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
	MHL001-232	A. BUILDING: ______ B. WING ______	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANGING LIVES FAMILY CARE HOME, LLC	207 AARONS WAY BURLINGTON, NC 27217

(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 September 25, 2025. 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		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting three of three audited clients (#1, #2 and #3). The findings are:

Review on 9/24/25 of client #1's record revealed:
-Admission date of 8/28/13.
-Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Oppositional Defiant Disorder, Nicotine Dependence and Chronic Viral Hepatitis.
-Person Centered Plan (PCP) dated 7/16/24.
-There was no documentation of a current plan.

Review on 9/24/25 of client #2's record revealed:
-Admission date of 7/30/20.
-Diagnosis of Schizophrenia.
-PCP dated 6/16/24.
-There was no documentation of a current plan.

Review on 9/24/25 of client #3's record revealed:
-Admission date of 12/16/19.
-Diagnoses of Schizophrenia, Tobacco Use Disorder, Cannabis Use Disorder and Hallucinogen Use Disorder.
-PCP dated 11/8/23.
-There was no documentation of a current plan.

Interview on 9/25/25 with the Qualified Professional (QP) revealed:
-She was responsible for completing the clients

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V 112	Continued From page 2 PCPs. -She had copies of the clients most current PCPs on a flash drive. -"I have not gotten around to coming by the facility to put the clients PCPs in the record books." Interview on 9/25/25 with the Executive Director/Co-Licensee revealed: -He wasn't aware of PCP's not being current. -The QP was responsible for completing the clients PCPs. -He confirmed the facility failed to schedule a review of a plan at least annually for clients #1, #2 and #3.	V 112		
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		

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V 114	Continued From page 3	V 114		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:

Review on 9/25/25 of the facility's fire and disaster drill log from October 2024-September 2025 revealed:
-There were no fire or disaster drills completed by weekend staff for the 2nd quarter (April, May, June) of 2025.
-There were no fire or disaster drills completed for the 1st quarter (January, February, March) of 2025.
-There were no fire or disaster drills completed for the 4th quarter (October, November, December) of 2024.

Interview on 9/24/25 with client #1 revealed:
-They walked to the mailbox for fire drills.
-They went into the bathroom in the hallway for disaster drills.

Interview on 9/24/25 with client #2 revealed:
-He was not sure if they did fire and disaster drills with staff.

Interview on 9/24/25 with client #3 revealed:
-They walked outside and to the mailbox for fire drills.
-They all went into the bathroom in the hallway for the disaster drills.

Interview on 9/25/25 with the Qualified Professional (QP) revealed:
-She was responsible for checking to ensure staff completed fire and disaster drills.
-"We had some staff changes for weekend staff and those staff had not been doing drills."

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V 114	Continued From page 4 -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift Interview on 9/25/25 with the Executive Director/Co-Licensee revealed: -He was aware that the weekend shift staff should have been doing fire and disaster drills quarterly. -The QP was responsible for ensuring staff were doing drills. -"I thought [QP]was keeping an eye on those drills, she should have caught that." -He confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.	V 114		
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;	V 118		

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V 118	Continued From page 5 (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 one of three audited clients (#2). The findings are: Reviews on 9/24/25 and 9/25/25 of client #2's record revealed: -Admission date of 7/30/20. -Diagnosis of Schizophrenia. -Physician's order dated 6/30/25 for Haloperidol 5 mg (Schizophrenia), two tablets in the morning Haloperidol 5 mg, three tablets at bedtime Benztropine 1 mg (Involuntary movements), one tablet twice a day Divalproex 500 mg, two tablets at bedtime Metoprolol 25 mg (Hypertension), one tablet twice daily -Physician's order dated 11/25/24 for Divalproex 500 mg, one tablet in the morning Aripiprazole 15 mg (Schizophrenia), one tablet daily Review on 9/24/25 of client #2's August 2025 MAR revealed:	V 118		

