STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-162	A. BUILDING: _____ B. WING _____	R 07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KOODY HEALTHCARE SERVICES INC III	781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 7/7/25. The complaints were substantiated (intake #NC00230486 and NC00230565. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 110	RECEIVED BY MHL & C 8/18/25	

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V 110	Continued From page 1 (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 staff (#1) demonstrated knowledge and skills required by the population served. The findings are: Review on 7/1/25 of staff #1 personnel record revealed: - Date of hire: 3/8/24 - Title: Habilitation Technician Interview on 7/1/25 staff #1's reported: - Had worked at the facility for about a year - Client #2 returned from a week long home visit "about a month ago" and left a bag of clothing outside in the back of the house - "I don't know why she (client #2) left them (bag of clothing) outside" - When client #2 woke up and wanted to get dressed, she discovered that client #2 had left her clothing outside - Client #2 took all of her clothing with her on her home visit and returned with all of them dirty - She found something for client #2 to wear and washed her dirty clothing after realizing they were outside Interview on 6/30/25 client #1 reported:	V 110	Corrective Action: Paraprofessional/Administrative competency deficiency *Hire of staff will be entered in employee file upon hire. *The file was reviewed to confirm that all required pre and post hire trainings for supporting individuals with mental health diagnoses are complete and if not scheduled trainings will be done for compliance. *A personal file audits checklist was implemented to ensure all new hire documentation, including hire date, job descriptions, and required training records, is completed upon hire. * Administrative staff received trainings on the proper personnel documentation procedures, with a focus on hire date documentation and training verification. *Going forward, all new hires will be reviewed within 5 business days of start date to ensure all documentation is in place. *The designated staff will conduct monthly audits of all new staff files for the next 6 months to ensure compliance with documentation standards. *Audit findings will be reported during monthly sessions or telephone conferences with the provider, QP and house manager and corrective proceedings will take place as needed. Completion date: 8/1/2025	

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V 110	Continued From page 2 - Staff #1 was the only staff that worked at the facility - The Supervisor or the Administrator would fill in if staff #1 was out of the facility Interviews on 6/30/25 and 7/1/25 client #2 reported: - She had lived at the facility for abut 3 months - Her relationship with staff #2 was "so-so" - "We (client #2 and staff #1) clash but we'll be alright. I get to stay here so I'm happy" - There was one situation where her sister brought her back to the facility and staff #1 instructed her to leave her clothing outside because they were dirty - Her clothes were in a trash bag and it rained overnight and her clothing got wet - She did not have any clean clothing to wear the next day - Staff #1 would not let her bring her clothes inside and wash them - She called her legal guardian to discuss the issue of the clothing and her legal guardian came to the facility and put her clothing in the washing machine - Staff #1 also "used to limit my cigarettes but I stopped that" - Staff #1 "tried to limit me to 10 (cigarettes) per day" - "Now I can smoke as much as I want. It's been that way for about a month" Interview and observation on 6/30/25 at 3:33pm client #3 reported: - She had lived at the facility for about 5 years - Staff at the facility "treat me nice and take care of me" - "I'm a nice client. I do what I'm told" - "Everybody is different and I can only speak for [client #3]"	V 110		

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V 110	Continued From page 3 - Client #3 was fidgeting and looking over her shoulder during the interview and declined to answer at times Interview on 7/2/25 the Department of Social Services Social Worker (DSS SW) reported: - DSS had investigated an allegation of abuse and neglect for client #2 - Client #2 was being moved from the facility due to the situation - Was able to confirm that client #2's clothes had been left outside when she returned home from therapeutic leave - Staff #1 claimed that client #2 left the clothes outside and staff #1 was not aware they had been left outside - Client #2 reported that she did not know her clothing was left outside - The clean clothing that client #2 left at the facility while she was gone were urinated on by another client and staff #1 claimed that she did not know they had been urinated on - When she visited the facility, she did see another client's clothing outside in a bag - Staff #1 stated that they leave the clothing outside to prevent bedbugs - "The issue was" that client #2 was not allowed to bring clothing inside and wash it - Client #2's legal guardian went 2 days later and the clothing was still not washed - Client #2's legal guardian was only able to get client #2's clothes washed after DSS became involved with the situation - There was concern with the verbal treatment that the legal guardian witnessed from staff #1 talking to client #2 - Client #2's legal guardian reported to her that staff #1 did not ensure the conversation remained private when speaking with client #2 and client #2's legal guardian	V 110		

