

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE HEALTH SERVICES 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 RAINEY AVENUE HILLSBOROUGH, NC 27278</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 000	INITIAL COMMENTS  An annual and follow up survey was completed on July 23, 2025. Deficiencies 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 107	27G .0202 (A-E) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records affecting one of three audited staff (#2). The findings are:</p> <p>Review on 7/22/25 of the personnel record for staff #2 revealed: -Date of hire was 4/29/25. -Hired as a Qualified Professional. -No North Carolina Health Care Personnel Registry (HCPR) verification. -No criminal background check verification.</p> <p>Interview on 7/22/25 with the Assistant Director revealed:</p>	V 107		

Division of Health Service Regulation

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V 107	Continued From page 2  -She was responsible for the HCPR and criminal background checks. -She did not have documentation for either but would complete the checks. -She confirmed she failed to complete the personnel record for the Qualified Professional.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 107		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting two of three audited current clients (#1 and #3). The findings are:</p> <p>Review on 7/22/25 of client #1's record revealed: -Admission date of 10/3/08. -Diagnosis of Schizophrenia; History of Substance Abuse; GERD; Constipation; Tardive Dyskinesia; Tinea Pedis; Urinary Incontinence. -Person Centered Plan (PCP) dated 3/18/24. -There was no documentation of a current plan.</p> <p>Reviews on 7/22/25 of client #3's record revealed: -Admission date of 5/24/16. -Diagnosis of Chronic Schizoaffective; Peripheral Neuropathy; Vitamin D Deficiency; Anemia; Glaucoma; Abnormal Weight Loss; Neck Cyst. -PCP dated 4/18/24. -There was no documentation of a current plan.</p> <p>Interview on 7/22/25 with the Assistant Director revealed: -The former QP was responsible for completing client #1 and client #2's plans. -She could not locate client #1 and client #3's plans. -She attempted to contact the former QP in order to locate the plans. -The former QP was responsible for completing the plans before he was terminated. -She hired a new QP and would ensure the plans</p>	V 112		

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

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V 114	Continued From page 5  -There were no disaster drills conducted for the 4th quarter (October, November, December) of 2024. -There were no disaster drills conducted for the 2nd quarter (April, May, June) of 2025. -There were no disaster drills conducted for the 1st quarter (January, February, March) of 2025.  Interview on 7/22/25 with staff #1 revealed: -He worked in the facility seven days on and seven days off or weekends. -He was responsible for conducting fire and disaster drills. -The Assistant Director spoke to him about fire and disaster drills. -He was confused as to how many drills were to be conducted quarterly. -He confirmed that he did not conduct disaster drills at least quarterly on each shift.  Interview on 7/22/25 with the Assistant Director confirmed: -Staff were responsible for conducting fire and disaster drills. -She would reeducate staff on fire and disaster drills.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114			
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.	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</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> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to: Ensure medication was administered as ordered by the physician affecting one of three clients (#3). The findings are:</p> <p> </p> <p>Review on 7/22/25 of Client #3's record revealed: -Admission date of 5/24/16. -Diagnoses of Chronic Schizoaffective; Peripheral</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Neuropathy; Vitamin D Deficiency; Anemia; Glaucoma; Abnormal Weight Loss; Neck Cyst.</p> <p>Review on 7/22/25 of Client #3's physician's orders dated 3/15/25 revealed: - Tab-A-Vite tablet (tab) - take 1 tab every day 1.</p> <p>Observation on 7/22/25 at 1:30 pm of Client #3's medications revealed: -Tab-A-Vite - medication was not available.</p> <p>Review on 7/22/25 of Client #3's MARs for May 2025 through July 2025 revealed: May 2025 -Tab-A-Vite - was marked as given from 5/1/25 through 7/31/25. June 2025 -Tab-A-Vite - was marked as given from 6/1/25 through 6/30/25. July 2025 -Tab-A-Vite - was marked as given from 7/1/25 through 7/22/25.</p> <p>Interview on 7/22/25 with Staff #1 revealed: -He was responsible for administering and ensuring medications were available. -He felt that it was an oversight because he was constantly busy assisting clients. -He believed that Client #3's medication was not available for a few days (7/20/25 - 7/22/25). -He did not know why he initialed the MAR as administered from 7/20/25 through 7/22/25.</p> <p>Interview on 7/22/25 with the Assistant Director revealed: -Staff were responsible for administering medication to clients. -She would check medications to ensure that medications were available for the clients, as she mainly transported clients to their medical</p>	V 118		



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V 118	Continued From page 8  appointments. -She confirmed the facility failed to ensure Client #3's medication was available.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			