

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADVANTAGE CARE COMMUNITY SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>476 LYNNBANK ROAD HENDERSON, NC 27536</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 24, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement 1 of 3 audited clients (#1)'s treatment plan. The findings are:</p> <p>Review on 7/24/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 6/30/22</li> <li>- diagnoses: Intellectual Developmental Disorder, Intermittent Developmental Disorder, Autistic Disorder, Major Depressive Disorder and Post Traumatic Stress Disorder</li> <li>- treatment plan dated 10/24/24:</li> <li>- "how to support me (client #1) best: 1:1 supports during waking hours...I may hit others, slap, spit, bite, throw items, pull hair ,curse, slam doors, run away</li> <li>- 1:1 supports which include staff in his (client #1)'s room throughout the night to monitor"</li> </ul> <p>During interview on 7/24/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- he provided 1:1 services for client #1 from 8:30am - 2pm</li> <li>- other clients went to a day program</li> <li>- he took client #1 on outings during the day</li> <li>- this morning the Director of Operations did not pick up client #5 and he was present with two clients</li> <li>- he could not take client #1 on an outing due to another being at the facility</li> </ul>	V 112			

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V 112	<p>Continued From page 2</p> <p>During interview on 7/24/25 client #1's care manager with the Local Management Entity/ Managed Care Organization (LME/MCO) reported:</p> <ul style="list-style-type: none"> <li>- arrived at the facility at 9:35am</li> <li>- client #1 and an unknown client were present at the facility with staff #1</li> <li>- normally it was only staff #1 and client #1 present during her monthly visits</li> </ul> <p>During interview on 7/24/25 the facility's supervisor reported:</p> <ul style="list-style-type: none"> <li>- worked third shift alone</li> <li>- job duties: check on clients, count pills, wash clothes</li> <li>- behaviors for client #1 may consist of him hollering but she was able to calm him</li> </ul> <p>During interview on 7/24/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- client #1 had 1:1 staff on 1st shift</li> <li>- there were 2 staff on duty during second shift</li> <li>- the 1:1 services and 2 staff were only provided for wake hours</li> </ul> <p>During interview on 7/24/25 the Director of Operations reported:</p> <ul style="list-style-type: none"> <li>- picked up client #5 each morning at 9:30am to took him to the day program</li> <li>- this morning (7/24/25) he ran late because had to open the facility's office for staff</li> <li>- he did not "think" client #1 had 1:1 services</li> <li>- client #1 was discharged from the day program due to physical aggression therefore staff #1 worked with him during the day</li> </ul>	V 112			
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 117			

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V 117	<p>Continued From page 3</p> <p><b>REQUIREMENTS</b></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> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 3 of 3 (#1, #3, #5) clients had a packaging label on each prescription drug. The findings are:</p> <p> </p> <p>Observation on 7/24/25 between 12:30pm -</p>	V 117			

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V 117	<p>Continued From page 4</p> <p>12:51pm of client #1, #3 &amp; #5's medication box revealed:</p> <ul style="list-style-type: none"> <li>- a pill roll inside the white box</li> <li>- no packaging label which identified the following:</li> <li>- the prescriber's name</li> <li>- the current dispensing date</li> </ul> <p>Review on 7/24/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 6/30/22</li> <li>- diagnoses: Intellectual Developmental Disorder (IDD), Intermittent Developmental Disorder, Autistic Disorder, Major Depressive Disorder and Post Traumatic Stress Disorder (PTSD)</li> <li>- physician order dated: 5/29/24:</li> <li>- Lamotrigine 200mg (milligrams) morning</li> <li>- Prazosin 1mg bedtime</li> <li>- Hydroxyzine 50mg twice day</li> <li>- Fanapt 6mg twice a day</li> </ul> <p>Review on 7/24/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/1/23</li> <li>- diagnoses: PTSD, Moderate IDD &amp; unspecified Glaucoma</li> <li>- physician's order dated 2/20/25</li> <li>- Januvia 50mg morning</li> <li>- physician order dated 6/20/25:</li> <li>- Amlodipine 2.5mg morning</li> <li>- physician's order dated 2/24/25</li> <li>- Divalproex 500mg morning</li> <li>- Magnesium 400mg everyday</li> <li>- Omeprazole 40mg bedtime</li> <li>- Metformin 500mg twice day</li> <li>- Gabapentin 100mg bedtime</li> </ul> <p>Review on 7/24/25 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/31/23</li> <li>- diagnoses: Autism, Insomnia, Severe IDD &amp; Hyperlipidemia</li> </ul>	V 117		

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V 117	Continued From page 5  - physician's order dated 6/27/25: - Aripiprazole 30mg morning - Lamotrigine 25mg 2 morning - Clonidine 2mg at 8pm - Gabapentin 400mg twice a day - physician's order dated 7/24/25: - Pantoprazole 20mg 2 morning  During interview on 7/24/25 the facility's supervisor reported: - the white boxes with the pill rolls came in a large bag - the large bag had the packaging label information - she threw the bag in the trash because it was too large to fit in the medication drawer  During interview on 7/24/25 the Director of Operations reported: - would contact the pharmacy to see if the packaging label could be placed on the outside of the white box	V 117			
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 7/24/25 between 10:17am - 11:07am revealed the following:	V 736			

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- the grass was not maintained</li> <li>- there were clothes that hung on the side deck of the facility</li> <li>- a small hole the size of a dime in the kitchen ceiling above the kitchen table</li> <li>- the hallway in need of painting due to black marks and white putty patches</li> <li>- bathroom in the hallway had broken tile or a space between the tile near the toilet</li> <li>- under garments were hung up in the living room</li> <li>- empty bedroom:</li> <li>- had marks throughout the bedroom walls</li> <li>- the facility's back yard:</li> <li>- 2 mattresses, empty boxes and cardboard laid in the grass</li> <li>- a screen was pulled from one of the front windows</li> </ul> <p>During interview on 7/24/25 the facility's supervisor reported:</p> <ul style="list-style-type: none"> <li>- the facility had issues with dryer</li> <li>- she hung the clients' clothes outside and inside to dry</li> <li>- would take the clothes to the laundromat</li> </ul> <p>During interview on 7/24/25 the Director of Operation reported:</p> <ul style="list-style-type: none"> <li>- the facility was in the process of being remodel</li> <li>- he would have his father to cut the grass</li> <li>- the miscellaneous items in the back yard would be picked up</li> <li>- would replace dryer</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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V 774	Continued From page 7	V 774		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to provide minimum furnishings for 1 of 1 former client's (FC#6) bedroom. The findings are:</p> <p>Observation on 7/24/25 between 10:56am - 11:07am revealed the following:</p> <ul style="list-style-type: none"> <li>- the first bedroom had no furniture</li> </ul> <p>During interview on 7/24/25 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- he thought the furniture was in storage since FC#6 was discharged</li> </ul> <p>During interview on 7/24/25 the Director of Operations reported:</p> <ul style="list-style-type: none"> <li>- FC#6 was discharged and he did not think had to keep furniture in the bedroom</li> <li>- would replace the furniture in the bedroom</li> </ul>	V 774		