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V 110	Continued From page 4 - Client #2's legal guardian also reported to her that staff #1 was "rude and snappy" and there was lots of "yelling and negative talk" even in the presence of client #2's legal guardian -Client #2 was upset about the situation - The legal guardian was going to discharge client from the facility following the incident, but client #2's sister was in the process of securing guardianship and the legal guardian did not want to delay that by having to revise the paperwork for court Interview on 7/7/25 client #2's guardianship agency legal guardian reported: - She had just been assigned as client #2's legal guardian - She was not involved in the complaint that was made to DSS - Client #2's former legal guardian was involved in the complaint and was no longer working at the guardianship agency - Had no information about the complaint Interviews on 7/1/25 and 7/7/25 the acting Qualified Professional (QP) reported: - She had been the acting QP for the facility since March 2025 - The permanent QP for the facility was out on medical leave - As acting QP, she had met with clients, visited the facility and completed trainings with staff - Since working at the facility, she had experienced issues with staff #1, including issues with clients' rights and treating all clients fairly - There was an incident involving cigarettes - The facility had house cigarettes for clients and staff #1 gave client #4 a cigarette "because she was being 'good' and wouldn't give [client #2] one because she wasn't being compliant"	V 110		

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V 110	Continued From page 5 - There wasn't anything documented setting expectations for clients receiving house cigarettes and clients should be treated equally - "You really can force a behavior by doing something like that" - She spoke with the Administrator about several concerns with staff #1 last week - Client #3 called her about a month ago when she was away from the facility to inform her of concerns with rules and restructions staff #1 was enforcing such as not being able to independently use the washing machine, having to take off her shoes before entering the house and not being allowed to cook - Client #3 was afraid staff #1 would know she was making reports against her - She met with staff #1 3 or 4 weeks ago to review clients' rights information for the facility - Staff #1 claimed that client #2's legal guardian only wanted her to have a certain number of cigarettes each day, but there was nothing documented to support that claim - Clients had to be allowed choices and she did not feel staff #1 understood that - Also had concerns about client #2's clothing being left outside - She believed that staff #1 made client #2 leave the clothing outside - Staff #1 "really just isn't getting it and I think she (staff #1) just needs some more training for her to understand that you just don't restrict things and violate their (clients) rights" - Met with the Administrator last week and determined additional training was needed regarding communication and clients rights issues - Planned to complete additional training within the next week - Also planned to complete training with clients to ensure they understand how to report concerns	V 110		

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V 110	Continued From page 6 - Did not want clients to feel afraid or as if they had to wait to report anything Interview on 6/30/25 and 7/1/25 the Administrator reported: - Client #2 went home and returned to the facility and left her clothing outside - When it was time to get dressed the next morning, client #2 then told staff #1 she didn't have anything to wear - That was when staff #1 realized her clothing was outside and that it had rained during the night - No concerns reported to her for staff #1 - The facility did not have a smoking policy and clients can smoke as much as they want - They never limit how much any client smokes - Since client #2's sister had been trying to obtain guardianship, client #2's sister had been "doing everything possible to discredit us and get guardianship" - Had determined additional training was needed for communication and clients rights - Planned to schedule that with staff and clients for sometime next week	V 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by	V 118	Corrective Action: Medication requirement deficiency • The incomplete MAR was immediately reviewed and cross-checked with staff present during the identified dates to confirm that medications were administered. • a written statement will be obtained from staff confirming administration times and any missed entries if observed during review of MAR. • The MAR was updated to reflect the confirmed medication	

			administration and documentation was signed retroactively with verification. • All staff will receive a refresher training on MAR documentation requirements, including the necessity to initial immediately after medication administration. • A double-check system was implemented, requiring house management to verify MAR completeness before the end of each shift. • Documentation errors or omissions will be addressed with immediate corrective counseling and retraining. • QP or designated staff will review MARs weekly for the next 90 days to ensure compliance. • Findings will be documented and shared with the staff, QP, provider and house management to track any trends or patterns for further training. • All MAR will correctly list the diagnosis, the name of the consumer, the medications ordered and the instructions on how they are to be administered. Completion date: 8/1/2025	

