Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-029	A. BUILDING: _____ B. WING _____	R 08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASON COURT	113 EASON COURT YOUNGSVILLE, NC 27596

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 8/22/25. The complaint was substantiated (intake #NC00232657). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	In accordance of 10A NCAC 27G .0207 EMERGECNY PLANS AND SUPPLIES Eason Court Group Home will ensure that disaster drills are conducted at least quarterly and that drills are completed on each shift (day, evening, and night). Steps for Correction and Implementation: 1.The policy on disaster preparedness will be reviewed to include specific requirements that all shifts must participate in drills each quarter. Staff will be educated on the requirement for drills and the importance of participation across all shifts 2. A quarterly drill schedule is posted in th e group home. Each drill will be assigned a specific date, time, and shift. 3. A Disaster Drill Log will be maintained , documenting the date, time, shift, type o f drill, and staff present. Logs will be kept i n the Safety/Compliance binder for review. 4. A designee will review drill logs monthl y to ensure all shifts are meeting quarterl y requirements. 6. If a drill is missed, it must b e rescheduled within 7 days and documented. How the Facility Will Ensure Compliance and Prevent Recurrence: • Continued staff education will be provided annually and during new employee orientation.	08/25/25
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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were conducted	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 09/17/25

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V 114	Continued From page 1 quarterly and on each shift. The findings are: Review on 8/19/25 of the facility's fire and disaster log from August 2024- July 2025 revealed: - No documentation of disaster drills for the last quarter of 2024 or the first quarter of 2025 Interview on 8/19/25 Client #1 reported: - Had been at the facility a few years - Completed disaster drills "sometimes," but it had "been a while, not sure how long ago" - She would get on the ground in the middle of the floor for tornadoes Interview on 8/19/25 Client #2 reported: - Not sure how long he had been at the facility - He could not remember the last time he "did other drills (not fire), it had been a while" - He did not know where he would go if there were a tornado Interview on 8/19/25 Client #4 reported: - Been at the facility about a year - Had practiced disaster drills since being at the facility, "maybe once" - He would "stay away from windows" if there were a tornado Interview on 8/22/25 Staff #1 reported: - She had worked at the facility for a little over a year - Staff completed disaster drills every month - She was not sure why there were no disaster drills completed and documented for November 2024 to June 2025 Interview on 8/21/25 Staff #2 reported: - Had worked at the facility for a few months - Staff completed fire and disaster drills	V 114		

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V 114	Continued From page 2 monthly - Had only completed fire drills, but not disaster drills since being at the facility The Qualified Professional (QP) was unavailable for interview due to a personal family matter. Interview on 8/20/25 the Director reported: - The QP was responsible to oversee disaster drills - The QP was unavailable due to a personal family matter - She was not sure why there were no disaster drills completed from November 2024-June 2025 - She would create a new disaster drill schedule to ensure the drills were completed in the future	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name;	V 117	In accordance of 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Eason Court Group Home will ensure that medication packaging contains the required labeling information. Corrective Action to Be Taken (Immediate Fix): 1. All medications currently in use will b e reviewed by designee to ensure prope r labeling (resident name, medication name , dosage, route, frequency, expiration date, an d any required auxiliary instructions). 2. Any medications found without prope r labeling will be removed from active us e immediately and returned to the pharmacy fo r correction or replacement. 3. Staff involved in medicatio n administration will be re-educated on th e requirement that all medication packagin g must have complete and accurate labels prio r to use.	08/25/25

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V 117	Continued From page 3 (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medication packaging had the required labeling information affecting 3 of 3 audited clients (#1, #2, #4). The findings are: Review on 8/19/25 of Client #1's record revealed: - Admitted: 10/1/21 - Diagnoses: Schizoaffective Disorder, Bipolar Type; Obesity; Vitamin D Deficiency; Hypothyroidism; Chronic Neutropenia; Gastroesophageal Reflux Disease (GERD); Hypertension; Fluid Retention; Seasonal Allergies - Physician's Order Dated 7/22/25: - Divalproex Sodium Extended Release 500 milligram (mg) Tablet (tab), Take 2 tabs in the morning and 3 tabs at bedtime (Bipolar Disorder) - Vitamin D3 500 Unit Capsule (cap) Take 1 cap by mouth twice weekly (Vitamin D Deficiency) Review on 8/19/25 of Client #2's record revealed: - Admitted: 12/17/16 - Diagnoses: Diabetes; Schizophrenia;	V 117	How the Facility Will Correct the Issue Going Forward: 1. The group home will work directly with th e contracted pharmacy to ensure that all medication s delivered arrive with proper labeling befor e distribution. 2. Residential staff receiving medications wil l check all packages against the labelin g requirements before accepting them int o inventory. Any discrepancies will be correcte d before medications are made available fo r administration. 3. Two residential staff will verify labels durin g the initial receipt of medications to ensur e accuracy and completeness. Preventive Measures to Ensure the Deficiency Does Not Recur: 1. Mandatory in-service training will be provided for all residential staff on proper medication labeling requirements, with annual refresher training and training during new employee orientation. 2. The designee will perform monthly audits of medication carts and storage areas to ensure compliance with labeling requirements. 3. Accountability: Any staff found using or storing improperly labeled medications will receive immediate retraining, and repeated non -compliance will result in disciplinary action.	

