(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 09/19/2025 B. WING MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET HOPE HOUSE ASHEBORO, NC 27203 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 000 V 000 INITIAL COMMENTS An annual survey was completed on September 19, 2025. A deficiency was cited. This page intentionally left blank This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION RECEIVED REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written DHSR-MH Licensure Sect 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 Division of Health Service Regulation (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE **RD Central Reg** Patricia F. David

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Division of Health Service Regulation

10 / 02 / 2025

If continuation sheet 1 of 6

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ B. WING 09/19/2025 MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET **HOPE HOUSE** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 (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: Team Leader, Residential Manager V118 Based on record reviews and interviews, the and staff received Med Administration 10/30/2025 facility failed to keep the MAR current affecting Training on 09/22/2025. All staff will three of three audited clients (#1, #2 and #3). The complete training by findings are: See attached In-service and transcript. Reviews on 9/18/25 and 9/19/25 of client #1's record revealed: -Admission date of 5/31/23. -Diagnoses of Moderate Intellectual Disability, Team Leader and Residential Manager V118 Schizoaffective Disorder-bipolar type, Autism, 10/2/2025 will complete incident report for missed Post Traumatic Stress Disorder, Speech Disorder documentation on MAR by target date and Attention Disorder Hyperactivity Disorder. -Physician's order dated 7/2/25 for Benztropine 0.5 milligrams (mg) (Involuntary movements), one tablet daily and Trazodone 50 mg (Depression), one tablet at bedtime. Residential Manager will review the -Physician's order dated 3/20/25 for Refresh Gel V118 MAR daily and Team Leader will Optive 10 millileters (ml) (Dry Eyes), one drop 11/02/2025 review the MAR weekly. RM and TL twice daily. will maintain tracking and Review on 9/18/25 of client #1's July 2025 MAR documentation of the MAR for the next 30 days. revealed: No staff initials to indicate the medication was administered for the following: -Benztropine 0.5 mg, Trazodone 50 mg and Refresh Gel Optive 10 ml eye drops on 7/13.

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ B. WING 09/19/2025 MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET **HOPE HOUSE** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 Team Leader and Residential Manager will complete random Reviews on 9/18/25 and 9/19/25 of client #2's 11/01/2025 Med observations for next 30 days record revealed: to ensure procedure is followed. -Admission date of 9/14/98. -Diagnoses of Mild Intellectual Disability, Generalized Anxiety Disorder (GAD) and Hypothyroidism. -Physician's order dated 8/6/25 for Chlorthalidone 25 mg (High Blood Pressure), one tablet daily. -Physician's order dated 7/23/25 for Artificial Tears 1-0.2-0.2% (Dry eyes), instill one drop in each eye two times daily Buspirone 30 mg (GAD), one tablet in the morning and at bedtime Children's chew multivitamin (Vitamin Deficiency), chew and swallow daily Levothyroxine 25 micrograms (mcg) (Hypothyroidism), one tablet daily Loratadine 10 mg (Allergies), one tablet daily Metoprolol Tartrate 50 mg (Blood Pressure), one tablet twice daily Olmesartan Medoxomil 40 mg (High Blood Pressure), one tablet twice daily Pantoprazole 40 mg (Acid Reducer), one tablet PreserVision chew 250 mg-90 mg-40 mg (Age Related Macular Degeneration), one chew twice Vascepa 1 gram (gm) (High Triglycerides), 2 capsules twice daily Check blood pressure twice daily Fluticasone 50 mcg (Allergies), instill 2 sprays into each nostril daily -Physician's order dated 7/22/25 for Carbamazepine 200 mg (Bipolar Disorder), 2 tablets in the morning and at bedtime, one tablet at 4pm.