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V 118	Continued From page 7 unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep the MARs current for 2 of 3 audited clients (#1 and #2). The findings are: A. Review on 7/1/25 of client #1's record revealed: - Admission Date: 1/30/25 - Diagnoses: Schizoaffective Disorder Bipolar Type, Type 2 Diabetes Mellitus without complication, High Cholesterol, Heart Failure - Physician's orders dated 1/27/25 for the following: - Levetiracetam 500 milligrams (mg) take one tablet by mouth (po) twice a day (biploar)	V 118		

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V 118	Continued From page 8 - Topiramate 50 mg take one tablet po twice a day (bipolar) - Eliquis 5 mg take one tablet po twice a day (blood clot prevention) - Imipramine hydrochloride (HCl) 10 mg take one tablet po at bedtime (depression) Review on 7/1/25 of client #1's May 2025 MAR revealed: - No staff initials that indicated the following were administered on 5/31/25 at 8:00 pm: - Levetiracetam 500 mg - Topiramate 50 mg - Eliquis 5 mg - Imipramine HCl 10 mg Interview on 6/30/25 client #1 reported: - She received medication daily and never missed taking any dose of her medications B. Review on 7/1/25 of client #2's record revealed: - Admission Date: 4/1/25 - Diagnosis: Schizoaffective Disorder Bipolar Type - Physician's orders dated 1/27/25 for the following: - Trazadone 50 mg take one tablet po nightly (sleep disturbance) - Tegretol 200 mg take one tablet po twice a day (schizophrenia) - Fluphenazine 10 mg take one tablet po twice a day (schizophrenia) Review on 7/1/25 of client #2's May 2025 MAR revealed: - No staff initials that indicated the following were administered on 5/31/25 at 8:00 pm: - Trazadone 50 mg - Tegretol 200 mg	V 118		

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V 118	Continued From page 9 - Fluphenazine 10 mg Interview on 6/30/25 client #2 reported: - She received her medication daily - There had never been an issue with receiving her medications as prescribed Interview on 7/1/25 staff #1 reported: - She had been working at the faciliy for about a year - She was responsible for clients' medication administration - The 8:00 pm dose of medication on 5/31/25 not being initialed for clients #1 and #2 was an "honest mistake" - The medication was administered but she forgot to initial the MAR Interview on 7/7/25 the Supervisor reported: - She was responsible for reviewing MARs monthly to ensure they were accurately completed, including that MARs matched physicians' orders and all administered medication was initialed by staff - She did not realize that there were missing staff initials on the MARs for 5/31/25 Due to the failure to accurately document medication administration it could not be determined if clients received medication as ordered by the physician.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or	V 289	Corrective Action: Supervised Living deficiency scope • The provider and QP will ensure adequate planning and support for a consumer who is out of the facility and needs to return to the 24-hour living facility when scheduled to return. • QP will stay in contact with the consumer while out of the facility on personal or therapeutic leave. • A written transition plan will be created addressing the individual's support needs and next steps once consumer is back in the facility. • The facility will have a return to facility checklist ensuring all items	

			are documented once returning to the facility. • A full assessment will be performed to ensure the consumer's well-being, and no adverse incidents occurred during the absence or return. • The situation was documented by staff and communicated to the QP and guardian if applicable. • Staff will receive retraining on Therapeutic leave policy, emphasizing required communication of expected return times, staff availability, and pre-approval procedures. • All therapeutic leave request must now include a planned return window, and staff must confirm staff coverage availability for any returns after 11:00pm. • A leave and return form will be completed and signed by staff and the consumer/guardian before departure and updated upon return. • The QP will conduct monthly audits of any therapeutic leaves documented and review late returns. • Any early morning or unscheduled returns will be reviewed by the QP/ house manger or designated staff within 24 hours and discussed. • Staff found to be noncompliant with policy will receive corrective coaching or disciplinary action as needed. Completion date: 8/1/25	

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V 289	Continued From page 10 rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have	V 289		

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V 289	Continued From page 11 other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of a 24-hour facility, affecting 1 of 3 clients (#2). The findings are: Review on 7/1/25 of client #2's record revealed: - Admission Date: 4/1/25 - Diagnosis: Schizoaffective Disorder Bipolar Type Interview on 7/1/25 client #2 reported: - There was a night she returned from out of state around 3:00 am after attending her mother's funeral - She called the Administrator prior to arriving at the facility - The Administrator told her to stay in a hotel for the night	V 289		

