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AUG 25 2025

License number MHL 080-243

DHSR-MH Licensure Sect

**PLAN OF CORRECTION**

An annual and complaint survey was completed on **6/18/25**. The complaint was unsubstantiated (intake #NC00230407). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.

**V 114 27G .0207 Emergency Plans and Supplies**

Violation	Cross-Reference
<p>10A NCAC 27G .0207 (c), which requires fire and disaster drills to be held at least quarterly for each shift and conducted under conditions that simulate a real emergency. The facility failed to ensure a disaster drill was held quarterly for each shift during the second quarter of 2025. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a disaster drill was held at least quarterly for each shift. The findings are:</p> <ul style="list-style-type: none"><li>• Review on 4/7/25 of the facility's disaster drill log from April 2025 - June 2025 revealed: - There were no disaster drills conducted during the second quarter (April 2025-June 2025).</li><li>• Interview on 6/17/25 with client #1 revealed: - Denied that she had practiced a disaster drill since she had lived in the facility (4/7/25). Interview on 6/17/25 with client #2 revealed: - She had "possibly" practiced a disaster drill since she had lived in the facility (3/27/25).</li></ul>	<p><b>10A NCAC 27G .0207(c)</b>. This rule requires that fire and disaster drills be conducted at least quarterly and for each shift. The provided evidence, including the lack of a documented disaster drill from April to June 2025 and interviews with staff and clients, directly shows non-compliance with this specific subsection of the regulation.</p>

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<ul style="list-style-type: none"> <li>Interview on 6/17/25 with staff #1 revealed: - She had not practiced disaster drills with the clients.</li> <li>Interview on 6/17/25 with the Licensee/staff client #1 revealed: - The clients had not practiced disaster drills. - "I didn't think we had to practice the disaster drills."</li> <li>Interview on 6/18/25 with the Qualified Professional revealed: - She did not know if the clients practiced disaster drills. - "[The Licensee/staff] is over the fire and disaster drills so ask her."</li> </ul>	
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Plan of Correction
<ol style="list-style-type: none"> <li>1. A comprehensive review of the facility's emergency preparation procedures has been completed.</li> <li>• All staff have been re-educated on the requirement to conduct and document quarterly fire and disaster drills for all shifts.</li> <li>• A disaster drill was conducted with all staff and clients on [Date of Drill], simulating a [Type of Disaster, e.g., severe weather event] to meet the requirements for the second quarter. The drill was documented and signed by all participants.</li> </ol> <p><b>Measures to Prevent Recurrence</b></p> <ol style="list-style-type: none"> <li>1. A Fire and Disaster Drill Schedule has been created for the upcoming year, assigning specific dates for drills each quarter.</li> <li>2. A new **Fire and Disaster Drill Log** has been implemented. This log will be reviewed weekly by the Qualified Professional (QP) and monthly by the Licensee/staff to ensure compliance.</li> <li>3. The QP will be responsible for confirming that all shifts have completed their quarterly drills and will report on the completion of these drills at monthly staff meetings.</li> <li>4. All new staff will be trained in the drill schedule and documentation requirements during their initial orientation.</li> </ol>

**V 117 27G .0209 (B) Medication Requirements**

Violation	Cross-Reference
10A NCAC 27G .0209 (b), which requires prescription medications to be dispensed in tamper-resistant packaging and to	<b>10A NCAC 27G .0209 (b)</b> outlines the specific requirements for medication packaging and labeling within a facility.

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<p>have specific information on the label. The facility failed to ensure prescription medications were properly packaged and labeled for two clients.</p> <p>10A NCAC 27G .0209 (c)(4), which requires a Medication Administration Record (MAR) to be kept current and for medications to be recorded immediately after administration. The facility failed to keep Client #2's MAR current with multiple missing initials.</p>	<p>Non-prescription drugs must remain in their original manufacturer's containers with a clearly visible expiration date.</p> <p>Prescription medications must be kept in tamper-resistant packaging, such as a bottle with a tamper-resistant cap. The packaging must minimize the risk of accidental ingestion by children.</p> <p>The label on each prescription medication container must include specific, detailed information, including:</p> <ol style="list-style-type: none"><li>1. The client's full name.</li><li>2. The prescriber's name.</li><li>3. The dispensing date.</li><li>4. Clear directions on how to take the medication.</li><li>5. The name, strength, quantity, and expiration date of the drug.</li><li>6. The name, address, and phone number of the pharmacy or dispensing location.</li><li>7. The name of the dispensing practitioner.</li></ol>
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Plan of Correction
<ol style="list-style-type: none"><li>1. All medications currently in pill organizers for both clients have been returned to their original, properly labeled, tamper-resistant prescription bottles.</li></ol> <ul style="list-style-type: none"><li>• Staff have been re-educated on the rule that medications must remain in their original pharmacy-dispensed, tamper-resistant packaging.</li><li>• The facility has discontinued the use of pill organizers to pre-sort medications.</li><li>• A new procedure has been established where staff will administer medication directly from the properly labeled pharmacy bottle and immediately return it to a locked medication cabinet.</li><li>•</li></ul> <p>Measures to Prevent Recurrence:</p> <ul style="list-style-type: none"><li>• A Medication Management Protocol has been created, outlining the proper storage, handling, and administration of all medications. This protocol explicitly prohibits the use of pill organizers for weekly medication sorting.</li><li>• The QP will conduct a weekly audit of medication storage and packaging for all clients to ensure compliance.</li></ul>

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- All staff involved in medication administration will receive a refresher training session on the Medication Management Protocol and the specific requirements of 10A NCAC 27G .0209.
- The Licensee/staff will be responsible for overseeing all medication-related activities and will perform a monthly check to confirm proper packaging and labeling.

