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
	MHL011-331	A. BUILDING: _____ B. WING _____	R 07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAT BRADLEY HOME	420 LYTLE COVE ROAD SWANNANOA, NC 28778

(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 7/25/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000	27G .0209 Medication Requirements AFL scheduled for 1:1 Medication requirements training with contracted nurse on 8/20/25. New form created to assist AFL with organization. This will be completed each month for each member to track medication changes and scripts. QP will monitor MAR, Scripts and medication packages each month for completion and accuracy. This monitoring will be tracked on the staff supervision form each month.	8/20/25
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, 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.	V 118		

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

Colleen Hahn — Executive Director — 8/13/25

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V 118	Continued From page 1 (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 reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 2 of 2 clients (#1, #2). The findings are: Review on 7/22/25 of Client #1's record revealed: -Date of admission: 2/5/11. -Diagnoses: Chromosomal Abnormality, Osteoporosis, Scoliosis, Kyphosis, Gastroesophageal Reflux (GERD), Autism Spectrum Disorder, Severe Intellectual Developmental Disability (IDD), Panic Disorder, Bipolar Disorder, Vitamin D Deficiency, Degenerative Eye Disease, Crohn's Disease. -Physician's orders included: -Budesonide 3 milligrams (mg) (Crohn's) - 3 capsules (caps) daily for 6 weeks, then 2 caps daily for 4 weeks, then 1 cap daily ordered 3/27/25. A second order dated 5/6/25 revealed "after you (Client #1) complete 6mg of budesonide x (times) 2 weeks, continue 1 PO (by mouth) QD (daily) until next office visit." -Clonidine 0.1mg (hyperactivity) - 1 tablet (tab) twice daily ordered on 1/23/25 and discontinued on 6/5/25. -Testosterone 1.62% gel (bone strength) - 4 pumps daily - apply to clean dry skin ordered	V 118		

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V 118	Continued From page 2	V 118		

1/13/25.
-Erythromycin Eye Ointment 5mg (infection preventative) - apply small amount to left eye 4 times daily and to right eye at bedtime daily ordered 3/7/25.
-Azelastine 0.1% nasal solution (allergies) - 1 spray to each nostril "once or twice daily" ordered 12/1/23.
-Calcium Citrate 250mg (supplement) - 2 tabs daily ordered 6/19/24.
-Refresh Lacri-lube eye ointment (moisture) - apply thin layer into both eyes every night ordered 6/14/24. There was no discontinue order.

Review on 7/22/25 of Client #1's MARs for 5/1/25-7/22/25 at 4:20 pm revealed:
May:
-Budesonide was documented as administered 3 times daily on 5/1/25-5/31/25 despite the order written on 5/6/25 to reduce the dose to 2 caps daily for 2 weeks which would continue through 5/20/25 and then further reduce the dose to 1 cap daily. There was no documentation of how many caps were administered at each dosing.
-Azelastine was not listed on the MAR. (62 possible doses)
June:
-Clonidine was not documented as administered on 6/1/25-6/4/25 for the morning doses and on 6/1/25-6/3/25 for the evening doses. (7 doses)
-Erythromycin was not documented as administered in the right eye on 6/1/25-6/30/25. (30 doses)
-Calcium Citrate was not listed on the MAR. (30 doses)
-Refresh Lacri-lube was not listed on the MAR. (30 doses)
-Azelastine was not listed on the MAR. (60

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V 118	Continued From page 3 possible doses) July: -Testosterone was not listed on the MAR. (21 doses) -Calcium Citrate was not listed on the MAR. (22 doses) -Refresh Lacri-lube was not listed on the MAR. (21 doses) Review on 7/23/25 of Client #2's record revealed: -Date of admission: 5/20/17. -Diagnoses: Moderate IDD, Generalized Anxiety Disorder, Other Psychotic Disorder, Idiopathic Epilepsy, Sleep Disorder, Hypertension, Colon Cancer, Thrombosis. -Physician's orders included: -Certavite Senior (supplement) - 1 tab daily ordered 5/31/24. -Ferrous Sulfate 325mg (supplement) - 1 tab every other day ordered 11/18/24. -Warfarin 2.5mg (thrombosis) - 1 tab on Wednesdays and Fridays ordered 3/4/25. -Melatonin 5mg (sleep) - 1 tab at bedtime daily ordered 4/8/24. Review on 7/23/25 of Client #2's MARs for 5/1/25-7/22/25 revealed: May: -Certavite Senior was not listed on the MAR. (31 doses) -Melatonin was not listed on the MAR. (31 doses) -Ferrous Sulfate was documented as administered on 5/31/25. June: -Certavite Senior was not listed on the MAR. (30 doses) -Melatonin was not listed on the MAR. (31 doses) -Ferrous Sulfate was documented as	V 118		

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V 118	Continued From page 4 administered on 6/1/25, resulting in 2 consecutive days of administration. -Warfarin was documented as administered on 6/2/25, 6/9/25, 6/16/25, and 6/23/25 which were Mondays, and on 6/7/25, 6/14/25, and 6/21/25 which were Saturdays. (7 days) July: -Warfarin was documented as administered on 7/6/25, 7/13/25, and 7/20/25 which were Sundays. (3 days) Attempted interview on 7/23/25 with Client #1 was unsuccessful. Client #1 played with his electronic tablet and did not respond to questions asked of him. Interview on 7/22/25 with Client #2 revealed: -He received medications but did not know the names or amounts of the medications he was administered. Interview on 7/23/25 with the dispensing pharmacist revealed: -"Recently combined their retail and institutional systems ...the MAR is a new system ...had a lot of issues but hoped to have gotten all the kinks worked out." -Budesonide is a steroid and it would not have made any difference if Client #1 was administered the Budesonide 3 times daily or all 3 caps one time daily at the same time. -Testosterone levels would be monitored by lab work and it " ...looks like consistent refills (for Client #1) ...75 gram container would hold 60 pumps ...would last 15 days ...we dispense 2 each refill ..." -Azelastine bottles contained 200 sprays so 1 spray into both nostrils twice daily would last 50 days. "If he (Client #1) were not receiving (been administered), his allergy symptoms would be	V 118		