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V 118	Continued From page 6 No staff initials to indicate the medication was administered for the following: -Haloperidol 5 mg on 8/2 thru 8/4 am doses and 8/1 thru 8/3 pm doses -Benztropine 1 mg on 8/2 thru 8/4 am doses and 8/1 thru 8/3 pm doses -Divalproex 500 mg on 8/2 thru 8/4 am doses and 8/1 thru 8/3 pm doses -Metoprolol 25 mg on 8/2 thru 8/4 am doses and 8/1 thru 8/3 pm doses -Aripiprazole 15 mg on 8/2 thru 8/4 Interview on 9/24/25 with staff #1 revealed: -Staff #3 worked on those days in August 2025 when client #2's MAR was not signed off. -"[Staff #3] was newer and possibly forgot to sign the MAR." -Staff #3 gave client #2 his medication in August 2025. -"There were no issues with the medication count being incorrect in August." -She confirmed the MAR was not kept current for client #2. Interview on 9/25/25 with the Executive Director/Co-Licensee confirmed: -The MAR was not kept current for client #2.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or	V 121		

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V 121	Continued From page 7 physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (#1, #2 and #3) who received psychotropic drugs. The findings are: Reviews on 9/24/25 and 9/25/25 of client #1's record revealed: -Admission date of 8/28/13. -Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Oppositional Defiant Disorder, Nicotine Dependence and Chronic Viral Hepatitis. -Physician's order dated 2/3/25 for Aripiprazole 15 milligrams (mg) (Schizoaffective Disorder), one half tablet daily Clozapine 200 mg, (Schizoaffective Disorder), two tablets at bedtime Trazodone 100 mg (Anxiety), three tablets at bedtime -A drug regimen review was completed on 3/29/22. -There was no documentation of a drug regimen review completed within the last six months. Review on 9/25/25 of the September 2025 Medication Administration Record (MAR) revealed:	V 121		

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V 121	Continued From page 8 -Staff documented client #1 was administered the above medication on 9/1 thru 9/24. Reviews on 9/24/25 and 9/25/25 of client #2's record revealed: -Admission date of 7/30/20. -Diagnosis of Schizophrenia. -Physician's order dated 6/30/25 for Haloperidol 5 mg (Schizophrenia), two tablets in the morning Haloperidol 5 mg, three tablets at bedtime Benztropine 1 mg (Involuntary movements), one tablet twice a day Divalproex 500 mg, two tablets at bedtime -Physician's order dated 11/25/24 for Divalproex 500 mg, one tablet in the morning Aripiprazole 15 mg (Schizophrenia), one tablet daily -A drug regimen review was completed on 3/29/22. -There was no documentation of a drug regimen review completed within the last six months. Review on 9/25/25 of the September 2025 MAR revealed: -Staff documented client #2 was administered the above medication on 9/1 thru 9/24. Reviews on 9/24/25 and 9/25/25 of client #3's record revealed: -Admission date of 12/16/19. -Diagnoses of Schizophrenia, Tobacco Use Disorder, Cannabis Use Disorder and Hallucinogen Use Disorder. -Physician's order dated 11/7/24 for Mirtazapine 15 mg (Major Depressive Disorder), one tablet at bedtime -Physician's order dated 9/26/24 for Paliperidone Extended Relief 3 mg (Schizophrenia), one tablet daily Propranolol 20 mg (Anxiety), one tablet twice	V 121		

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V 121	Continued From page 9 daily -A drug regimen review was completed on 3/29/22. -There was no documentation of a drug regimen review completed within the last six months. Review on 9/25/25 of the September 2025 MAR revealed: -Staff documented client #3 was administered the above medication on 9/1 thru 9/24. Interview on 9/24/25 with staff #1 revealed: -"Someone came out to do a drug regimen review last year." -"I did not recall seeing anyone do a drug regimen review this year." -She confirmed there was no documentation of a drug regimen review completed for clients #1, #2 and #3 within the last six months. Interview on 9/25/25 with the Executive Director/Co-Licensee revealed: -The pharmacy staff normally did the drug regimen reviews every 3 months for the clients at the facility. -He wasn't sure why the drug regimen reviews were never completed by the pharmacy staff. -He confirmed there was no documentation of a drug regimen review completed for clients #1, #2 and #3 within the last six months.	V 121		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.	V 290		

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V 290	Continued From page 10 (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	Continued From page 11	V 290		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the home or community without supervision for specified periods of time for two of three audited clients (#1 and #3). The findings are:

Reviews on 9/24/25 and 9/25/25 of client #1's record revealed:
-Admission date of 8/28/13.
-Diagnoses of Schizoaffective Disorder-bipolar type, Hypertension, Oppositional Defiant Disorder, Nicotine Dependence and Chronic Viral Hepatitis.
-Unsupervised time assessment dated 4/13/21-"He can use up to 2-3 hours."
-No documentation that client #1's plan was reviewed annually to ensure he remained capable of unsupervised time in the home and community without supervision.

