

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2025
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NAME OF PROVIDER OR SUPPLIER THE MOORE HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 OLD CHAPEL HILL ROAD DURHAM, NC 27707
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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 October 3, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 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		

Division of Health Service Regulation
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 reviews and interviews, the facility failed to have physician's orders affecting two of two clients (#1 and #2). The findings are:</p> <p>Review on 10/2/25 of Client #1's record revealed: -Admission date of 10/10/23. -Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorder and Autistic Disorder. -There were no physician's orders for the following: -Guanfacine 1 milligrams (mg) (ADHD)- Take one tablet twice a day. -Hydroxyzine 25 mg (Anxiety)- Take one tablet daily, as needed. -Aripiprazole 5 mg (Bipolar Disorder)- Take one tablet daily.</p> <p>Observation on 10/2/25 at approximately 10:20 am of client #1's medications revealed: The following medications were available for administration- -Guanfacine 1 mg. -Hydroxyzine 25 mg. -Aripiprazole 5 mg.</p> <p>Review on 10/2/25 of Client #1's MARs for the</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>months of August 2025 through October 2, 2025 revealed:</p> <ul style="list-style-type: none"> -Guanfacine 1 mg was listed and administered from 8/1/25-10/2/25. -Hydroxyzine 25 mg was listed and administered from 8/1/25-10/2/25. -Aripiprazole 5 mg. was listed and administered from 8/1/25-10/2/25. <p>Reviews on 10/2/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/9/22. -Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -There were no physician's orders for the following: <ul style="list-style-type: none"> -Clonidine 0.1 milligram (ADHD)- Take one tablet twice daily. -Invega 6 mg (Schizoaffective Disorder)- Take one tablet in the evening. -Fluoxetine 40 mg (Depression)- Take one tablet daily. -Felosul 325 mg (Iron supplement)- Take one tablet with breakfast. <p>Observation on 10/2/25 at approximately 10:40 am Client #2's medications revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Clonidine 0.1 mg. -Invega 6 mg. -Fluoxetine 40 mg. -Felosul 325 mg. <p>Review on 10/2/25 of Client #2's MARs for the months of August 2025 through October 2, 2025 revealed:</p> <ul style="list-style-type: none"> -Clonidine 0.1 mg was listed and administered from 8/1/25-10/2/25. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Invega 6 mg was listed and administered from 8/1/25-10/1/25. -Fluoxetine 40 mg was listed and administered from 8/1/25-10/2/25. -Felosul 325 mg was listed and administered from 8/1/25-10/2/25. <p>Interview on 10/3/25 with the AFL provider revealed:</p> <ul style="list-style-type: none"> -He had gone to the pharmacy yesterday to retrieve copies of the physician orders -He then tried to get them in yesterday to their main office, but was not able to get them on time. -He had them with him and was going to go to the main office today to be able to send them in. -He remembered that he was cited last year for not having the physician orders. -He would be having the client's physician's order at the facility. -"Moving forward, I will make sure that it does not happen again." -He acknowledged that the facility failed to have the client's physician orders for the medications prescribed. 	V 118		