STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-048	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN FAMILY CARE FACILITY	436 WEST ROAD CAMERON, NC 28326

(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 August 6, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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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V 117	Continued From page 1 practitioner. This Rule is not met as evidenced by: Based on interviews, record reviews, and observation, the facility failed to ensure all prescription medications were labeled identifying the client's name, the prescriber's name, the current dispensing date, and the name, address, and phone number of the pharmacy or dispensing location. The findings are: Review on 08/06/25 of client #1's record revealed: Date of admission: 05/15/17. -Diagnoses of Schizoaffective Disorder, Intermittent Explosive Disorder, Intellectual Disability. -No documentation of a physician order for Semglee (Blood Glucose). Observations on 08/05/25 between pm 4:00pm and 4:30pm of client #1's medications revealed: -An unlabeled aqua blue tube of Semglee 100 Unit/ml Pen inject 10 units SUBCUTANEOUSLY was located in a pink unlocked box in the refrigerator. Interview on 08/05/25 with client #1 revealed: -She did not know the names of her medications. Interview on 08/05/25 and 08/06/25 with the QP revealed: -Client #1 was no longer prescribed that medication.	V 117		

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V 117	Continued From page 2 -The pharmacy label was placed in a zip loc bag may have been disposed of by staff. Interview on 08/06/25 with Chief Executive Officer: -The current of Lantis and the Semglee medications were interchangeble. -The pharmacy sent the Lanits in the place of the Semglee medication. -He had requested the pharmacy label be placed on the medication.	V 117		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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V 120	Continued From page 3 This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to ensure all refrigerated medications were kept in a locked compartment or container for 1 of 2 clients. The findings are: Review on 08/06/25 of client #1's record revealed: Date of admission: 05/15/17. -Diagnoses of Schizoaffective Disorder, Intermittent Explosive Disorder, Intellectual Disability. Observations on 08/05/25 at approximately 2:55pm revealed: -Client #1's medication Lantis Solostar 100 unit (Blood Glucose) Inject 10 units at bedtime was stored in the butter bin on the refrigerator door with no lock box. Interview on 08/05/25 client #1 stated: -She did not know the names of her medications. -She took insulin. -Her insulin was stored in the refrigerator on the door. Interview on 08/05/25 staff #1 stated: -Client #1's insulin was stored in the refrigerator. -The insulin was not in a locked box -The insulin was located in the bin on the refrigerator door. Interview on 08/05/25 staff #2 stated: -Client #1 take insulin. -Client #1's insulin was in the refrigerator. -The insulin was not in a locked box. Interview on 08/05/25 the Qualified Professional	V 120		

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V 120	Continued From page 4 stated: -Client #1's Lantis was not in a locked box. -Client #1's Lantis needed to be placed in a locked box. -She would ensure a locked medication box was placed in the refrigerator.	V 120		