Reviews on 9/24/25 and 9/25/25 of client #3's record revealed:
-Admission date of 12/16/19.
-Diagnoses of Schizophrenia, Tobacco Use Disorder, Cannabis Use Disorder and Hallucinogen Use Disorder.
-Unsupervised time assessment dated 8/1/24-He had up to 2-3 hours of unsupervised time.
-No documentation that client #3's plan was reviewed annually to ensure he remained capable of unsupervised time in the home and community without supervision.

Interview on 9/24/25 with client #1 revealed:

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V 290	Continued From page 12	V 290		

-He had unsupervised in the home and community.
-"Most of the time staff is at the facility, so I really don't use the unsupervised time at home."
-"I will occasionally go out in the community without staff."

Interview on 9/24/25 with client #3 revealed:
-"I really didn't use the unsupervised time at home because staff were there most of the time."
-He goes out in the community with a friend most of the time.
-He goes out unsupervised in the community "2-3 times a week."

Interview on 9/24/25 with staff #1 revealed:
-Clients #1 and #3 had unsupervised at the facility and in the community.
-Client #1 goes out in the community unsupervised "occasionally."
-Client #3 was allowed to go out in the community with a friend.
-Clients #1 and #3 "would occasionally" stay at the facility unsupervised.

Interview on 9/25/25 with the Qualified Professional (QP) revealed:
-She was responsible for doing the clients' unsupervised time assessments.
-She was not aware the unsupervised time assessments had to be done annually.
-"I thought the unsupervised assessments were only updated if there were changes."
-She confirmed clients #1 and #3's plans were not reviewed annually to ensure they remained capable of unsupervised time in the home or community without supervision.

Interview on 9/25/25 with the Executive Director/Co-Licensee revealed:

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V 290	Continued From page 13 -Clients #1 and #3 had unsupervised time in home and community. -"They don't use their unsupervised time too often." -The QP was responsible for doing the unsupervised time assessments for clients. -He confirmed clients #1 and #3's plans were not reviewed annually to ensure they remained capable of unsupervised time in the home or community without supervision.	V 290		
V 736	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 interviews, the facility and its grounds were not maintained in a clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 9/24/25 of the facility at approximately 1:30 pm revealed: -Kitchen area-There were grease stains and food debris on the refrigerator, stove, deep freezer and cabinets. -Bathroom in clients #1 and #5's bedroom-The window had a crack approximately 10 inches long. Another crack was approximately 2 feet long. There were blue and white toothpaste stains in the sink. The toilet rim, lid and seat had rust stains, hair and dirt on them. The inside of the tub was peeling. Both bathroom rugs had dark stains. -Bathroom in hallway-The wall behind the toilet	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-232	A. BUILDING: ______ B. WING ______	R 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANGING LIVES FAMILY CARE HOME, LLC	**207 AARONS WAY BURLINGTON, NC 27217**

(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 736	Continued From page 14 had peeling paint. The light fixture was rusted and had a build up of dirt. -Clients #3 and #4's bedroom-Strong musty odor. Outside of the door had grayish/brownish stains -Outside area-A wooden fence near front of the facility was leaning and separated from the post. On the side of the facility there was a glass storm door, a door screen, 2 broken wooden chairs and a metal intravenous (IV) bag holder. Interview on 9/24/25 with staff #1 revealed: -She talked with the Executive Director (ED)/Co-Licensee about most of the issues with the facility. -"Someone came out and made some of the repairs." -She talked with the clients about cleaning the facility. -She acknowledged all of the above issues with the facility. Interview on 9/25/25 with the ED/Co-Licensee revealed: -He came to the facility "once a week or more." -He normally looked to see if there are any issues with the facility whenever he visited. -"The window in that bathroom has gotten worse, initially there was a small crack." -Staff #1 had not said anything to him about those issues with the facility. -He acknowledged all of the above issues with the facility. This deficiency has been cited two time(s) since the original cite on 10/17/23 and must be corrected within 30 days.	V 736		