		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING:				
		MHL058-004		B. WING		08/2	28/2025	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MARTIN	ENTERPRISES, ARC	GROUP HOME		TH HAINES S STON, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS			V 000				
	An annual survey was completed on 8/28/25. 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 6 and has a current census of 6. The survey sample consisted of audits of 3 currents clients.							
V 108	27G .0202 (F-I) Pe	rsonnel Requirement	ts	V 108				
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS  (f) Continuing education shall be documented.  (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:  (1) general organizational orientation;  (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;  (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and  (4) training in infectious diseases and bloodborne pathogens.  (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff							
	member shall be at times when a client member shall be traincluding seizure m to provide cardioput trained in the Heim techniques such as the American Heart	vailable in the facility t is present. That sta ained in basic first ain anagement, currently ilmonary resuscitation lich maneuver or othes those provided by Fat Association or their eving airway obstructions.	at all  ff d y trained n and er first aid Red Cross,					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL058-004	B. WING		08/	28/2025
	PROVIDER OR SUPPLIER ENTERPRISES, ARC	GROUP HOME 310 NOR	DRESS, CITY, S TH HAINES S STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 108	(i) The governing be implement policies reporting, investiga	ge 1 body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108			
	failed to ensure that and the Residential	view and interview, the facility t 3 of 3 audited staff (#1, #2, Services Manager) received mh/dd/sa needs of the				
	<ul><li>Hired: 9/12/18</li><li>Title: Program /</li><li>no documentat</li></ul>	staff #1's record revealed:  Assistant ion of mh/dd/sa trainings that I Developmental Disability				
	- Hired: 4/24/08 - Title: Program	staff #2's record revealed: Assistant ion of mh/dd/sa trainings that				
	Manager's revealed - Hired: 12/1/07	the Residential Services d: ion of mh/dd/sa trainings that				
	Manager reported:	5 the Residential Services specific IDD training				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDFLAN	AND I EAR OF CONTROL INC.		A. BUILDING:	<del></del>	COMPLETED	
		MHL058-004	B. WING		08/28/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN	ENTERPRISES, ARC	GROUP HOME	TH HAINES S			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	age 2	V 108			
	- staff did yearly that they wanted to	goals and some staff stated learn about IDD				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	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 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.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL058-004	B. WING		08/2	28/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MARTIN	MARTIN ENTERPRISES, ARC GROUP HOME  310 NORTH HAINES STREET WILLIAMSTON, NC 27892						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	COMPLETE DATE	
V 118	Continued From page 3		V 118				
	failed to ensure tha affecting 1 of 3 aud are:  Review on 8/27/25 - admitted: 4/1/9 - diagnoses: Mer Disability), Anxiety, Psychosis - physician order - metronidaz tablet (tab), 1 tab 2 (infection) - cephalexin/capsule 2 times dai - physician order	view and interview, the facility the MAR was kept current ited clients (#3). The findings client #3's record revealed:					
	- three medication fokelex 500mg (cep 500mg (metronidaz and initialed on the fonaldol 5mg tab the	of client #3's MAR revealed: ons handwritten, Generic chalexin) and Generic foklagyl cole) that were both started 25th - 31st, and Generic at was started on the 7th h/year or date for the MAR					
	2025 and should no MAR as the antibion 2025 - she was respon	client #3 was started in August of have been on the same tics that were finished in July asible for overseeing the new ofte the new prescriptions for					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL058-004	B. WING		08/:	28/2025
NAME OF PROVIDER OR SUPPLIER  MARTIN ENTERPRISES, ARC GROUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  310 NORTH HAINES STREET  WILLIAMSTON, NC 27892						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	- she did not go let the other MAR the new one out an although the antibid were started and fire there should had for the August 2025 the Residential checked over the Medications were of demographic informal linterview on 8/27/25 the new hires we client #3 on the MA linterview on 8/28/25 Manager reported: - she periodically she visited the facile the one of the facile she must have	back and look at the MAR was full and the new hire got d started writing on that one otics that were already listed hished in July 2025 ave been a new MAR started of medication for client #3 Services Manager also MARs 2025 and August 2025 on the same MAR without hation on it  5 staff #2 reported: B's antibiotics were started wrote the new medications for R  5 the Residential Services of checked over MARs when ity "missed that one" ould have been started for the	V 118			

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