul> <p>Interview on 06/23/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-The facility did fire and disaster drills monthly.</li> <li>-She had not completed disaster drills.</li> <li>-The facility had one 24 hour shift.</li> </ul> <p>Interview on 06/23/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Fire drills and disaster drills were completed every month.</li> </ul> <p>Interview with the Qualified Professional (QP) revealed:</p>	V 114		

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V 114	Continued From page 4  -The facility had one 24 hour shift. -The facility did not have any of the disaster drills for the 1st quarter 2025 (January-March), 2nd quarter 2024 (April-June), 3rd quarter 2024 (July-September) and 4th quarter 2024 (October-December). -She did an in service with staff #1 on fire and disaster drills on Friday 06/20/25. -She had given staff #1 a cheat sheet with the shift breakdown, fire drill quarters and months and how many fire drills were suppose to be conducted per month. -QP stated administration would oversee staff #1 with the fire and disaster drills.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 115	27G .0208 Client Services  10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.	V 115		

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V 115	<p>Continued From page 5</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to provide activities for clients affecting 3 of 3 audited clients (clients #1, #2 and #3). The findings are:</p> <p>Observation on 06/29/25 at approximately 1:15 pm; 06/23/25 at approximately 9:45am and 06/20/25 at approximately 8:30am revealed: -There was no form of transportation readily available to meet the clients' needs at the facility.</p> <p>Interview on 06/23/25 client #1 revealed: -They did not have a van. -The staff from the sister facility would transport them to their medical appointments. -She did go to the other client's medical appointments when she was bored. -They did go on outings once a month.</p> <p>Interview on 06/23/25 client #2 revealed: -They did not have a van. -Everyone preferred to go to the doctor's appointments. "It give me a chance to get out of the house." -She had not been out on a facility outing since her admission of 05/27/25.</p>	V 115		

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V 115	<p>Continued From page 6</p> <p>Interview on 06/23/25 client #3 revealed: -She had recently visited her family for two weeks. -The facility would go out once a month to a local grocery store and franchise chain. -She would go out when she was paid. -A staff from a sister facility in [local town] did take them on their outings.</p> <p>Interview on 06/23/25 with staff #1 revealed: -The facility did not have a van. -A staff from a sister facility in [local town] did come to the facility and takes the clients to their outings once a month and to their doctor's appointments.</p> <p>Interview on 06/23/25 with staff #2 revealed: -The facility did not have a van. -The Licensee did purchase the clients soap, deodorant, and toothpaste.</p> <p>Interview on 06/23/25 the Qualified Professional stated: -The facility did not have a van. -The van had did come from a sister facility in [local town] to take the ladies to their medical appointments and outings. -The facility did not have the extra resources to hire the staff. -When the clients did go into the community all clients must leave the facility. -It was hard getting the clients into a day program with the location of the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 115		

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V 117	Continued From page 7	V 117		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to ensure all prescription medications were labeled identifying</p>	V 117		



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V 117	<p>Continued From page 8</p> <p>the client's name, the prescriber's name, the current dispensing date, and the name, address, and phone number of the pharmacy or dispensing location. The findings are:</p> <p>Finding #1: Review on 06/19/25 of client #1's record revealed: Date of admission: 01/01/20. -Diagnoses of Schizoaffective Disorder, Intellectual Disability and Nicotine Dependency. -A physician's order was signed and dated for 03/26/25 for Olopatadine HCL 0.2% - 1 drop to be administered to each affected eye daily.</p> <p>Observations on 06/20/25 between 1:00pm and 1:15pm of client #1's medications revealed: -An unlabeled bottle of Olopatadine Hydrochloride Solutions 0.2% was located in the bin with no box or dispensing label.</p> <p>Finding #2: Review on 06/19/25 and 06/20/25 of client #3's record revealed: Date of admission: 01/01/20. -Diagnoses included hypertension, Adams-Stokes Syndrome; Mild Hyponatremia; Dementia, Human Immunodeficiency Virus. -A physician's order was signed and dated 01/13/25 for Olopatadine Hydrochloride Solutions 0.2% - 1 drop to be administered to each eye daily.</p> <p>Observations on 06/20/25 between 12:00pm and 1:00pm of client #3's medications revealed: -An unlabeled bottle of Olopatadine Hydrochloride Solutions 0.2% was located in the bin with no box or dispensing label.</p> <p>Interview on 06/20/25 with client #1 revealed:</p>	V 117		

