

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-638	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER TOWER OF BLESSING MH#5			STREET ADDRESS, CITY, STATE, ZIP CODE 3116 CEDARWOOD DR DURHAM, NC 27707		
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V 000	INITIAL COMMENTS An annual survey was completed on August 28, 2025. 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 4. The survey sample consisted of audits of 3 current clients.		V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and		V 105		

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



TITLE

DIRECTOR

(X6) DATE

9/7/25

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105			

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 8/28/25 of client #1's record revealed: -Admission date of 1/15/24. -Diagnoses of Unspecified Intellectual Disability, Schizophrenia, Chronic Obstructive Pulmonary Disease and Diabetes. -Physician's order dated 9/3/25 for blood glucose to be checked 3 times daily. Review on 8/28/25 of client #1's Medication Administration Records (MARs) revealed: August 2025-Blood glucose checks were done by staff: -8/4 all three times. -8/5 thru 8/14 8:00 am and 5:00 pm times. -8/17 thru 8/27 all three times. July 2025-Blood glucose checks were done by staff: -7/1 thru 7/30 8:00 am doses. -7/2 thru 7/5, 7/7, 7/9, 7/10, 7/12 thru 7/18, 7/20 thru 7/27 and 7/29 5:00 pm doses. June 2025-Blood glucose checks were done by staff: -6/1 thru 6/30 8:00 am doses. -6/1 thru 6/6, 6/8, 6/9, 6/11 thru 6/14, 6/16 thru		V 105	THE DIRECTOR ON 8/28/25 FILLED OUT THE CLIA WAIVER FORM AND PAID THE APPLICATION FEE. DIRECTOR IS WAITING ON CLIA TO APPROVE AND SEND. THIS WILL ALLOW THE GROUP HOME TO GIVE CLIENTS WITH DIABETES A GLUCOSE CHECK. (PF)	

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V 105	Continued From page 3 6/26 and 6/30 5:00 pm doses. Review on 8/28/25 of facility records revealed: -No evidence the facility had a CLIA waiver to check a client's blood glucose. Interview on 8/28/25 with client #1 revealed: -She had diabetes and staff checked her blood sugar three times a day. -Staff had been checking her blood sugar for "about a year or longer." Interview on 8/28/25 with the Director/Licensee revealed: -They checked client #1's blood glucose three times a day. -They have been checking client #1's blood glucose since she was admitted last year. -She had the CLIA waiver for her adult care facility. -She did not know it was required for this facility. -She confirmed the facility failed to have a CLIA waiver in order to check a client's blood glucose.		V 105	SEE PAGE #3 WAITING ON CLIA TO APPROVE APPLICATION AND MAIL BACK TO THE DIRECTOR. 8/28/25		
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 unlicensed persons trained by a registered nurse,		V 118			

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V 118	Continued From page 4 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 interviews, the facility failed to keep the MAR current affecting two of three clients (#2 and #3). The findings are: Review on 8/28/25 of client #1's record revealed: -Admission date of 1/15/24. -Diagnoses of Unspecified Intellectual Disability, Schizophrenia, Chronic Obstructive Pulmonary Disease and Diabetes. -Physician's order dated 9/3/25 for Insulin Aspart 100 unit/millileters (ml) pen (Diabetes), check blood glucose three times daily (8:00 am, 12:00 pm and 5:00 pm) and inject per sliding scale insulin.	V 118	THE DOCTOR ON 8/28/25 ALSO, CHANGED THE CLIENTS GLUCOSE CHECK TO ONCE DAILY DUE TO HER SUGAR LEVELS BEING STABLE OVER THE LAST YEAR.		

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V 118	Continued From page 5 Review on 8/28/25 of client #1's Medication Administration Records (MARs) revealed: August 2025-No blood glucose check and/or administered insulin documented by staff: -8/1 thru 8/3 all three times. -8/5 thru 8/16 12:00 pm doses. -8/15 and 8/16 5:00 pm doses July 2025-No blood glucose check and/or administered insulin documented by staff: -7/1 thru 7/31 12:00 pm doses. -7/31 8:00 am dose. -7/1 thru 7/6, 7/8, 7/11, 7/19, 7/28, 7/30 and 7/31 5:00 pm doses. June 2025-No blood glucose check and/or administered insulin documented by staff: -6/1 thru 6/30 12:00 pm doses. -6/7, 6/10, 6/15, 6/27, 6/28 and 6/29 5:00 pm doses. Interview on 8/28/25 with client #1 revealed: -She had diabetes and staff checked her blood sugar three times a day. -Staff had been checking her blood sugar for "about a year or longer." Interview on 8/28/25 with staff #1 revealed: -She wasn't sure why client #1's MARs were not completed. -She documented the MARs during her shift. Interview on 8/28/25 with the Director/Licensee revealed: -Staff are required to check client #1's blood glucose three times a day. -They have been checking client #1's blood glucose since she was admitted last year. -She was not sure why staff did not document the	V 118	A MEDICATION TRAINING WILL BE DONE AS A REMINDER ON HOW TO DOCUMENT WHEN A MEDICATION IS GIVEN. (9/11/25 TRAINING) ALSO, A MEDICATION AIDE WILL REVIEW MEDICATION (MAR'S) DAILY TO ENSURE THAT MEDICATIONS ARE BEING SIGNED OFF AND THAT IF STAFF HAS MEDICATION QUESTION THEY WOULD HAVE →		

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V 118	Continued From page 6 blood sugar checks and/or insulin given on the MARs. -The insulin was given on a sliding scale and she possibly did get insulin on those days. -Former Staff #3 worked at the facility most of those days. -"Staff know they are still required to document on those days [client #1] don't need insulin." -She confirmed the MARs were not kept current for client #1.	V 118	SOMEONE TO CALL THE PHARMACY NUMBER WILL BE POSTED SO STAFF COULD CALL WITH MEDICATION QUESTION OR FOR CLARITY WHEN NEEDED. 8/29/25		