

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER BLACKWELL'S COMMUNITY LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 509 FERNWAY DRIVE BURLINGTON, NC 27217		
(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 August 8, 2025. A deficiency was cited.</p> <p>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 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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>	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER BLACKWELL'S COMMUNITY LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 509 FERNWAY DRIVE BURLINGTON, NC 27217		
(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 118	<p>Continued From page 1</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, observation and interviews the facility failed to keep the MARs current and failed to follow physician's orders by not having medication available affecting one of three clients (#2). The findings are:</p> <p>Review on 8/8/25 of Client #2's record revealed: -Admission date of 10/4/16. -Diagnoses of Schizoaffective Disorder-Unspecified, Insomnia, Generalized Anxiety Disorder (GAD), Mild Intellectual/Developmental Disability (I/DD), Unspecified Bipolar and Related Disorder, Depressive Disorder, Diarrhea, Constipation, Chronic Rhinitis, Cardiac Murmurs, Esophageal Reflux, Diabetes Type 2, Amenorrhea. -Client #2's physicians order dated 7/25/25 revealed: -Ozempic 0.25 milligrams (mg) (Weight Loss)-Inject 0.25 mg subcutaneous once a week.</p> <p>Review on 8/8/25 of Client #2's MARs for July 1, 2025-August 8, 2025 revealed: - Ozempic 0.25 mg: There were no staff initials indicating medication had been administered for the months of July or August. -The MAR indicated that the prescription was filled 7/10/25.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER BLACKWELL'S COMMUNITY LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 509 FERNWAY DRIVE BURLINGTON, NC 27217		
(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 118	<p>Continued From page 2</p> <p>Observation on 8/8/25 at approximately 1:09 PM of Client #2's medications revealed: -Ozempic was not available.</p> <p>Interview on 8/8/25 with Client #2 revealed: -Is administered the Ozempic by staff. -No issues in getting her Ozempic. -Gets Ozempic once a week.</p> <p>Interview on 8/8/25 with the Pharmacist revealed: -Client #2's Ozempic was not packed on medication delivery in July because it was not due yet. Additional doses of Ozempic for the next 4 weeks would be delivered between 8/8/25 and 8/11/25.</p> <p>Interview on 8/8/25 with the Administrator revealed: -Client #2 received her Ozempic during July, 2025, starting 7/11/25. -"It should have been documented starting 7/11/25. I don't know why it wasn't." -The Ozempic was prescribed for client #2 to lose weight. -The medication for August, 2025 is supposed to be provided by the Pharmacy between 8/8/25 and 8/11/25. -She acknowledged that the MAR was not kept current.</p>	V 118		