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V 117	Continued From page 9  -She reported that she took medications as prescribed by the physician. -She did not know the names of her medications. -Her medications were for her "mind and her heart" and to "help me relax".  Interview on 06/20/25 with client #3 revealed: -She had taken her medications every morning and every night. -She knew that her medications included a nasal spray and eye drops.  Interview on 06/20/25 with staff #1 revealed: -She was unaware of any medication issues.  Interview on 06/20/25 with staff #2 revealed: -The clients get their medications as prescribed by the physician. -The clients get their medications on time.  Interview on 06/20/25 with the Qualified Professional revealed: -There have been no medication problems that she was aware of. -She understood the medications needed to be tabled correctly.	V 117		
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.	V 118		

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V 118	<p>Continued From page 10</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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 06/19/25 and 06/20/25 of client #1's record revealed: -Diagnoses of Schizoaffective Disorder, Intellectual Disability and Nicotine Dependency. Medication orders dated 03/30/25, 04/04/25 and</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>04/30/25 included:</p> <ul style="list-style-type: none"> <li>-Aspirin EC (high blood pressure) 81 milligrams (mg) tablet (tab) - take one tablet by mouth every day.</li> <li>-Hydrochlorothiazide (high blood pressure) 12.5 mg tab - take one tablet mouth every day do not give if systolic for blood pressure.</li> <li>-Fish Oil (heart disease) - take one capsule (cap) by mouth every day.</li> <li>-Amlodipine Besylate (high blood pressure) 5 mg tab - take one tab by mouth every day.</li> <li>-Austuda (involuntary movements) extended release (XR) 24 mg tab - take one tab by mouth every day.</li> <li>-Famotidine (prevent gastrointestinal ulcers) 20 mg - take one tab my mouth every day.</li> <li>-Pravastatin Sodium (cholesterol) 10 mg - take one tab by mouth every day.</li> <li>-Vyrlar (schizophrenia) 3 mg take one cap by mouth every day.</li> <li>-Levothyroxine (thyroid) 25 microgram (mcg) - take one tab by mouth every morning.</li> <li>-Divalproex (bipolar disorder) superoxide dismutase (sod) ER 500 mg tab take one tablet.</li> <li>-Divalproex sod DR (bipolar disorder) 250 mg tab - take one tab by mouth every day.</li> <li>-Quetiapine Fumarate (bipolar disorder) 100mg tab - take one tab my mouth at bedtime.</li> <li>-Trazodone 150mg (depression) tab - take two tabs by mouth at bedtime.</li> <li>-Albuterol (asthma) PRN. No physician's order and the medication was omitted on current FL2.</li> <li>-Olanpatadine HCL 0.2% eye drop</li> </ul> <p>Review on 06/19/25 and 6/20/25 of client #1's June MAR revealed: (6/19/25)</p> <ul style="list-style-type: none"> <li>-For Olopatadine HCL 0.2% eye drop, staff initialed the MAR on 6/20/25 as administered; however the 6/20/25 date had not yet occurred.</li> </ul>	V 118		