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V 117	Continued From page 4 Borderline Intellectual Functioning; Abnormal Thyroid; Hypoproteinemia; Hypertension; GERD - FL-2 dated 9/26/24 signed by the physician: - Aspirin 81 mg tab, take 1 tab once daily (Hypertension) - Sertraline 50mg tab, take 1 tab once daily (Bipolar) - Metformin 850mg tab, take 1 tab twice daily (Diabetes) - Lisinopril tab 40mg, take 1 tab once daily (Hypertension) - Olanzapine 10mg tab, take 1 tab once daily at night (Schizophrenia) - Olanzapine 20mg tab, take 1 tab once daily at night (Schizophrenia) - Gabapentin 300mg cap, take 2 caps twice daily (Antipsychotic) - Atorvastatin 80mg tab, take 1 tab once daily (Hypertension) - Doxepin 100mg cap, take 1 cap once daily at night (Mood Disorder) - Omeprazole 40mg cap, take 1 cap once daily in the morning (GERD) - Metoprolol 50mg tab, take 1 tab once daily (Hypertension) - Amlodipine 10mg tab, one tab daily at night (Hypertension) Review on 8/19/25 of Client #4's record revealed: - Admitted: 5/1/24 - Diagnoses: Schizophrenia; Obesity; Hypothyroidism; Benign Ethnic Neutropenia; Vitamin D Insufficiency; Constipation; Glaucoma; Herpes Simplex Type 2 - Physician' Order dated 3/5/25: Haloperidol 10mg tab, take 1 tablet by mouth every morning and 2 tablets at bedtime (Schizophrenia) - Physician' Order dated 12/30/24: Olanzapine 20mg tab, take 2 tablets by mouth at bedtime (Schizophrenia)	V 117		

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V 117	Continued From page 5 Observation on 8/19/25 between 10:30am-1:00pm of Client #1, #2, and #4's medications revealed: - Pre-packaged pills of different sizes and colors in individualized packs on pill rolls - The pill rolls were located inside of a white box with the clients' first and last name and the dates the medications would administered on - There were no labels on the box that included - Client's name - Prescriber's name - Current dispensing date - The name, strength, quantity, and expiration date of the prescribed drug - The name, address, and phone number of the pharmacy or dispensing location, and name of the dispensing practioner dispensing Interview on 8/19/25 Staff #1 reported: - The facility had recently switched to the new pharmacy about two months ago - The white boxes with the pill rolls from the pharmacy did not have labels on them - The pharmacy did not give them labels to the medications - The only medication that had labels were the medications that were administered in blister packs - She would contact the pharmacy to request labels on the white boxes that contained the pill rolls The Qualified Professional (QP) was unavailable for interview due to a personal family matter. Interview on 8/20/25 the Director reported: - The facility had recently switched to a new	V 117		

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V 117	Continued From page 6 pharmacy about 2-3 months ago - She was unaware that there were not labels on the pill rolls - She would ensure there was a label from the pharmacy on the medications moving forward	V 117		
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, 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.	V 118	In accordance of 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Eason Court Group Home will ensure the MAR is kept current with active prescriptions and that physician orders for all medications listed on the MAR were maintained in the facility. Corrective Action to Be Taken (Immediate Fix): 1. A designee will review all current MARs against physician orders to identify and correct discrepancies. 2. Any missing or outdated physician orders will be obtained from the prescribing physician immediately and filed in the resident's chart. 3. Residential staff will be re-educated that medications cannot be administered unless the MAR matches the physician's current order and the written order is available in the facility. How the Facility Will Correct the Issue Going Forward: • Upon receipt of any new or changed physician order, nursing staff will immediately update the MAR. • A second residential staff will verify that the MAR entry matches the physician order before administration. • Residential staff will review MARs during each shift to ensure entries reflect current physician orders. Any discrepancies will be corrected immediately	08/25/25