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V 118	Continued From page 5 worse ..." -If Client #1 was not administered his Calcium Citrate "he'd likely have increased gastro (gastrointestinal) issues." -"Ferrous Sulfate was usually tolerated well ...1 (back to back) day would not have made any difference." -Missed doses of Melatonin "might affect ability to get to sleep or stay asleep." Interview on 7/23/25 with the Alternative Family Living (AFL) provider revealed: -The pharmacy changed their internal systems and the MARs were not always accurate. -Client #1's Budesonide " ...reduced the inflammation in the gut ...clarified with the doctor that it was okay to give (administer) 3 times a day rather than all at once" but did not document on the MAR how many capsules were administered. -Did not administer Client #1's Clonidine due to his blood pressure because his " ...doctor told me to hold it if blood pressure was low ...I think I pulled the Clonidine out of the (dispill) pack in June (2025) for those few days and sent it back to the pharmacy to destroy." -"I know he's (Client #1) getting them (Testosterone and Azelastine) because I put (applied) the Testosterone on his back and the spray in his nose every night ...I just missed seeing them on the MARs ..." -Stopped using Client #1's Refresh eye ointment when the Erythromycin was started. -Client #2's Certavite Senior was dispensed in the dispill packs with his other medications and was administered. "I didn't notice it was not on the MAR." -Client #2's physician said "..it was okay to give (administer) it (ferrous sulfate) starting on the 1st of each month ..." even if Client #2 had been administered the Ferrous Sulfate on the last day	V 118		

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V 118	Continued From page 6 of the month. -When documenting medication administration on Client #2's MAR for Warfarin, she put a dot on the Wednesdays and Fridays it was due to be administered. "I must have looked at the wrong month ...I marked the wrong dates ...I can't remember ...I'm just not sure ...I don't know if I just didn't pay attention ...I know he got (was administered) it on Wednesday and Friday ..." -"I honestly don't remember" if Client #2 was administered Melatonin in May and June 2025. -"[Former Qualified Professional] and I worked together 2-2 ½ hours each month and had all this straight ...she left last month (June 2025) ..." Despite requests for the AFL provider to furnish documentation that Client #2's physician approved administration of Client #2's Ferrous Sulfate on consecutive days, no documentation was provided prior to the survey exit. Interview on 7/22/25 with the Qualified Professional (QP) revealed: -Only became responsible for the facility last month when the Former QP left employment. -She had not had the opportunity to meet with the AFL provider to review medications, MARs, and orders. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. Review on 7/25/25 of Plan of Protection dated 7/25/25 and signed by the Executive Director and the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -MAR, scripts (prescriptions) and pill package all	V 118		

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V 118	Continued From page 7 match - Completed by AFL (AFL provider) and reviewed for accuracy by QP 7/25/25 -MAR completed daily to ensure all medications that were prescribed have been given -MAR faxed to QP daily for review over weekend Describe your plans to make sure the above happens. -QP will review MAR, scripts and medication packages for accuracy on 7/25/25 -QP will review MAR daily for completion and accuracy (Faxed by AFL each night)" This deficiency constitutes a recited deficiency. Client #1 was diagnosed with Chromosomal Abnormality, Osteoporosis, Scoliosis, Kyphosis, GERD, Autism Spectrum Disorder, Severe IDD, Panic Disorder, Bipolar Disorder, Vitamin D Deficiency, Degenerative Eye Disease, and Crohn's Disease. Client #1 continued to be administered Budesinide 3 times daily when the order decreased to 2 caps daily for 14 days and decreased further to 1 cap daily for 11 more days. It was not documented how many caps he was administered for each dose. Client #1's June 2025 MAR did not include documentation for administration of Clonidine (7 doses) and Erythromycin to the right eye (30 doses). Client #1's May 2025 MAR did not list Azelastine (62 possible doses); June 2025 MAR did not list Calcium Citrate (30 doses), Refresh Lacri-lube (30 doses), and Azelastine (60 possible doses); July 2025 MAR did not list Testosterone (21 doses), Calcium Citrate (22 doses), and Refresh Lacri-lube (21 doses). This was a total of 283 possible doses of medications which were not documented as administered to Client #1. Client #2 was diagnosed with Moderate IDD, Generalized Anxiety Disorder, Other Psychotic Disorder, Idiopathic Epilepsy, Sleep Disorder,	V 118		

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V 118	Continued From page 8 Hypertension, Colon Cancer, and Thrombosis. Client #2's May and June 2025 MARs did not include Certavite Senior and Melatonin (61 doses for each medication). This was a total of 122 doses of medications which were not documented as administered to Client #2. Ferrous Sulfate was ordered to be administered every other day; however, was documented as administered daily for 2 two consecutive days. Warfarin was to be administered on Wednesdays and Fridays; however, 10 doses were documented as administered on days other than Wednesdays and Fridays as ordered. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 118		