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V 118	<p>Continued From page 12</p> <p>(6/20/25)</p> <p>-No documentation that client #1 received Divalproex Sod 500mg, Trazodone 150mg, Quetiapine Fumarate 100mg on 06/19/25 at 8pm.</p> <p>-No documentation client #1 received Aspirin 81mg, Hydrochlorothiazide 12.5 mg, Fish Oil 1000mg, Famotidine 20mg, Amlodipine Besylate 5mg, Austedo Xr 24mg, Pravastatin Sodium 10mg, and Vraylar 3mg at 8 am on 06/20/25.</p> <p>Finding #2: Review on 06/19/25 and 06/20/25 of client #3's record revealed:</p> <p>-Diagnoses included Hypertension, Adams-Stokes Syndrome; Mild Hyponatremia; Dementia, Human Immunodeficiency Virus. Medication orders dated 01/13/25 and 01/30/24 included:</p> <p>-GS Aspirin (Fever, Pain) 81 mg chewable.</p> <p>-Pantoprazole (heartburn) Sod Dr 40 mg tab - take one tab by mouth every day.</p> <p>-Escitalopram (antidepressant) 20mg tab - take once tab by mouth every day</p> <p>-Biktarry (human immunodeficiency virus) 50-200-25mg take daily.</p> <p>-Atorvastatin (lipid lowering agent) 10mg - take one tab by mouth every day.</p> <p>-Fenofibrate (lower bad cholesterol) 145 mg tab - take one tab by mouth every day.</p> <p>-Cetirizine HCL(antihistamine)10mg tab - take one tab by mouth every day,</p> <p>-Acetaminophen (mild to moderate pain) 325 mg PRN for pain and fever reduced.</p> <p>-Olopatadine/Hydrochloride (itchy eyes) C.2% PRN.</p> <p>-Fluticasone (allergies) Prop 50 MCG Spray Spray each nostril twice a day.</p> <p>-Multivitamin Women's Vitamin (prevent vitamin deficiency) take one daily. No Physician's order.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</b>		
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V 118	<p>Continued From page 13</p> <p>Review of client #3's June MAR on 06/20/25 revealed:</p> <ul style="list-style-type: none"> <li>-No staff signatures for client #3's Cetirizine HCL 10mg, GS Aspirin 81 mg, Fenofibrate 145 mg, Certavite, Atorvastatin 10mg, Escitalopram 20mg, Biktarrvy 50-200-25mg, Pantoprazole Sod Dr 40 mg, Multivitamin Women's Vitamin, and Fluticasone Prop 50MCG medications on 06/20/25 at 8am.</li> <li>-No staff signatures for client #3's Fluticasone Prop 50MCG and Olopatadine/Hydrochloride medications at 8 am on 06/20/25.</li> </ul> <p>Interview on 06/20/25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-She reported that she took medications.</li> <li>-She did not know the names of her medications.</li> <li>-Her medications were for her mind and her heart and to help her relax.</li> <li>-Sometimes she refused her medications, because sometimes she felt "overdosed."</li> <li>-She had not refused medications in a while.</li> <li>-When she had run out of medications, her medications were refilled quickly.</li> </ul> <p>Interview on 06/20/25 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-She had taken her medications every morning and every night.</li> <li>-She knew that her medications were nasal spray and eye drops.</li> <li>-She had never refused medications.</li> <li>-She had taken medications as prescribed by physician.</li> <li>-She had "prenatal" vitamins and nasal spray. These were the only meds that she knew.</li> <li>-She had never run out of medications.</li> </ul> <p>Interview on 06/20/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She administered the medications in the morning and the evening.</li> <li>-Client #3 did run out of her Certavite on 06/18/25</li> </ul>	V 118		

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V 118	Continued From page 14  and the medication would be refilled the next day. -There had not been any problems with the medications. -She understood that needed to sign the MAR when she administered the client's medications daily.  Interview on 06/20/25 with the Qualified Professional revealed: -There have been no medication problems that she was aware of. -She understood that staff should initial the MAR when medications are administered.  This deficiency has been cited 3 times since the original cite on May 26, 2022 and must be corrected within 30 days.	V 118			
V 119	27G .0209 (D) Medication Requirements  10A NCAC 27G .0209 MEDICATION 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	V 119			

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V 119	<p>Continued From page 15</p> <p>subsequent amendments.</p> <p>(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 ensure all prescription and non-prescription medication was disposed of in a manner that guards against accidental ingestion affecting 3 out of 3 clients (#1, #2 and #3). The findings are:</p> <p>Review on 06/19/25 of client #1's record revealed: -Diagnoses of Schizoaffective Disorder, Intellectual Disability and Nicotine Dependency.</p> <p>Observation on 06/20/25 at approximately 10:45am: -Client #1 had older discontinued medications stored with current medications in the same plastic bin. -Divalproex SOD DR 500 mg TAB dispensed date 09/02/24 date of physician's order 08/05/24 -Olanzapine DT 15 mg tablet dispensed dated 11/02/24 and order date 03/24/24 -BENZTROPINE 2mg dispensed date 10/26/24 order date 04/26/23. -Divalproex SOD DR 250 mg TAB medication with</p>	V 119		



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V 119	<p>Continued From page 16</p> <p>a dispense date of 12/01/24.</p> <p>Observation on 06/20/25 at approximately 1:15pm: -There was an unidentified pill, with no identifying markings that was purple color and circular in shaper found in the left corner of client #1's plastic storage bin.</p> <p>Review on 06/19/25 of client #2's record revealed: -Diagnosis of Schizophrenia. Medication orders dated 01/21/25 included: -Fluphenazine (psychotic disorder) 10mg tablet take two tablets total by mouth at bedtime. -Fluphenazine (psychotic disorder) 5mg tablet take one tablet by mouth every day.</p> <p>Observation on 06/20/25 at approximately 11:22am: -There was a small green pill that was out of the bubble packaging in the bottom left corner of client #2's plastic storage bin that appeared to be a Fluphenazine 5mg tablet.</p> <p>Review on 06/19/25 of client #3's record revealed: -Diagnoses included hypertension, Adams-Stokes syndrome; Mild Hyponatremia;Dementia,Human Immunodeficiency Virus. Medication orders dated 01/13/25 and 01/30/24 included: -Cetirizine HCL(antihistamine) 10mg tablet take one tablet by mouth every day.</p> <p>Observation 06/20/25 at approximately 12:14 pm: -There was a small yellow pill that was out of the packaging in the bottom left corner of client #3's plastic storage bin that appeared to be a</p>	V 119		