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revealed:

Review on 9/18/25 of the MARs for client #2

If continuation sheet 3 of 6

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ B. WING 09/19/2025 MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET **HOPE HOUSE** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 August 2025-This page intentionally left blank No staff initials to indicate the medication was administered for the following: -Chlorthalidone 25 mg on 8/9, 8/10 and 8/24 am -Artificial Tears 1-0.2-0.2% on 8/9, 8/10, 8/24 and 8/25 am doses. -Buspirone 30 mg on 8/9, 8/10 and 8/24 am doses. -Children's chew multivitamin on 8/9, 8/10 and 8/24 am doses. -Levothyroxine 25 mcg on 8/9, 8/10 and 8/24 am -Loratadine 10 mg on 8/9, 8/10 and 8/24 am doses. -Metoprolol Tartrate 50 mg on 8/7, 8/9, 8/10, 8/24 and 8/30 am doses. -Olmesartan Medoxomil 40 mg on 8/9, 8/10 and 8/24 am doses. -Pantoprazole 40 mg on 8/9, 8/10 and 8/24 am doses. -PreserVision chew 250 mg-90 mg-40 mg on 8/9, 8/10 and 8/24 am doses. -Vascepa 1 gm on 8/9, 8/10 and 8/24 am doses. -Check blood pressure on 8/9, 8/10, 8/24 and 8/30 am checks. -Fluticasone 50 mcg on 8/9, 8/10 and 8/24 am doses. July 2025-No staff initials to indicate the medication was administered for the following: -Carbamazepine 200 mg on 7/22. Reviews on 9/18/25 and 9/19/25 of client #3's record revealed: -Admission date of 8/1/25. -Diagnoses of Autistic Disorder, Traumatic Brain Injury, Obsessive Compulsive Disorder and GAD.

Division of Health Service Regulation

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 09/19/2025 MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET **HOPE HOUSE** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 4 -Physician's order dated 8/14/25 for Omeprazole 20 mg (Gastroesophageal Reflux Disease), one capsule daily. This page intentionally left blank Review on 9/18/25 of client #3's September 2025 MAR revealed: No staff initials to indicate the medication was administered for the following: -Omeprazole 20 mg on 9/1 thru 9/17. Interview on 9/19/25 with client #3 revealed: -She was familiar with the medication she took daily. -"I take Omeprazole for my reflux issues." -"I take that medication daily." -"There were no issues with my medication." Interview on 9/19/25 with the Registered Nurse revealed: -The Residential Manager's were responsible for putting orders into the medication administration online system. -"If a staff didn't see the Omeprazole listed on [client #3's] September 2025, they should have said something to me or a Manager." Interviews on 9/18/25 and 9/19/25 with the Residential Manager revealed: -The clients get their prescribed medications -"Staff just didn't document that [client #1] was given medication on her MARs." -Client #1 was not out of the facility on those -Client #2 was on a home visit during the times staff that document her MAR. -The Omeprazole for client #3 was filled by the pharmacy in August 2025. -Staff administered the Omeprazole to client #3.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ 09/19/2025 B. WING MHL076-046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 836 JOYCE STREET **HOPE HOUSE** ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 -"We had several staff work at this facility and staff possibly didn't realize the Omeprazole was This page intentionally left blank not listed on the MAR." -The Residential Managers were responsible for putting medication orders into the system for the medication administration record. -Staff never bought it to her attention that Omeprazole was not listed on the September MAR for client #3. -She confirmed the MARs were not kept current for clients #1, #2 and #3. Interview on 9/18/25 with the Residential Team Leader #1 revealed: -Client #2's MARs had blank boxes because she was away from the facility. -"I didn't realize they were still blank." -"I thought I went back in and put Leave of Absence (LOA) on those days." -"I made the corrections, but the system erased those days." -She confirmed the MARs were not kept current for clients #1, #2 and #3.

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If continuation sheet 6 of 6





October 2nd, 2025

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE:

Annual Survey completed September 19, 2025

Hope House, 836 Joyce Street, Asheboro, NC 27203

MHL # 076-046

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey referenced above.

Please let me know if you have any questions. Thank you.

Sincerely,

Jannifer Smith, Compliance Specialist
Jennifer Smith

Compliance Specialist Jennifer.Smith@monarchnc.org

(704) 322-5058

