

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADVANTAGE CARE COMMUNITY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 5079 OLD OXFORD HIGHWAY 75 OXFORD, NC 27565
--	---

(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 9/22/25. Deficiencies were cited.

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 6. The survey sample consisted of audits of 3 current clients.

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 drug.

V 000

V 118

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE *Director of Operations* 10/10/25 (X6) DATE

Advantage Care
Annual survey POC

V 118 27G. 0209 (C)

Our plan to ensure that this standard is met is to make sure that medication orders and medication that is delivered to the house matches according to the order. This process will be checked by [REDACTED] (Director of Operations). The medication and orders will be reviewed monthly before the medication is taken to the group home. All group home staff will be retrained on medication administration so they will have a refresher on how to verify that the medications they are giving are correct and to also know to communicate with Justen when an error occurs with the medications.

V 121 27G. 0209

Our plan to ensure this standard is met is to contact pharmacist to request medication reviews be done monthly and sent with medication orders and MAR so that we will always have current review of psychotropic drugs. This process will be monitored by Justen Ward (Director of Operation) & Ione Long (RN). This process will take place monthly.

V 291 27G. 5603

Our plan to ensure this standard is met is to communicate with the pharmacy when new prescriptions are written to make sure that insurance has approved payment. In the event of a medication not

being approved [REDACTED] will contact physician to see what is the next action that needs to be taken so that clients can receive medication. This will be monitored by Justen Ward monthly.