STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-336	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MCCLAIN HOME	7 BEE WOOD LANE 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 survey was completed on 9/30/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of an audit of 2 current clients.	V 000		
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	V 118		

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V 118	Continued From page 1 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 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). Review on 9/30/25 of Client #1's record revealed: -Date of admission: 8/11/19. -Diagnoses: Profound Intellectual Developmental Disability (IDD), Focal Partial Epilepsy, Cerebral Palsy, Encephalopathy, Functional Urinary Incontinence. -Physician's orders dated 9/9/25: -Mupirocin 2% Ointment (pressure ulcer) - apply to affected area 3 times daily for 14 days. Review on 7/22/25 of MARs 6/1/25-9/30/25 for Client #1 revealed: -Mupirocin was not documented as administered 9/10/25-9/24/25. (42 doses) Review on 9/30/25 of Client #2's record revealed: -Date of admission: 12/1/23. -Diagnoses: Down Syndrome, Autism Spectrum Disorder, Nonverbal. -Physician's orders dated 12/18/23: -Melatonin 3 milligrams (mg) (sleep) - 1 tablet	V 118		

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V 118	Continued From page 2	V 118		

every night.
-Clobetasol Propionate topical 0.05% (eczema) - apply to affected area on scalp twice daily ordered 8/26/24.

Review on 7/22/25 of MARs 6/1/25-9/30/25 for Client #2 revealed:
-Melatonin was not documented as administered 8/25/25-8/31/25. (6 doses)
-Clobetasol was not documented as administered twice daily (only once daily) 7/5/25-7/8/25, 7/13/25-7/15/25, 7/19/25-7/22/25, 7/25/25-7/27/25, 8/2/25-8/4/25, 8/11/25-8/13/25, 8/16/25-8/20/25, 9/7/25-9/11/25, 9/26/25-9/29/25. (34 doses)
-Clobetasol was not documented as administered at all 7/1/25-7/4/25, 7/9/25-7/12/25, 7/16/25-7/18/25, 7/23/25, 7/24/25, 7/28/25-8/1/25, 8/5/25-8/10/25, 8/14/25, 8/15/25, 8/21/25-9/6/25, 9/12/25-9/25/25. (57 doses)

Interview was attempted on 9/30/25 with Client #1 but he did not respond. He pointed to his mouth which the Alternative Family Living (AFL) provider indicated meant that he was hungry.

Interview was attempted on 9/30/25 with Client #2 but he did not respond. He continued playing with his beads.

Interview on 9/30/25 with the AFL provider revealed:
-Client #1 had developed really small bed sore. Home health nurse packed the bed sore so it would heal from the inside out. "I just put the medication around the outside" and it was beginning to heal.
-"That's not on the MAR?"
-Client #2 received Melatonin every night.
-"Only use the clobetasol on Client #2's scalp

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V 118	Continued From page 3 when he needs, usually when he needs a haircut ..." -"The doctor told me to use when he [Client #2] needed it." -Was not aware the order did not indicate the clobetasol was PRN (as needed). Interview on 9/30/25 with the Qualified Professional (QP) revealed: -Conducted monthly visits to the facility during which he completed a checklist including reviewing medications matching MARs and prescriptions. -"I admit it was not a close inspection of the meds (medications)." -Looking to expand the contract nurse's responsibility to review medications, MARs and prescriptions in the facilities. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal	V 119		

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V 119	Continued From page 4 date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 2 clients (#2). The findings are: Observation on 9/30/25 at 2:00pm of Client #2's medications revealed: -1 pharmacy bottle of Melatonin 3mg with dispense date of 5/29/24 expiring on 5/29/25; -1 pharmacy bottle of Cetirizine 10mg with dispense date of 5/29/24 expiring on 5/29/25; -1 over the counter (OTC) bottle of Melatonin 5mg with expiration date of 9/2027. Interview on 9/30/25 with the Alternative Family Living (AFL) provider revealed: -Client #2 received Melatonin every night. She administered from the pharmacy bottle, not the	V 119		

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V 119	Continued From page 5 OTC bottle. -Was not aware the medication had expired. Interview on 9/30/25 with the Qualified Professional (QP) revealed: -Conducted monthly visits to the facility during which he completed a checklist including reviewing medications matching MARs and prescriptions. -"I admit it was not a close inspection of the meds (medications)." -Looking to expand the contract nurse's responsibility to review medications, MARs and prescriptions in the facilities.	V 119		