

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TERRY/DEGREE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 WEST GOLD STREET KINGS MOUNTAIN, NC 28086</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 10/22/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 10/22/25 of Client #1's record revealed: -Date of admission 3/27/20. -Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Bipolar Disorder, Borderline Personality Disorder, Persistent Mood Disorder, Epilepsy, Non-Epileptic Seizures, Asthma, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease, Scoliosis and Chronic Pain. -Physician's orders signed 4/30/25: -Cetirizine (allergies) 10 milligrams (mg) tablet. -Clonidine (Persistent Mood Disorder) 0.1 mg tablet. -Gabapentin (seizures) 300 mg capsule. -Risperidone (Bipolar Disorder) 2 mg tablet. -None of the medications specified the frequency of administration. -"After Visit Summary" dated 4/30/25 from the physician listed current medications as: -Cetirizine 10 mg - 1 tablet every day. -Clonidine 0.1 mg - 1 tablet at bedtime.</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Gabapentin 300 mg 1 capsule 3 times a day.</li> <li>-Risperidone 2 mg - 1 tablet 2 times a day (4 mg).</li> <li>-Not signed by the physician.</li> </ul> <p>Observation on 10/21/25 at 1:10 p.m. of Client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-Cetirizine 10 mg - 1 tablet every day.</li> <li>-Clonidine 0.1 mg - 1 tablet at bedtime.</li> <li>-Gabapentin 300 mg - 1 capsule 3 times a day.</li> <li>-Risperidone 2 mg - 1 tablets 2 times a day (4 mg).</li> </ul> <p>Review on 10/22/25 of Client #1's MARs from 8/1/25 through 10/21/25 revealed:</p> <ul style="list-style-type: none"> <li>-Cetirizine 10 mg - 1 tablet every day.</li> <li>-Clonidine 0.1 mg - 1 tablet at bedtime.</li> <li>-Gabapentin 300 mg - 1 capsule 3 times a day.</li> <li>-Risperidone 1 mg - 2 tablets 2 times a day (4 mg).</li> </ul> <p>Interview on 10/21/25 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>-Was not aware of the differences between the Risperidone prescription bottle (2 mg) and the MAR dosage written as 1 mg.</li> <li>-She was administering Risperidone according to the bottle instructions, 1 tablet 2 times a day.</li> <li>-She completed the MARs every month and copied the same medications as the previous month.</li> </ul> <p>Interview on 10/22/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-During her monthly home visits she reviewed medications and made sure the prescription bottle matched the MARs.</li> <li>-Had not noticed the Risperidone mg was different on the prescription bottle as compared to the MAR.</li> <li>-She instructed the AFL provider to put the</li> </ul>	V 118		

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V 118	Continued From page 3  frequency of medication administration on the form the physician signed for the orders.  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		
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 and its grounds were not maintained in a clean, safe and orderly manner. The findings are:  Observation on 10/21/25 at 1:54 p.m. of the client bathroom revealed: -A black-like substance along all 4 walls and ceiling above the shower area. -As entered the shower area above the shower head multiple dark, circular dots were spreading in vertical lines on the wall. -Along the top of the tiled shower was a line approximately 3-inches long and another line in the corner along the ceiling and wall approximately 4-inches long of a black-like substance. -On the side and back wall of the tiled shower were multiple dark circular dots ranging in size from a nickel to a cluster of pin-pointed dots along the wall and up to the ceiling. -In the 2 back corners of the shower area along	V 736		

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V 736	<p>Continued From page 4</p> <p>the ceiling was an approximate 3-inch line of a black-like substance and another approximate 2-inch line with multiple areas that appeared to be spreading.</p> <p>-As exited the shower area, there was a line of a black-like substance along the entire ceiling and wall ranging in thickness to 1 millimeter or less.</p> <p>Interview on 10/21/25 with the AFL Provider revealed:</p> <p>-Had not noticed the black-like substance long the ceiling and walls in the client bathroom.</p> <p>-Would have her husband get "right on that" to clean it.</p>	V 736		