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V 118	Continued From page 7 This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to keep the MAR current for 1 of 3 audited clients (#4). The findings are: Review on 8/19/25 of Client #4's record revealed: - Admitted: 5/1/24 - Diagnoses: Schizophrenia, Obesity, Hypothyroidism, Benign Ethnic Neutropenia, Vitamin D Insufficiency, Constipation, Glaucoma, Herpes Simplex Type 2 - Physician's Order Dated 3/4/25 and 7/31/25: Lorazepam 1 milligram (mg) tablet, Take 1 tablet twice a day (Schizophrenia) Review on 8/19/25 of Client #4's April - August 1-19, 2025 MARs revealed: - May 8 - August 19 2025 MAR: - Lorazepam 1 mg Tablet, Take 1 tablet by mouth in the morning and 1/2 tablet by mouth at bedtime Observation on 8/19/25 at approximately 10:50am of Client #4's medications revealed: - Lorazepam 1mg Tablet, Take 1 tablet by mouth twice a day Interview on 8/19/25 Staff #1 reported: - She had taken Client #4 to his appointment on 5/6/25 - Client #4's Physician had changed the Lorazepam prescription at the visit in May - She was unable to provide a copy of the	V 118	Preventive Measures to Ensure the Deficiency Does Not Recur: Staff Education : • All licensed nurses will complete mandator y training on MAR documentation, physician orde r verification, and regulatory compliance. • Education will be provided upon hire and as a n annual refresher. Quality Assurance Monitoring : • MAR compliance will be a standing agend a item for QAPI (Quality Assurance an d Performance Improvement) meetings. • Audit findings will be tracked for trends, an d corrective retraining will be initiated if repea t errors are identified.	

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V 118	Continued From page 8 order from Client #4's May visit - She did not take Client #4 to his most recent appointment and his medication "must have changed at that appointment" - She was unable to contact the physician to determine when the medication dosing had changed Interview on 8/22/25 with the Patient Care Coordinator at Client #4's physician's office reported: - Client #4's Physician was out of the office and would be returning "sometime" next week - She was unable to see all of Client #4's information due to the way the "system was set up" - She was unable to get in contact with Client #4's Physician for accurate dosing information The Qualified Professional (QP) was unavailable for interview due to a personal family matter. Interview on 8/22/25 the Director reported: - The QP usually reviewed the medications - The QP was unavailable due to a personal family matter - She knew the physician had decreased his medication and then increased his medication recently, but could not recall the exact dates - She had contacted the physician's office, but he would not be back until "sometime" the following week - She would be more "hands-on" with the medications to ensure that the MARs were current and correct - She would ensure that any time a medication change was made, she would receive a copy of the new doctor's order	V 118		

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V 291	Continued From page 9	V 291	In accordance of 10A NCAC 27G .5603 OPERATIONS Eason Court Group Home will ensure that a glucose machine is available, that client blood sugars are checked as ordered, that results are recorded on the MAR, and that a physician order is present for glucose monitoring. Corrective Action to Be Taken (Immediate Fix): 1. A functioning glucose machine has been obtained and placed in the facility for immediate use. 2. All residents requiring blood glucose monitoring were reviewed, and blood sugars were obtained as ordered. 3. Physician orders for glucose checks were verified and placed in each resident's chart. Missing orders were requested immediately from the prescribing physician. 4. Residential staff were re-educated on the requirement to: • Ensure an active physician order is in the chart for all glucose checks. • Perform blood sugar checks as ordered. • Document results directly and accurately on the MAR. How the Facility Will Correct the Issue Going Forward: • The group home will maintain at least one functional glucose monitoring device with sufficient test strips and supplies at all times. • A designee will check equipment weekly to ensure it is working properly and supplies are adequate. • New admissions and monthly reviews will include verification that physician orders for glucose monitoring are present, up-to-date, and consistent with MAR documentation. • Any changes in physician orders will be updated on the MAR within 24 hours. • Residential staff will record blood sugar results directly on the MAR at the time of testing.	08/25/25
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to maintain coordination between facility operator and the	V 291		

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V 291	Continued From page 10 qualified professionals who are responsible for the treatment/habilitation affecting 1 of 3 audited clients (#1). The findings are: Review on 8/19/25 of Client #1's record revealed: - Admitted: 10/1/21 - Diagnoses: Schizoaffective Disorder, Bipolar Type, Obesity, Vitamin D Deficiency, Hypothyroidism, Chronic Neutropenia, Gastroesophageal Reflux Disease, Hypertension, Fluid Retention, Seasonal Allergies - FL-2 dated 9/25/24 signed by the physician: Accu check guide strip/Accu check Softclix, use as directed (Diabetes) - Doctor's Order Dated 4/17/25: - Accu-Chek Guide Meter, use as directed (Diabetes) - Accu-Chek Softclix Lancets, every Monday, check in AM prior to eating (Diabetes) - No documentation of blood sugar (BS) checks Observation on 8/19/25 at approximately 10:35am revealed: - No glucometer at the facilty Interview on 8/19/25 Client #2 reported: - Staff "used to check my blood sugars" - He did not know the last time staff checked his BS Interview on 8/21/25 Staff #1 reported: - She had worked at the facility for a "little" over a year - She had not checked Client #2's BS since she began working at the facility, because it was not on the Medication Administration Record (MAR) to check them - The doctor was aware that Client #2's BS were not checked	V 291	• A second residential staff will verify MAR documentation during daily shift change report. A designee will perform weekly audits of glucose monitoring documentation and equipment checks. • Monthly audits will be reviewed during QAP I (Quality Assurance and Performanc e Improvement) meetings to track compliance an d identify trends. Preventive Measures to Ensure the Deficiency Does Not Recur: • All residential staff will receive mandatory i n-service training on glucose monitorin g requirements, MAR documentation, and physicia n order verification. • Education will be reinforced annually and durin g new employee orientation.	

