

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/18/2025 |
| NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY | | STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551 | | |
| (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 survey was completed on 8/18/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 117 | 27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing | V 117 | | |

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

TITLE

(X6) DATE

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| V 117 | <p>Continued From page 1</p> <p>practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 audited clients (#3) had a packaging label on each prescription drug. The findings are:</p> <p>Review on 8/15/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 11//6/13 - diagnoses of: Autism, Mild Intellectual Developmental Disorder & Bipolar - a FL2 dated 11/11/24 with the following medications - Famotidine 20 mg (milligrams) twice day (stomach acid) - Clonazepam .5mg 1/2 morning (anxiety) - Vitamin D daily - Aripiprazole 5mg evening (antipsychotic) - Depakote 500mg 2 bedtime (Bipolar) - Metformin 500mg morning (Diabetes) - Sertraline 50mg daily (Depression) <p>Observation on 8/15/25 at 4:42pm of #3's medication box revealed:</p> <ul style="list-style-type: none"> - a medication pill roll inside the white box - no packaging label which identified the following: - the prescriber's name - the current dispensing date <p>During interview on 8/15/25 staff #2 reported:</p> <ul style="list-style-type: none"> - client #3's medication pill rolls came in a large bag with the pill label on the outside of the bag | V 117 | | |

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| V 117 | Continued From page 2 - she threw the large bag away because it took up space in the medication room - will keep the large bag in the future During interview on 8/18/25 the President/Licensee reported: - staff needed to keep the medication label to reorder medications - the Director/Registered Nurse decided to no longer use the medication pill rolls - the facility will return to the use of the medications in the bubble packs - "medication labels were already attached to the bubble pack" | V 117 | | |
| V 367 | 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; | V 367 | | |

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| V 367 | Continued From page 3 (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. | V 367 | | |

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| V 367 | <p>Continued From page 4</p> <p>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit a level II incident report to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours. The findings are:</p> <p>Review on 8/15/25 of the Incident Response Improvement System revealed no level II incident reports</p> <p>During interview on 8/15/25 client #2 reported:</p> <ul style="list-style-type: none"> - client #3 and staff #1 exchanged words - client #3 threw a chair | V 367 | | |

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| V 367 | <p>Continued From page 5</p> <ul style="list-style-type: none"> - staff #1 called the police - he did not see the police come <p>During interview on 8/15/25 client #3 reported:</p> <ul style="list-style-type: none"> - lost his temper with staff #1 - he liked to joke "but don't like getting play" - he will "explode" - words were exchanged between him and staff #1 - police came and tried to arrest him - the Program Manager called and spoke with him - it was resolved "leave it alone" <p>During interview on 8/15/25 staff #1 reported:</p> <ul style="list-style-type: none"> - called the police one time - client #3 got upset and threw a chair - he was upset another client mimicked him during an activity - he laughed at first, then he got upset - had not seen him "act like that before" - she called the police and spoke with the police outside - the police did not speak with client #3 - she and staff #3 spoke with client #3 and he calmed down - she completed the incident report & gave to the PM <p>During interview on 8/15/25 staff #3 reported:</p> <ul style="list-style-type: none"> - the police came to the facility a week ago - client #3 became upset and threw a chair - staff #1 wanted to do crafts with the clients and client #3 did not want to - staff #1 called the police when client #3 became upset and threw a chair - the police spoke with staff #1 about the incident - after the police spoke with staff #1, they left - she (staff #3) spoke with client #3 and he | V 367 | | |

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| V 367 | Continued From page 6 calmed down - staff #1 was supposed to write the level II incident report During interview on 8/15/25 & 8/18/25 the President/Licensee reported: - he was not aware the police came to the facility for client #3 - anytime the police came to the facility, he needed to be notified - the PM completed level II incident reports but was unaware the police was called to the facility - the PM thought it was resolved after he spoke with clients and staff - a late entry level II incident report was submitted in IRIS | V 367 | | |