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V 289	Continued From page 12 Interview on 7/1/25 staff #1 reported: - Cilents had to return to the facility "no later than 9:00 pm" - "If it's after that, I have to call the Administrator or Supervisor to know if I can let them in. Usually I can extend it until 10:00 pm" - Client #2 and her sister called the facility at 3:00 am after returning from out of state to notify her they were at the facility - She called the Administrator and the Administrator "said that it was a little too late" - Client #2 "agreed to stay in a hotel so that she didn't wake up her roommate" Interview on 7/1/25 the Supervisor reported: - Client #2 was returning from out of state after attending her mother's funeral - Client #2 and her sister arrived at the facility at 3:00 am and staff #1 would not let them in the facility - Staff #1 called her and she told staff #1 to let client #2 into the facility - Staff #1 then called the Administrator and the Administrator told client #2 to stay in a hotel for the night - Client #2's sister was upset about the situation Interview on 7/1/25 the Administrator reported: - She received a call from client #2's sister to notify her that client #2 was on her way back to the facility - It was very late when client #2's sister called but she did not remember the time - Client #2's sister asked if client #2 should return to the facility or go to a hotel and she asked client #2's sister "Which one do you prefer?" - Client #2's sister stated that she and client #2 would go to a hotel for the night and client #2	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-162	A. BUILDING: _____ B. WING _____	R 07/07/2025

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V 289	Continued From page 13 would return the next day - She did not "think" the facility had a policy regarding therapeutic leave or client curfews	V 289		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure the area in which therapeutic and habilitative activities were routinely conducted was separate from sleeping areas. The findings are: Observation on 7/1/25 at 2:55 pm revealed: - A large closet being used for storage accessible by a door from the living room - No bedroom identified as a staff bedroom Review on 7/2/25 of a letter dated 6/3/25 from Division of Health Service Regulation (DHSR) Construction Section Chief revealed: - "This will acknowledge receipt on May 30, 2025 of 1 set(s) of Floor Plan for the referenced project. Enclosed please find the Invoice and Fee	V 784		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 784	Continued From page 14 Schedule. Project will be reviewed AFTER payment is received and reviewer assigned. You may expect your review in approximately 10-12 weeks." Review on 7/2/25 of a DHSR Construction Project Fee Invoice dated 5/30/25 and emailed to the Administrator from DHSR Construction on 6/3/25 revealed: - Balance due for the project upon receipt of the invoice - No receipt was provided to indicate that the DHSR Construction Fee had been paid Interview on 7/1/25 staff #1 reported: - Had been working a the facility for about one year - Her shifts included sleep shifts - There was no staff bedroom at the facility and the Administrator was waiting for DHSR Construction to approve the construction permit for the staff bedroom - She was sleeping in the living room of the facility - No one had discussed a change in staff shifts or schedules to prevent sleep shifts until the bedroom was complete Interview on 2/27/25 the Licensee reported: - There was currently no staff bedroom - She was working with DHSR Construction to get approval for construction of the staff bedroom - She had submitted the plans to DHSR Construction and paid the fee - Construction would begin as soon as she received approval from DHSR Construction - She had not changed any staff schedules or shifts to prevent staff from sleeping in the common areas of the facility	V 784	Corrective Action: Deficiency in therapeutic and Habilitative Active area *Consumers will be provided immediate access to therapeutic and habilitative activities in appropriate areas of the home (e.g., common living area). * An updated weekly activity schedule will be implemented, tailored to each consumer's goals and preferences. * Sleeping areas were designated solely for rest, and staff are directed to conduct all activities in living/ dining or designated activity areas. *All staff received training on activity implementation including how to schedule, document and conduct activities outside of bedrooms. *A therapeutic/habilitation activity log will be created to document daily activities and consumer participation. *the facility will post daily or weekly activities to reinforce structure and engagement. *QP will assign staff responsibility for organizing and rotating activities based on person-centered plans. *The QP or designated staff wil conduct weekly monitoring of activity implementation and documentation. *Random spot checks will be conducted to ensure activities are taking place in designated areas and are meaningful and goal oriented. Completion date 8/1/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _____	

	MHL064-162	B. WING	R 07/07/2025

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V 784	Continued From page 15 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 784		