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V 291	Continued From page 11 Interview on 8/22/25 Staff #1 reported: - She had picked up a glucometer for Client #2 "two days ago" and would check his BS the upcoming Monday per the doctor's order Interview on 8/22/25 a Registered Nurse (RN) from Client #2's Physician's office reported: - Client #2's last A1C result was 6.1 in September of 2024 - Per the doctor's note in September 2024, there were "no blood sugar issues" - Client #2's visit on 4/17/25 note stated Client #2's BS were "stable" - Client #2's visit on 5/20/25 note stated "no concerns with blood sugars" - The medical team had no concerns about Client #2's blood sugars The Qualified Professional (QP) was unavailable for interview due to a personal family matter. Interview on 8/22/25 the Director reported: - The QP reviewed the doctor's orders and the MAR at the facility - The QP was unavailable due to a personal family matter - She would look over the medications if there was a major medical issue with a client, such as a new allergy or diagnosis - She was not aware that Client #2 needed his BS checked weekly - She would attend Client #2's next appointment to ensure there was coordination between the facility and the doctor's office for the care of Client #2 and his diabetes - She would ensure that she was more "hands on" with the clients' medications moving forward	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-029	A. BUILDING: _____ B. WING _____	R 08/22/2025

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V 736	Continued From page 12 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 8/19/25 at approximately 10:00am and 3:30pm revealed: - Kitchen/Dining Area - The kitchen light hanging from the ceiling closest to the sink was flickering throughout the day - There were 5-10 black marks ranging from 1-10 inches to the right of the patio glass doors next to the dining room table - The kitchen floor tile was chipped about 3 inches near the staff office area - Outside - The porch light to the left of the front door was flickering continuously - Outlet in Client #4's bedroom under the window with a lamp plugged in - When Client #4 would sit on his bed across the room, the lamp would turn off - When Client #4 would get off of his bed, the lamp would turn back on again Interview on 8/19/25 Client #4 reported: - Had been living at the facility for about a year - The electricity in his room "did not work right" - "When I sit on my bed, the outlet does not	V 736	In accordance of 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIRMENTS Eason Court Group Home will ensure its grounds and interior is maintained in a safe, clean, attractive, and orderly manner. Corrective Action to Be Taken (Immediate Fix): 1. The kitchen light and porch light were inspected, and temporary corrective measures were taken to ensure resident/staff safety. 2. A licensed electrician has been scheduled to inspect and repair all electrical fixtures, outlets, and lamps throughout the facility. 3. All nonfunctioning outlets, switches, and lamps are being tested and tagged for repair. 4. The Director has documented all needed repairs and created a work order list to ensure completion. How the Facility Will Correct the Issue Going Forward: • A licensed electrician will complete a full inspection of the facility's electrical system, including lights, outlets, and fixtures. • Repairs will be completed, and documentation will be kept in the maintenance log. • The Director will ensure that the facility grounds are kept clean, safe, attractive, and orderly. • Landscaping, exterior lighting, and cleanliness of common areas will be monitored weekly. • All work orders will include a date of completion and supervisor sign-off.	10/01/25

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V 736	Continued From page 13 work right" - Had reported to staff about the issues with the outlets in his room - Had not told the Director about the outlet Interview on 8/19/25 Staff #1 reported: - He did not report to her about his lamp turning on and off depending on whether or not he was sitting in his bed The Qualified Professional (QP) was unavailable for interview due to a personal family matter. Interview on 8/20/25 the Director reported: - She was working on repairs to the facility - There was a repairman that would help her make repairs to the facility - She was unaware of the outlet not working properly in Client #4's bedroom - An electrician was scheduled to come to the facility the following day to follow up with the outlet in Client #4's bedroom	V 736	Preventive Measures to Ensure the Deficiency Does Not Recur: • A designee will conduct monthly inspections o f all facility lighting, outlets, electrical fixtures, an d grounds. • Findings will be reported to the Director an d corrected immediately. • Preventive checks will include light fixtures , outlets, wiring, and power sources. • Staff will be re-educated on promptly reporting flickering lights, broken outlets, or unsafe conditions. • A maintenance request system will b e implemented for staff to submit repair need s directly to the Director • The Director will verify monthly that all maintenance work orders are completed.	