**10A NCAC 27G .0209(c) Medication Requirements**

Violation	Cross-Reference
The facility failed to ensure all medications were administered on a written order from an authorized prescriber and failed to ensure that Medication Administration Records (MARs) were kept current for all three audited clients.	<p><b>10A NCAC 27G .0209(c)(1)</b> states that prescription or non-prescription drugs shall only be administered on the written order of a person authorized by law to prescribe drugs.</p> <p><b>10A NCAC 27G .0209(c)(4)</b> requires that a Medication Administration Record (MAR) of all drugs administered to each client must be kept current and that medications administered must be recorded immediately after administration.</p>

Plan of Correction
<ol style="list-style-type: none"><li>1. All staff responsible for medication administration have received immediate re-training on the importance of accurately and immediately initiating MAR after medication is given.</li><li>2. The missed initials on Client #2's MAR for June 2025 have been addressed. Staff who administered the medication but failed to initial it have documented a late entry with their initials and the reason for the delay.</li><li>3. A clear, accessible policy regarding MAR documentation has been implemented, emphasizing that a failure to initial the MAR is a serious compliance issue.</li></ol> <p><b>Measures to Prevent Recurrence</b></p> <ol style="list-style-type: none"><li>1. new MAR audit procedure has been established. The oncoming staff member at each shift change is required to review the MAR for the previous shift to ensure all medications have been initialed.</li><li>2. The QP will conduct a daily review of the MAR for all clients for the first 30 days. After that, a weekly review will be conducted to ensure continuous compliance.</li></ol>

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3. Any missing initials will be documented and addressed with the staff member responsible immediately, and a record of these incidents will be kept for supervisory review.
4. The Licensee/staff will conduct a monthly audit of all MARs to ensure they are current and accurate.

**V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.**

**V 537 27E .0108 Client Rights - Training in Sec Rest & ITO**

Violation	Cross-Reference
The facility failed to ensure that three audited staff members (Staff #1, the Licensee/staff, and the Qualified Professional) had current, annual training certificates for both alternatives to restrictive interventions and seclusion/restraint/isolation time-out.	<p><b>V 536: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions</b> This rule mandates that facilities focus on policies and practices that use alternatives to restrictive interventions. All staff, including employees, students, and volunteers, must be trained and demonstrate competence in these strategies. The training must be competency-based, with measurable objectives and testing. The rule requires annual refresher training for all staff and specifies the core areas of competence, such as communication and de-escalation skills. Providers must maintain documentation of all training for at least three years, and NCDHHS can request this documentation at any time.</p> <p><b>V 537: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out</b> This rule focuses on the use of more restrictive interventions like seclusion, physical restraint, and time-out isolation. It states that these methods can only be used by staff who have been specifically trained and demonstrate competence in them. This training is a prerequisite to using these interventions. Just like the previous rule, annual refresher training is required.</p>



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	<p>The content of the training must be approved by the Division of MH/DD/SAS and must cover topics such as:</p> <p>Refresher information on alternatives to restrictive interventions.</p> <p>Guidelines on when to intervene and how to do so safely and with dignity.</p> <p>Procedures for monitoring the client's well-being during the intervention.</p> <p>Prohibited procedures.</p> <p>Debriefing strategies.</p>
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Plan of Correction
<ol style="list-style-type: none"><li>1. All three staff members whose training expired on March 21, 2025, have been immediately enrolled in an approved training program to renew their certifications.</li><li>2. The facility has secured appointments for all three staff members to complete their required refresher training on [Date of Training, July 3, 2025].</li><li>3. Until the training is completed, these staff members are prohibited from utilizing any restrictive interventions, if they were authorized to do so.</li></ol> <p>Measures to Prevent Recurrence</p> <p>!. Staff Training Matrix** has been created to track all staff certifications and expiration dates for required training.</p> <ol style="list-style-type: none"><li>2. The QP is responsible for managing this matrix and will send a reminder to staff 90 days, 60 days, and 30 days before a certification expires.</li><li>3. Staff will be required to submit proof of renewed certification to the QP immediately upon completion.</li><li>4. The Licensee/staff will conduct a quarterly review of the Staff Training Matrix to ensure all certifications are current.</li></ol>

This plan of correction will be submitted to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) and will serve as our guide to ensure full compliance with all regulations.