		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED	
		MHL097-086	B. WING		08/14/2025		
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SHIRLEY	BLACKMAN RANDLEMA	AN CENTER	SBORO, NC 286	59			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RENCED TO THE APPROPRIATE		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was Deficiencies were cite	s completed on 8/14/25. ed.					
	category: 10A NCAC	d for the following service 27G .5000 Facility Based viduals of all Disability					
This facility is licensed for 16 and has a current census of 9. The survey sample consisted of audits of 3 current clients and 7 former clients.							
V 113	V 113 27G .0206 Client Records		V 113				
	10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek						

Division of Health Service Regulation
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 CO			E SURVEY PLETED	
MHL097-086			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SHIRLEY	BLACKMAN RANDLEMA	AN CENTER	CE STREET ESBORO, NC 2865	9		
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V 113	V 113 Continued From page 1 emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.		V 113			
	failed to maintain com affecting 2 of 3 currer and #3). The findings Review on 8/13/25 of -admission date of 8/-diagnoses of Alcohol Disorder and General -no emergency conta sudden illness or acci Review on 8/13/25 of -admission date of 8/6-diagnoses of Cocain	ew and interview, the facility inplete client records int clients audited (Clients #2 are: Client #2's record revealed: 12/25. Abuse, Major Depressive lized Anxiety Disorder. ct information in case of ident. Client #3's record revealed: 8/25. e Use Disorder, Sedative, tic Use Disorder, Marijuana				

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL097-086	B. WING		30	3/14/2025
	ROVIDER OR SUPPLIER BLACKMAN RANDLEMA	AN CENTER 118 PE	T ADDRESS, CITY, STATE EACE STREET KESBORO, NC 2865			
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V 113	Bereavement, Unspe Hypertension, Acid R -no emergency conta sudden illness or acc Interview on 8/14/25 of Director revealed:	s Disorder, Uncomplicated cified Depressive Disorder, eflux and Hepatitis C. ct information in case of ident. with the Medical Records the emergency contact	V 113			
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.		V 123			
	failed to ensure all me errors were immediat or physician affecting audited (FC #4, FC # #9 and FC #10). The	ew and interview, the facility edication administration ely reported to a pharmacist 7 of 7 former clients (FC) 5, FC #6, FC #7, FC #8, FC findings are: FC #4's record revealed:				

Division of Health Service Regulation

STATE FORM 56899 ZC3V11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DATE SURVEY COMPLETED A BUILDING. NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE STREET NULKESBORO, NC 28559 NUMBERS STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE, STREET NUMBERS OR STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE, STREET NUMBERS OR STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE, STREET NUMBERS OR STATEMENT OF DEFICIENCY STATE, ZIP CODE 118 PEACE, STREET NUMBERS OR NO. (28559) NUMBERS OR STATEMENT OF DEFICIENCY STATE, ZIP CODE 118 PEACE, STREET NUMBERS OR STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCY STAT	Division of Health Service Regulation							
MHL097-086 MHL097-086 STREET ADDRESS, CITY, STATE, ZIP CODE SHRILEY BLACKMAN RANDLEMAN CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE STREET NWILKEBORO, NC 28699 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 123 Continued From page 3 - discharge date 7/16/25. - diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #5's record revealed: - date of admission 7/19/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #7's record revealed: - date of admission 7/20/25 discharge date 7/30/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #7's record revealed: - date of admission 7/17/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #8's record revealed: - date of admission 7/17/25 discharge date 7/28/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #8's record revealed: - date of admission 7/17/25 discharge date 7/28/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #8's record revealed: - date of admission 7/17/25 discharge date 8/6/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: - date of admission 7/30/25 discharge date 8/6/25 diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: - date of admission 7/30/25 discharge date 8/6/25	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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-date of admission 7/17/25discharge date 7/28/25diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #8's record revealed: -date of admission 8/1/25discharge date 8/6/25diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: -date of admission 7/30/25discharge date 8/11/25.		Review on 8/1/1/25 of	FC #7's record re	avealed:				
-discharge date 7/28/25diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #8's record revealed: -date of admission 8/1/25discharge date 8/6/25diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: -date of admission 7/30/25discharge date 8/11/25.				evealed.				
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-discharge date 8/6/25diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: -date of admission 7/30/25discharge date 8/11/25.		-date of admission 8/1/25. -discharge date 8/6/25.						
-diagnosis of Alcohol Dependence, uncomplicated. Review on 8/14/25 of FC #9's record revealed: -date of admission 7/30/25discharge date 8/11/25.								
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-date of admission 7/30/25discharge date 8/11/25.		uncomplicated.						
-date of admission 7/30/25discharge date 8/11/25.								
-discharge date 8/11/25.				evealed:				
-diagnosis of Cocaine Dependence,								
uncomplicated.		uncomplicated.						
Review on 8/14/25 of FC #10's record revealed:		Review on 8/14/25 of	FC #10's record	revealed:				
-date of admission 7/31/25.				i o voaicu.				
-discharge date 8/8/25.								
-diagnosis of Generalized Anxiety Disorder.				rder.				

Review on 8/13/25 facility incident reports from

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED	
MHL097-086		B. WING		08	/14/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
OLUBI EV		118 PEA	CE STREET			
SHIRLEY	BLACKMAN RANDLEMA	AN CENTER N WILKE	SBORO, NC 28	659		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TREE IX			COMPLETE DATE
				DEFICIENCY)		
V 123	Continued From page	e 4	V 123			
		5 revealed the following:				
	-7/12/25 - FC #4 decl					
	(anxiety) 25 milligram	` •,				
	-7/20/25 - FC #5 miss Dependence) dose 25	•				
	• •	sed dose of Librium 25 mg.				
		sed Prednisone Acetate				
	Ophthalmic 1% eye d	rops (allergies).				
		ned 1:00 p.m. and 5:00				
	p.m. dose of Librium 25 mg.					
	-8/2/25 - FC #9 declined 6:00 a.m. Sertraline (Major Depressive Disorder) 100 mg "stating he just did not want anything." -8/2/25 - FC #10 declined his Risperdal					
	(Schizophrenia) 1 mg	•				
		tating no withdrawal and				
	client declined Risper					
	-no evidence a physician or pharmacist was					
	contacted for the above medication errors.					
	Interviews on 8/13/25 with Staff #1 and Staff #2 revealed: -for medications errors they completed an					
	incident report and contacted nursing.					
	-they were not sure what happened to the					
	incident report after n	ursing was contacted.				
	Interviews on 8/14/25 with the Regional Director and Quality Improvement Manager revealed: -a list of all incidents were kept at the corporate office and would indicate a physician was "notified right away" and what staff should do in response to the medication errorboth thought nursing notified the physician and "they just did not document this."					
	No evidence was pro	vided for notification of a				
		for the above medication				
	errors prior to exit.					

Division of Health Service Regulation

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