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STATE FORM

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V 120	Continued From page 18  facility failed to ensure all medications for external and internal use were stored separately, and medications for each client were stored separately for clients #1, #2, #3, and #4. The findings are:  Observations on 06/19/25 at 11:22am and 1:24pm revealed: -Client #1, #2, and #3 had medications stored in separate plastic bins. -Client #1 had client #4's bubble pack of prescribed medication of Levothyroxine 25mcg placed inside her bin. -Client #2's plastic bin had [former client #5] name written on a tan piece of tape on the outside of her bin. -Client #3's Olopatadine/Hydrochloride C.2% eye drops was stored and mixed with oral medications in client #3's plastic bin  Interview on 06/20/25 with the Qualified Professional revealed: -She acknowledged that the medications needed to be separated and assured that they would be.  This deficiency has been cited 3 times since the original cite on June 22, 2023 and must be corrected within 30 days.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	<p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 2 of 3 audited staff (staff #1, staff #2). The findings are:</p> <p>Review on 06/20/25 of staff #1's record revealed: -Hire date: 04/15/22 -HCPR was accessed on 04/27/22.</p> <p>Review on 06/20/25 of staff #2's personnel record revealed: -Hire date: 09/22/23. -HCPR was accessed on 9/29/23.</p> <p>Interview on 06/23/25 with staff #1 revealed: -She had worked with the company for 3 years, but she had only been with the facility for 3 weeks.</p> <p>Interview on 06/20/25 staff #2 revealed: -The last time she worked for the facility was in May of 2025. -She was was not a permanent worker. -She worked when the facility needed her.</p> <p>Interview on 06/20/25 the Qualified Professional revealed: -The Licensee completed the HCPRs for employees.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131			

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V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history</p>	V 133		

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V 133	Continued From page 21  record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime.	V 133		

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V 133	<p>Continued From page 22</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to</p>	V 133		

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V 133	Continued From page 23  have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any	V 133		



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V 133	<p>Continued From page 24</p> <p>applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 2 of 3 audited staff (Staff #1 and staff #2 ). The findings are:</p> <p>Review on 06/20/25 of Staff #1's personnel record revealed: -Date of Hire: 04/15/22. -The criminal history background check was completed on 04/28/22.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>PEACE HEALTHCARE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>223 ROBERT F HARGROVE ROAD</b> <b>MOUNT OLIVE, NC 28365</b>		
(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 133	Continued From page 25  Review on 06/20/25 of Staff #1's personnel record revealed: -Date of Hire: 09/22/23. -The criminal history background check was completed on 11/15/23  Interview on 06/23/2025 with the Qualified Professional revealed: -The Licensee completed the background checks for the employees.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133			
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor	V 290			

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V 290	<p>Continued From page 26</p> <p>clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to client needs affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Review on 06/19/25 of client #1's record revealed: -Date of admission: 01/01/20. -Diagnoses of Schizoaffective Disorder, Intellectual Disability and Nicotine Dependency.</p>	V 290		

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V 290	<p>Continued From page 27</p> <p>Interview on 06/23/25 client #1 revealed: -When one client had a doctor's appointment, all the clients had to attend the appointment due to lack of staffing. -She didn't mind going to doctor's appointments, as it was an opportunity "to get out of the house." -"I would rather get out more. But you must have money."</p> <p>Review on 06/19/25 of client #2's record revealed: -Date of admission: 05/27/25. -Diagnosis of Schizophrenia.</p> <p>Interview on 06/23/25 client #2 stated: -She didn't mind going to the doctors' appointments, as it "gives me a chance to get out of the house." -She had not been out on a facility outing since her admission of 05/27/25.</p> <p>Review on 06/19/25 of client #3's record revealed: -Admitted on 01/01/20. -Diagnoses of Hypertension, Mild Hyponatremia Dementia Secondary to Human Immunodeficiency Virus (HIV).</p> <p>Interview on 06/23/25 client #3 stated: -She could leave because she was her own guardian. -She had recently visited her family for two weeks. -The facility would go out into the community once a month. -She would go out when she was paid. -A staff from a sister facility in [local city] took them on their outings. -Staff #1 stayed behind with the clients if they did not want to go to the doctors' appointments.</p>	V 290		

