

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2025
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NAME OF PROVIDER OR SUPPLIER PINE STREET 3	STREET ADDRESS, CITY, STATE, ZIP CODE 4105 PINE STREET SALISBURY, NC 28147
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 14, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to follow a client's treatment plan affecting 1 of 2 audited clients (Client #1). The findings are: Review on 10/13/25 of Client #1's record revealed: -Admission date of 8/27/25. -Diagnoses of: Autism Spectrum Disorder (ASD), Severe Intellectual Developmental Disability (IDD), outbursts of explosive behaviors, and PICA. -2/1/25 treatment plan required Client #1 to have "all toxic chemicals" locked up "as he will taste them."</p> <p>Observation on 10/13/25 between 1:00-1:30 pm of the facility revealed: -At 1:03 pm, observation was made of clothes detergent pods sitting on a shelf in the laundry room next to the washer and dryer.</p> <p>Interview on 10/14/25 with the Owner revealed: -The detergent pods were usually stored inside a locked cabinet in the laundry room. -The pods must have been placed on the shelf from the night before for laundry purposes. -He would immediately ensure the detergent pods are kept stored in the locked cabinet in the laundry room.</p>	V 112		

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V 120	Continued From page 2	V 120		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure all medication was securely locked. The findings are:</p> <p>Review on 10/13/25 of Client #1's record revealed: -Admission date of 8/27/25. -Diagnoses of: Autism Spectrum Disorder (ASD), Severe Intellectual Developmental Disability (IDD), outbursts of explosive behaviors, and PICA.</p>	V 120		

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V 120	<p>Continued From page 3</p> <p>-4/22/25 physician-ordered medications included: -Divalproex Sodium Delayed Release (DR) (mood stabilizer) 125 milligrams (mg), 1 tablet (tab) every morning. -Divalproex Extended Release (ER) (mood stabilizer) 500 mg, 1 tab at bedtime.</p> <p>Observation on 10/13/25 between 1:00-1:30 pm of the facility revealed: -At 1:05 pm, in an unlocked kitchen cabinet, Client #1's Divalproex Sodium DR 125 mg with a dispense date of 6/13/25 and Client #1's Divalproex ER with a dispense date of 10/2/25 were located behind a gray plastic separator labeled "Extra" and in a red-color plastic bin. -The Qualified Professional moved the 2 medication packs to a medication cabinet, which was a 2-drawer file cabinet located in the living room.</p> <p>Interview on 10/13/25 with the revealed: -She did not know why Client #1's extra medications were not locked up in the medication cabinet. -"It was probably an oversight."</p>	V 120		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients (Client #1 and Client #2) who received psychotropic drugs each received a review of their medication regimen at least every 6 months. The findings are:</p> <p>Review on 10/13/25 of Client #1's record revealed: -Admission date of 8/27/25. -Diagnoses of: Autism Spectrum Disorder (ASD), Severe Intellectual Developmental Disability (IDD), outbursts of explosive behaviors, Insomnia and PICA. -4/22/25, physician-ordered psychotropic medications were: -Olanzapine (antipsychotic) 15 milligram (mg), 1 tablet (tab) every morning. -Diazepam (anxiety and seizures) 10 mg, 1 tab every 8 hours. -Divalproex Sodium Delayed Release (DR) (mood stabilizer) 125 milligrams (mg), 1 tablet (tab) every morning. -Divalproex Extended Release (ER) (mood stabilizer) 500 mg, 1 tab at bedtime. -No documentation of a 6-month psychotropic medication review by a doctor or pharmacist.</p> <p>Review on 10/13/25 of Client #2's record revealed: -Admission date of 8/27/25. -Diagnoses of Autistic Spectrum Disorder and</p>	V 121		

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V 121	<p>Continued From page 5</p> <p>Intellectual Developmental Disability. -1/28/25, physician-ordered Vraylar (antipsychotic), 4.5 mg capsule (cap), 1 cap once daily. -2/14/25, physician-ordered Hydroxyzine Pamoate (anxiety), 50 mg, 2 caps (100 mg) 3 times daily. -6/6/25, physician-ordered Olanzapine (antipsychotic) 15 milligram (mg), 1 tablet (tab) every morning. -No documentation of a 6-month psychotropic medication review by a doctor or pharmacist.</p> <p>Interview on 10/13/25 with the Qualified Professional revealed: -She scheduled Clients #1 and #2 appointments. -She would have Clients #1 and #2 set up for a 6-month psychotropic medication review.</p>	V 121		