

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/26/2025
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NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 185 FARLEY STREET WAYNESVILLE, NC 28786
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 26, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medication was administered on the written order of a physician for 1 of 3 clients (#1). The findings are:</p> <p>Observation on 9/26/25 at 10:30AM of Client #1's medications revealed: -Aripiprazole 15 milligram (mg) tablet (tab) (anti-psychotic), 1 tab QD (everyday), dispensed 9/12/25. -Benzotropine Mesylate 1mg tab (anticholinergic), 1 tab QD, dispensed 9/12/25. -Centrum Men's tab (vitamin), 1 tab QD, Over the Counter (OTC). -Fluoxetine 40mg capsule (cap)(antidepressant), 1 cap PO (by mouth) QD, dispensed 9/12/25. -Guanfacine ER (extended release) 4mg tab (ADHD), 1 tab PO QAM (every morning), dispensed 9/12/25. -Quercetin 250mg cap (supplement), 2 caps PO QD, OTC.</p> <p>Review on 9/26/25 of Client #1's record revealed: -Admission Date: 5/16/25. -Diagnoses: Intellectual Developmental Disability, Moderate; and Autistic Disorder. -Physician orders were present for the following medications dated 8/8/25.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Aripiprazole 15mg tab, 1 tab QD. Benzotropine Mesylate 1mg tab, 1 tab QD. Fluoxetine 40mg tab, 1 tab PO QD. Guanfacine ER 4mg tab, 1 tab PO QAM. -Physician orders were not present for the following medications: -Centrum Men's Tab, 1 tab PO QD. -Quercetin 250mg cap, 2 caps PO QD.</p> <p>Review on 9/26/25 of Client #3's MARs dated 7/1/25 to 9/26/25 reviewed. -Aripiprazole 15mg tab, 1 tab QD administered daily. -Benzotropine Mesylate 1mg tab, 1 tab QD, administered daily. -Centrum Men's Tab, 1 tab QD, administered daily. -Fluoxetine 40mg cap, 1 cap QD, administered daily. -Guanfacine ER 4mg tab, 1 tab QAM, administered daily. -Quercetin 250mg cap, 2 caps QD, administered daily.</p> <p>Interview on 9/26/25 with Staff #2 revealed: -Helped keep track of client medications with the Group Home Coordinator (GHC). -Was not present when Client #1 was admitted to this facility from a sister facility in May 2025. -There was a transition period in getting Client #1's physician orders for this facility.</p> <p>Interview on 9/26/25 with the GHC revealed: -Client #1 came from a sister facility. She believed they still had the orders at the sister facility that covered the July 2025 time period. -Client #1's physician was in another county, and it was hard to get signed physician orders. -Had sent Client #1's FL-2 three times to his physician.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Would ensure that the physician orders for Client #1's medications were present in the facility.</p> <p>Interview on 9/26/25 with the Qualified Professional revealed:</p> <p>-Would follow up with the facility.</p>	V 118		