

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-629	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2025
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NAME OF PROVIDER OR SUPPLIER THE MEDLYN HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 308 PEBBLESTONE DRIVE DURHAM, NC 27703
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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 118	<p>Continued From page 2</p> <p>affected area daily at bedtime.</p> <p>-Gavilax Powder (Constipation)- Dissolve 1 tablespoon in 8 ounces of liquid and drink daily.</p> <p>Observation on 10/2/25 at approximately 1:00 pm of Client #1's medications revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Aripiprazole 5 mg. -Divalproex 500 mg. -Cetirizine 10 mg. -Melatonin 10 mg. -Gabapentin 300 mg. -Adapalene Cream 0.17%. -Gavilax Powder. <p>Review on 10/2/25 of Client #1's MARs for the months of August 2025 through October 2, 2025 revealed:</p> <p>August:</p> <ul style="list-style-type: none"> -Aripiprazole 5 mg- Was listed and administered. -Divalproex 500 mg- Was listed and administered. -Cetirizine 10 mg was listed and administered. -Melatonin 10 mg was listed and administered. -Gabapentin 300 mg was listed and administered. -Adapalene Cream 0.17% was listed and administered. -Gavilax Powder was listed and administered. <p>September:</p> <ul style="list-style-type: none"> -Aripiprazole 5 mg- Was listed and administered. -Divalproex 500 mg- Was listed and administered. -Cetirizine 10 mg was listed and administered. -Melatonin 10 mg was listed and administered. -Gabapentin 300 mg was listed and administered. -Adapalene Cream 0.17% was listed and administered. -Gavilax Powder was listed and administered. <p>October:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Aripiprazole 5 mg- Was not listed in the MAR. -Divalproex 500 mg- Was not listed in the MAR. -Cetirizine 10 mg was listed and administered. -Melatonin 10 mg was listed and administered. -Gabapentin 300 mg was listed and administered. -Adapalene Cream 0.17% was listed and administered. -Gavilax Powder was listed and administered. <p>Interview on 10/2/25 with the Staff #2 revealed:</p> <ul style="list-style-type: none"> -She had been working with Client #1 since he was 4 years old. -Client #1 always received his medications. -She was responsible for keeping the MAR updated. -She did not know why some of Client #1's medications were not listed in the October's MAR. -Client #1's physician orders for his medicines were sent directly to the pharmacy. -She acknowledged not having the physician orders for Client #1's medications at the facility. -She acknowledged not having the MAR current. 	V 118		

Plan of Correction (POC)

Agency Name: Caring Hands S.E.E. LLC

Facility Name: The Medlyn Home- A Caring Hands Site

Date of Citation: 10/02/2025

Regulation/Tag #: 10A NCAC 27G .0209

Deficiency: Facility failed to maintain current and valid physician's orders for all prescribed medications for each resident.

1. Deficiency Statement:

During the inspection, it was noted that the facility did not have prescription or medication orders from the attending physician for all residents currently receiving prescribed medications.

2. Corrective Action Taken for Residents Affected:

- Immediately following the citation, the facility contacted each resident's primary care physician to obtain current, signed medication orders for all prescribed medications.
- All resident medication administration records (MARs) were reviewed and updated to reflect the current physician orders.
- Copies of all updated physician orders have been placed in each resident's medical file.

Completion Date: October 04, 2025

3. Corrective Action to Identify and Protect Other Residents:

- A full audit of all resident medical records was conducted to ensure that each resident has a valid and signed physician order for all prescribed medications.

- Any missing or expired orders were promptly requested and verified with the prescribing physician's office.

Completion Date: December 02, 2025

4. Systemic Changes to Prevent Recurrence:

- Implemented a Medication Order Verification Log to be reviewed weekly by the medication coordinator or nurse.
- Established a Doctor's Order Verification Checklist to be completed upon each new admission and updated quarterly.
- Added a requirement that no medication may be administered or entered on the MAR without a valid, signed physician's order on file.
- Staff retraining on medication documentation and physician order maintenance was completed on [Insert Date].
- The facility administrator will review all resident medical charts monthly to ensure compliance.

5. Monitoring and Ongoing Compliance:

- The Administrator and/or designated Medication Coordinator will conduct a monthly chart audit for six (6) consecutive months, then quarterly thereafter.
- Any discrepancies will be immediately corrected, and results will be documented in the facility's quality assurance log.
- Continued compliance will be monitored as part of the facility's ongoing quality assurance program.

Responsible Person(s): [REDACTED]

Completion Date for Full Implementation: December 02, 2025

Leah J. Sin
10/17/25