

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/21/2025
NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING RAYWOOD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889		
(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 and follow up survey was completed on August 21, 2025. A deficiency was 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 6 beds and currently has a census of 4. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure medications were securely locked for 1 of 3 audited current clients (#3) and 1 of 1 former client (FC) (#5). The findings are:</p> <p>Review on 08/20/25 of client #3's record revealed: - Admission date of 01/22/22. - Diagnoses of Autism Spectrum Disorder, Major Depressive Disorder, Bipolar Disorder, Hyperlipidemia, Hypothyroidism and Congenital Heart Defect - Medication order for Vitamin Gummies dated 12/01/24. - Self Administration order of medications dated 03/10/25.</p> <p>Observation on 08/20/25 at approximately 10:25am revealed: - An unlocked plastic container in the client refrigerator with FC #5's Lantus (insulin) pen. - Client #3 had Vitamin Gummies stored in her room.</p> <p>Interview on 08/21/25 client #3 stated: - She had been able to self administer her medications. - She had forgotten to lock up her medications in her box.</p> <p>Interview on 08/20/25 the Quality Assurance Supervisor stated: - FC #5 had been discharged greater than 6 months ago. - Medications should be locked when stored in the client refrigerator. - Client #3 self administered her medications. - Client #3 had a secure box to store her</p>	V 120		

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V 120	Continued From page 2 medications.	V 120			