STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-985			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C <b>07/24/2025</b>	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE ZID CODE	1 0	00
NAIVIL OI I	FROVIDER OR SUFFLIER		ONGHORN LA			
TOMMIE	'S PLACE		I, NC 27610			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	COMPLÉTE DATE
V 000	INITIAL COMMENT	-s	V 000			
	on 7/24/25. The cor	low up survey was completed mplaint was unsubstantiated 68). A deficiency was cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 3 and has a current irvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person andrugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, including administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Adall drugs administeric current. Medication	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				
	(B) name, strength, (C) instructions for (D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
JENNIO CONTENTON		A. BUILDING:					
	MHL092-985		B. WING			R-C <b>07/24/2025</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
TOMMIE	'S PLACE		ONGHORN LA I, NC 27610	ANE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	drug. (5) Client requests checks shall be red	nge 1  for medication changes or corded and kept with the MAR appointment or consultation	V 118				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician for 1 of 3 clients (#2). The findings are:  Review on 7/21/25 of client #2's record revealed: - Admission date: 12/22/21 - Diagnoses: Moderate Intellectual						
	17 gram (g)/dose o - 4/9/25 take - 5/8/25 take	ability ers for for polyethylene glycol ral powder (constipation): 17g by mouth 2 times a day 17g by mouth daily 17g by mouth daily					
	revealed: - Medication adnelectronically - Polyethylene glumes a day - Staff initialed thadministered twice	of client #2's May 2025 MAR ninistration was recorded lycol 17g take by mouth 2 nat medication was daily from 5/1/25-5/31/25 of client #2's June 2025 MAR					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MIJI TIDI	E CONSTRUCTION	T(V2) DATE	CLID\/EV	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		B WINC		R-		
	MHL092-985		B. WING		07/2	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
T0141415	10 DI 40E	5213 PRC	NGHORN L	ANE		
IOMMIE	'S PLACE	RALEIGH	, NC 27610			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,,		
V 118	Continued From page 2		V 118			
	- Medication adm	ninistration was recorded				
	manually	mionation rad received				
	,	ycol 17g take by mouth daily				
	as needed					
		tial that medication was				
	administered from 6	6/1/25-6/30/25				
	7/00/05	6 II 4 //OL 1 4 0005 MAD				
		of client #2's July 2025 MAR				
	revealed:	ninistration was recorded				
	electronically	Illistration was recorded				
		ycol 17g take by mouth 2				
	times a day	,				
		at medication was				
	administered twice daily from 7/1/25-7/22/25					
	Attempted interview on 7/21/25 with client #2 was					
	unsuccessful due to client #2 being non-verbal.					
	Interview on 7/24/25 the House Manager reported: - She and the Director of Operations (DOO) were responsible for reviewing MARs to ensure					
	orders match the MARs and staff is administering					
	medication according	ng to physicians' orders				
		ly a former House Manager				
		e for reviewing MARs and that				
		working for the facility				
	-	taff was also the staff that took				
	order would have c	dical appointments where the				
		re after care summaries for				
	those appointments					
		pharmacy earlier this week				
		ear which physicians' order				
		e followed due to the doctor				
	sending different or	ders back to back				
	- Client #2 had been receiving the medication					
	twice daily					
	<ul> <li>The pharmacy</li> </ul>	had sent the medication				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	= 1400 E		-C 2 <b>4/2025</b>				
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
TOMMIE	'S PLACE		ONGHORN LA I, NC 27610	ANE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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 E APPROPRIATE	(X5) COMPLETE DATE	
V 118	without a label since she was not able to - She called the confirmation earlier for a call back - During her MAR did not catch the or - "Its my fault. I define the consistencies in the since of the medications out and a medication order middle of the month - He continued to issues with the election of the month - Interview on 7/24/26	e it was over the counter so compare it to the MAR doctor for clarification and in the week but was waiting R reviews at the facility, she der change lidn't catch it"  5 the DOO reported: still experiencing heir electronic MAR system and written records as a hose inconsistencies electronic system kicked d sometimes it did not change if the order changed in the owork on figuring out the extronic MAR system  5 the Licensee reported: that there were still issues	V 118				

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