


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER ARLINGTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 216 AGNER LANE LEXINGTON, NC 27292		
(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 5/27/25. 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 has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	V114 Ambleside has developed a strong system to ensure all drills are completed per NCAC 27G Requirements. That being said, despite to strong system in place human data entry errors lead to this deficiency. In order to prevent future instances of human error leading to this deficiency , Amblesdie will institute a "double verification" system where in staff will verify completion of drills in the house in order to ensure the appropriate drill was completed per Admin request. The 2 parties will complete the verification are Regional Operations Coordinator and the Director of Operations. By including an extra party in the drill conduction verification process we believe this will eliminate the likelihood of future human error. <i>Date of completion: 6/29/25</i> 	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6809

WQK011

If continuation sheet 1 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2025
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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 5/28/25 of the facility's fire and disaster drill log from June 1, 2024-May 1, 2025 revealed:</p> <p>1st quarter (January- March 2025): - No 1st shift (7am-3pm) fire drills.</p> <p>3rd quarter (July- September 2024): - No 3rd shift (11pm-7am) fire drills and 2nd shift disaster drills.</p> <p>4th quarter (October-December 2024): - No 1st and 3rd shift fire drills and disaster drills.</p> <p>Interview on 5/27/25 with Staff #1 revealed: - Completed fire and disaster monthly.</p> <p>Interview on 5/22/25 with Staff #2 revealed: - Fire and disaster drills were completed monthly.</p> <p>Interview on 5/22/25 with the Program Coordinator revealed: - Was responsible for fire and disaster drills being completed with the Regional Operations Coordinator; - "I am the one who runs the fire and disaster drills. I go to the home and run the fire and disaster drills, I fill out the paperwork and time them as well."</p> <p>Interview on 5/22/25 with the Regional Operations Coordinator revealed: - Had a new fire and disaster drill schedule since January due to an audit.</p>	V 114		

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V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications were stored separately affecting 2 of 3 clients (Client #1, Client #2). The findings are:</p> <p>Review on 5/22/25 of Client #1's record and observations of 8am medications revealed:</p> <ul style="list-style-type: none"> - Admission date 3/21/19; - Diagnoses Moderate Intellectual Developmental Disabilities, Attention Deficit Hyperactivity Disorder, Schizophrenia, Tinea Unguium, 	V 120	<p>V120 Ambleside has developed a strong system on seperating medications for each person: Everyone has a colored basket for each med pass , each person baskets are all the same color and different than anyother persons in the home, each basket is labeled with the medication pass time and the persons Initials . despite these practices human error has resulted in this deficyency. Staff member dropped the basket of one individual while in the medication closet and sat the medications in the wrong basket as they were picking them up. To make our best efforts to prevent human error all new batch medications will be placed in the assigned baskets on the new day of batch each month and any "additional" medications will be sent back to pharmacy immediatly</p> <p><i>Date of completion 6/29/25</i></p>		

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V 120	<p>Continued From page 3</p> <p>Obsessive Compulsive Disorder, Arthritis, Non Infective Gastroenteritis and Colitis, Muscular Dystrophy, Diabetes, Pseudobulbar;</p> <ul style="list-style-type: none"> - Physicians order 10/21/24 Omeprazole (acid reflux) 20 milligram (mg), take 1 capsule by mouth twice daily; Nuedexta (pseudobulbar) Cap 20-10mg, take 1 capsule by mouth twice daily, Januvia (blood sugar) tablet (tab) 100mg, take 1 tablet by mouth once daily, Aripiprazole (schizophrenia) 10mg, take 1 tablet by mouth once daily; - 1/21/25 Glipizide ER (diabetes) 5mg, take 1 tablet by mouth once daily, - 3/25/25 Mag Oxide (muscle function) Tab 400mg, take 1 tablet by mouth once daily, - 4/14/25 Baclofen (muscle relaxer) 5mg, Take 1 tablet by mouth twice daily. <p>Review on 5/22/25 of Client #2's record and observations of medications revealed:</p> <ul style="list-style-type: none"> - Admission date 9/23/19; - Diagnoses Intellectual Developmental Disabilities, Severe; Other Abnormalities of Gait and mobility, Allergic Rhinitis, Constipation, Cri-Du-Chat Syndrome, Anxiety disorder, Generalized; Abnormal weight Gain, Seborrheic Dermatitis, unspecified, unspecified Convulsions, Mixed Hyperlipidemia, Restlessness and Agitation, Pain in Unspecified Foot; - Physicians order 2/26/25 Citalopram (antidepressant) 40mg, take 1 tab by mouth daily; Fanapt (anxiety) tab 12mg, take one tab by mouth twice daily; Fexofenadine (allergy) 180mg, take one tab by mouth daily; Lamotrigine (bipolar) tab 100mg, take 1 & 1/2 tablet by mouth twice daily. <p>Observation on 5/22/25 at approximately 3:06pm revealed:</p> <ul style="list-style-type: none"> - Client #1's red bin with his medications inside ; 	V 120		

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V 120	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Client #2's medications Citalopram 40mg, Fanapt 12mg, Fexofenadine 180mg, Lamotrigine 100mg, were stored together with Client #1's medications Omeprazole 20mg, Nuedexta Cap 20-10mg, Januvia tab 100mg, Aripiprazole 10mg, Glipizide ER 5mg, Mag Oxide tab 400 mg. <p>Interview on 5/27/25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Administered medications in the past; - Another staff administered medications in the facility; - Denied any medication errors. <p>Interview on 5/22/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - All clients have colored coded bin for medications - Program coordinator separated out each client's medication; - Compared the medications to the Medication Administration Record (MAR); - Current medications were horizontal in the bin, and refill medications were vertical in the bin; - Client #2's medications were placed in Client #1's bin by a new staff member. <p>Interview on 5/22/25 and 5/27/25 with the Regional Operations Coordinator revealed:</p> <ul style="list-style-type: none"> - Reviewed the MAR and seen which staff administered medications earlier on 5/22/25; - Reviewed the video surveillance on 5/22/25 to see what happened with the medications; - Staff dropped the Client #2's medication and when she picked them up, she placed the medication in Client #1's basket. 	V 120		

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NAME OF PROVIDER OR SUPPLIER MAYFAIR		STREET ADDRESS, CITY, STATE, ZIP CODE 8 MAYFAIR ROAD LEXINGTON, NC 27292		
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Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

O63J11

If continuation sheet 1 of 2

Division of Health Service Regulation

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