

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARAJO PLACE

**166 MARAJO COURT
WINSTON-SALEM, NC 27127**

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/7/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111		

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

TITLE

(X6) DATE

STATE FORM

F0G211

If continuation sheet 1 of 6

RECEIVED

AUG 12 2025

DHSR-MH Licensure Sect

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DEFICIENCY)

(X5)
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DATE

V 111

Continued From page 1

client's presenting problem shall be documented.

V 111

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure admission assessment was completed prior to delivery of services affecting 1 of 2 clients (Client #2). The findings are:

Review on 7/3/25 of Client #2's record revealed:

- Admission date 10/16/23;
- Diagnosis Adjustment Disorder with Disturbance of Conduct, Severe Intellectual Developmental Disorder, Cerebral Palsy;
- No documentation of an admission assessment completed prior to receiving services at the facility.

Interview on 7/7/25 with the Qualified Professional revealed:

- Client #2 transferred from an unlicensed facility to a licensed facility under the same provider;
- Was not aware an admission assessment needed to be completed.

V 118

27G .0209 (C) Medication Requirements

V 118

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

To ensure an admission/transfer assessment was completed the Clinical Supervisor or QP will complete a new assessment 24 hours after transfer has taken place.

Quarterly audits will continue to ensure compliance and sustainability.

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V 118	<p>Continued From page 2</p> <p>(c) Medication administration:</p> <p>(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.</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>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the MAR was kept current affecting 1 of 2 clients (Client #1). The findings are:</p>	V 118	<p><i>To ensure the MAR's are updated and complete Program Director and QP will facilitate monthly MAR-to-Medication to ensure accuracy.</i></p> <p><i>Staff and QP will attend yearly Medication Administration Class</i></p> <p><i>QP and Program Director will facilitate a random sample of MAR to verify accuracy.</i></p>	

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V 118	Continued From page 3 Review on 7/3/25 of Client #1's record revealed: - Admission date 9/13/21; - Diagnoses Cerebral Palsy, Severe Intellectual Developmental Disorder, Diabetic Type 2 with Peripheral Neuropathy; - Physician's order dated 3/27/25 Polyethylene Glycol 3350 Laxative Powder (constipation), Mix 17 grams 8oz of liquid and drink by mouth daily; Ketoconazole cream 2% (antifungal), Apply topically twice a week. Observations on 7/3/25 of Client 1's medication revealed: - Polyethylene Glycol 3350 Laxative Powder, Ketoconazole cream 2% were available. Review on 7/3/25 of Client #1's MAR from April 1, 2025-June 30, 2025 revealed: - Polyethylene Glycol 3350 Laxative Powder, Ketoconazole cream 2% not listed on the MAR from April 2025. Interview on 6/26/25 with Client #1 revealed: - Was administered medications daily. Interview on 7/3/25 with the Alternative Family Living (AFL) Provider revealed: - Was not aware the medications were left off the April MAR. Interview on 7/7/25 with the Qualified Professional revealed: - Checked the MARs during monthly visits for the previous month.	V 118			
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 119			

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V 119	<p>Continued From page 4</p> <p>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 subsequent amendments. (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 dispose of medications in a manner that guards against diversion accidental ingestion affecting 1 of 2 current clients (Client #1). The findings are:</p>	V 119	<p><i>Program Director and QP will facilitate monthly medication audits and identify expired or discontinued medication.</i></p> <p><i>Two person verification will occur monthly to ensure proper disposal</i></p> <p><i>The program director & QP will facilitate ongoing monitoring</i></p>		

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V 119	<p>Continued From page 5</p> <p>Review on 7/3/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 9/13/21; - Diagnoses Cerebral Palsy, Severe Intellectual Developmental Disorder, Diabetic Type 2 with Peripheral Neuropathy. <p>Observation on 7/3/25 at approximately 1:08pm of Client #1's PRN (as needed) medication revealed:</p> <ul style="list-style-type: none"> - Acetaminophen 325 milligrams (mg), take two tablets by mouth every 6 hours as needed was dispensed on 1/9/24 and expired on 1/2025. <p>Interview on 7/3/25 with the Alternative Family Living (AFL) Provider revealed:</p> <ul style="list-style-type: none"> - Was not aware the Acetaminophen 325mg was expired; - Would call the pharmacy to get the Acetaminophen refilled and disposal of the medication. 	V 119		