STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-998	A. BUILDING: _____ B. WING _____	R 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE IV	2917 FAIRWAY DRIVE RALEIGH, NC 27603

(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 and follow up survey was completed on 10/13/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 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 drug.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-998	A. BUILDING: _____ B. WING _____	R 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE IV	2917 FAIRWAY DRIVE RALEIGH, NC 27603

(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 118	Continued From page 1 (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 observation, record review and interview the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 1 of 3 audited clients (#2). The findings are: Review on 10/9/25 of client #2's record revealed: - Admission date: 7/21/25 - Diagnoses: Schizophrenia, Neurocognitive Disorder, Human Immunodeficiency Virus +, Seizure Disorder, Allergies, Vitamin D Deficiency - FL2 dated 9/1/25 for risperidone 3 milligram (mg) take 2 tablets by mouth at bedtime - Physician's order dated 9/15/25 for the following: - Risperidone 4 mg take 1 tablet by mouth at bedtime - Trazadone 50 mg take 1 tablet by mouth at bedtime Observation on 10/9/25 at approximately 12:43pm revealed: - A blister pack medication card for risperidone 4 mg with a dispense date of 9/15/25 and 21 empty blisters - A blister pack medication card for trazadone 50 mg with a dispense date of 9/15/25 and 21 empty blisters	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-998	A. BUILDING: _____ B. WING _____	R 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE IV	2917 FAIRWAY DRIVE RALEIGH, NC 27603

(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 118	Continued From page 2 Review on 10/9/25 of client #2's MARs from 9/1/25-10/9/25 revealed: - Risperidone 3 mg initialed as administered from 9/1/25-9/17/25 and 10/1/25-10/8/25 - Risperidone 4 mg and trazadone 50 mg initialed as administered from 9/18/25-9/30/25 - Risperidone 4mg and trazadone 50 mg handwritten on the September 2025 MAR - Risperidone 4mg and trazadone 50 mg not included on October 2025 MAR Interview on 10/9/25 client #2 reported: - She had not lived at the facility long - She received her medication daily - Staff kept "running out of" certain medications or forgot to give them to her Interview on 10/9/25 the Administrator reported: - Client #2's risperidone order changed on 9/15/25 - Risperidone 3 mg was discontinued and risperidone 4 mg was initiated - By the time the doctor wrote the orders for risperidone 4 mg and trazadone, the pharmacy had already printed up the MARs for October 2025 - She forgot to write the risperidone 4mg and trazadone on the October MAR - Client #2 had received the risperidone and the trazadone as ordered - Risperidone 3 mg being initialed as administed from 10/1/25-10/8/25 was an error and the 4 mg dose was actually administered 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-998	A. BUILDING: _____ B. WING _____	R 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE IV	2917 FAIRWAY DRIVE RALEIGH, NC 27603

(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 736	Continued From page 3	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it was maintained in a safe, clean, and attractive manner. The findings are: Observation on 10/9/25 at 10:54am revealed: - In the kitchen: - one cabinet door was hanging off of the top hinge - a brown substance covering the wall, molding and ceiling directly above the stove in a space about 3 feet wide - door leading to backyard had blinds with 4 broken slats - a brown, sticky substance was covering the walls throughout the kitchen between the lower and upper cabinets - blinds covering the window behind the sink were covered in a brown, sticky substance - Floor vent in the dining room was damaged and nearly all of the vent slats were damaged or missing, which created approximately 4 inch holes on both ends - In the upstairs hallway bathroom: - a black substance in the grout between the tiles on the shower walls - sink was slow to drain - sink faucet was loose and easily moved and turned - Bathroom in client bedroom had a tank lid on	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-998	A. BUILDING: _____ B. WING _____	R 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELTY HEALTHCARE IV	2917 FAIRWAY DRIVE RALEIGH, NC 27603

(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 736	Continued From page 4 the back of the toilet that was broken and missing across the entire back edge of the lid - A chirping sound coming from a smoke detector in the downstairs foyer approximately every 60 seconds Observation on 10/9/25 at approximately 1:10pm revealed: - The Administrator replaced the batteries in the smoke detector in the downstairs foyer Interviews on 10/9/25 and 10/13/25 the Administrator reported: - She had replaced the batteries in the smoke detector - Staff #1 was to notify her anytime repairs were needed at the family - Staff #1 was currently on vacation and unavailable for interview - She thought staff #1 kept the facility very clean and well maintained - She agreed that the items listed needed repair or maintenance This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		