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V 290	Continued From page 28  Interview on 06/23/25 with staff #1stated: -The facility did not have a van. -A staff from a sister facility in Benson, NC comes to the facility and takes the clients to their outings once a month and to their doctor's appointments. -The staff from the sister facility supervised the clients that stayed on the van without a doctor's appointment.  Interview on 06/23/25 the Qualified Professional stated: -The facility does not have a van. -It was a 30 minute distance from the sister facility in [local city] to the the facility. -The facility did not have the extra resources to hire extra staff. -When the clients go into the community all clients must leave the facility.  This deficiency constitutes a re-cited deficiency and must be be corrected within 30 days.	V 290			
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 06/19/25 at approximately 9:30am revealed:	V 736			

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V 736	Continued From page 29  -There was a softball size white discoloration of white paint on the tan wall above the doorway. -There was a dried brown liquid spillage going from the front right corner to the top of kitchen baseboards, extending 6 feet in length by 6 inches in height. -There were dark brown stains and dust under the base of the legs of the dining room table in a 3 inch by 16 inch v shaped pattern on two sides under the table. -There were dark brown rust colored quarter sized stains under the dining room table over 15 in number. -The baseboards in the entire 20 foot by 15 foot room had dust buildup and were discolored. -There was a 12 inch cobweb hanging above the front window that had a small spider residing in it. -The windowsill had dead bugs and heavy dust. -The TV stand had heavy dust and 4 dead bugs in the corners behind the TV stand. -The ceiling fan did not have a bulb and was missing a globe. -There were two 12 inch rips in the linoleum beside the dining room table. -There was a 12 inch cob web with a large bug hanging from the web over the memo board on the right wall of doorway. - The surface of the brown coffee table was scuffed and worn. -The tan leather loveseat had several 12 inch black stains on the seated area and the right arm of the loveseat had a softball size hole. -There was a rip on the side of the tan loveseat approximately 14 inches. -There was 12 inches of linoleum missing from around the left side of the floor vent. -There was a rust colored unknown substance on the bottom left side of air vent approximately 4 inches in length. - There was a basketball size lighter discolored	V 736		

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V 736	Continued From page 30  paint splotch on the left side of the black couch located on the black wall. -There was a softball sized light brown stain on the ceiling on the far wall behind the blue couch. -The hall bath on left the baseboards were discolored with black/gray color. -The paint was worn off the wall surface behind and across the tank of the toilet. -There was a tennis ball size area of paint peeling next to the light fixture in bathroom. -The hot water side did not work in the on position. -Client #4 and client #5's shared bedroom closet door was missing the doorknob. -Client #4 and client #5's shared bedroom the laminate flooring was peeled in the center of the bedroom about 3 feet area -Client #4 and client 5's blinds had heavy dust on the slates and window sill. -The kitchen had 3 ants that crawled around the top edge of the sink. -The walk-in pantry/storage area of the kitchen had 5 broken tile flooring at the entrance and there was no globe on the light. -There was heavy grease which covered the range light above the stove. -There was a 1 inch corner of the kitchen counter was missing. -There was no globe on the light in client #3's bedroom. -Client #3's blinds had heavy dust on the slates and window sill. -The exit door next to the medication closet had 5 blind slates that were broken. -The hallway had 4 patched spots on the ceiling and brownish stains. -The fire alarm had a chirp with a 41 second delay. -There was a spider crawling on the hallway wall. -Client #2's drawer had 2 of 4 knobs missing on	V 736		

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V 736	<p>Continued From page 31</p> <p>the third drawer.</p> <p>-Client #2's blinds had heavy dust on the slates and window sill.</p> <p>-Client #1's bedroom had approximately 10 broken slates.</p> <p>-Client #1's blinds had heavy dust on the slates and window sill.</p> <p>Interview on 06/23/25 the Qualified Professional stated:</p> <p>-She was aware that the facility needed to be maintained in a clean, attractive and orderly manner.</p> <p>This deficiency has been cited 9 times since the original cite July 29, 2021 and must be corrected within 30 days.</p>	V 736		