

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-628	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2025
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NAME OF PROVIDER OR SUPPLIER THE MOORE HOME-A CARING HANDS SITE	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 OLD CHAPEL HILL ROAD DURHAM, NC 27707
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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>months of August 2025 through October 2, 2025 revealed:</p> <ul style="list-style-type: none"> -Guanfacine 1 mg was listed and administered from 8/1/25-10/2/25. -Hydroxyzine 25 mg was listed and administered from 8/1/25-10/2/25. -Aripiprazole 5 mg. was listed and administered from 8/1/25-10/2/25. <p>Reviews on 10/2/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/9/22. -Diagnoses of Mild Intellectual Disability, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -There were no physician's orders for the following: <ul style="list-style-type: none"> -Clonidine 0.1 milligram (ADHD)- Take one tablet twice daily. -Invega 6 mg (Schizoaffective Disorder)- Take one tablet in the evening. -Fluoxetine 40 mg (Depression)- Take one tablet daily. -Felosul 325 mg (Iron supplement)- Take one tablet with breakfast. <p>Observation on 10/2/25 at approximately 10:40 am Client #2's medications revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Clonidine 0.1 mg. -Invega 6 mg. -Fluoxetine 40 mg. -Felosul 325 mg. <p>Review on 10/2/25 of Client #2's MARs for the months of August 2025 through October 2, 2025 revealed:</p> <ul style="list-style-type: none"> -Clonidine 0.1 mg was listed and administered from 8/1/25-10/2/25. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Invega 6 mg was listed and administered from 8/1/25-10/1/25. -Fluoxetine 40 mg was listed and administered from 8/1/25-10/2/25. -Felosul 325 mg was listed and administered from 8/1/25-10/2/25. <p>Interview on 10/3/25 with the AFL provider revealed:</p> <ul style="list-style-type: none"> -He had gone to the pharmacy yesterday to retrieve copies of the physician orders -He then tried to get them in yesterday to their main office, but was not able to get them on time. -He had them with him and was going to go to the main office today to be able to send them in. -He remembered that he was cited last year for not having the physician orders. -He would be having the client's physician's order at the facility. -"Moving forward, I will make sure that it does not happen again." -He acknowledged that the facility failed to have the client's physician orders for the medications prescribed. 	V 118	<p><i>Attached Separately</i></p>	

Leah O'Leary
10/17/25

Plan of Correction (POC)

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

Facility Name: The Moore Home- A Caring Hands Site

Date of Citation: 10/03/2025

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 06, 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 03, 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):



Completion Date for Full Implementation: December 03, 2025

Leah O. Sin
10/17/25