

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2025
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NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME IV	STREET ADDRESS, CITY, STATE, ZIP CODE 303 AQUA MARINE LANE KNIGHTDALE, NC 27545
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/28/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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		

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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 record review and interview, the facility failed to administer medications on the written order of a physician affecting 2 of 3 audited clients (#2, #4). The findings are:</p> <p>Review on 10/23/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/20/13 - Diagnoses: Pre Diabetes Mellitus, History (hx) of Depression, Hx of Drug Abuse, Schizoaffective Disorder/Bipolar and Chronic Bronchitis - Physician order's revealed: <ul style="list-style-type: none"> - Dated 9/15/25: <ul style="list-style-type: none"> - Narcan 4 milligram (mg) Nasal Spray, as needed (PRN), (breathing) - Dated 1/15/25: <ul style="list-style-type: none"> - Benztropine Mesylate 0.5mg tablet (tab), PRN (antipsychotic) - Fluticasone Propionate (Prop) 50 microgram (mcg) Spray, 2 sprays in each nostril daily (allergy) - Lidocaine 5% Patch, apply one patch topically to most painful area of skin once daily for up to 12 hours in a 24-hour period (pain) - Dated 2/12/25: <ul style="list-style-type: none"> - Ventolin HFA 90 mcg Inhaler, PRN (wheezing) 	V 118		

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V 118	<p>Continued From page 2</p> <p>Observation on 10/23/25 approximately 12:41pm of client #2's medication box revealed:</p> <ul style="list-style-type: none"> - Benzotropine Mesylate expired 10/10/25 - Narcan expired 10/17/25 - Ventolin HFA expired 10/17/25 - Fluticasone Prop expired 9/21/24 - No Lidocaine Patch in the medication box or facility <p>Review on 10/23/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/1/16 - Diagnoses: Bee Sting Allergy, Autism Spectrum, Anxiety, Schizoaffective Disorder, and Mild Intellectual Disability - Physician orders dated 3/14/25 and 9/25/25 revealed: <ul style="list-style-type: none"> - Biotene Antibacterial Mouthwash 16 ounces, rinse 15 milliliters (ml) twice daily as directed (dry mouth) <p>Review on 10/23/25 of client #4's September 2025 and October 2025's MAR revealed:</p> <ul style="list-style-type: none"> - Client #4 refused the mouthwash (code was used on MAR to reflect refusal) Sept. 1st - 30th at 8am and Sept. 1st - 20th at 8pm - Staff initialed as being administered at 8pm Sept. 21st - 30th - 8am Oct. 1st - 23rd, it's listed as patient refused or a medication change - 8pm Oct. 1st - 3rd, staff initialed as being administered and then the 4th through the 21st as a medication change <p>Observation on 10/23/25 approximately 1:20pm of client #4's medication box revealed:</p> <ul style="list-style-type: none"> - Biotene Antibacterial Mouthwash was not in the medication box or in the facility 	V 118		

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V 118	<p>Continued From page 3</p> <p>Interview on 10/23/25 client #4 reported:</p> <ul style="list-style-type: none"> - He didn't remember the last time he used the Biotene Antibacterial Mouthwash - He didn't remember refusing the Biotene Antibacterial Mouthwash - He hadn't seen his mouthwash <p>Interview on 10/23/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Checking for medications is her responsibility, "anything with meds" - Her main focus is medications because that is what she was good with - She just came back from leave about 3-4 weeks ago - She hadn't visited the facility since being back - She did not know that client #4 was out of mouthwash because it was used after a dental procedure - She would get a discontinue order for client #4's mouthwash - Client #2 had been refusing his Lidocaine patch and she was in the process of trying to get it discontinued <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for</p>	V 119		

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V 119	<p>Continued From page 4</p> <p>destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to dispose of medications that guards against diversion affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 10/23/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/20/13 - Diagnoses: Pre Diabetes Mellitus, History (Hx) of Depression, Hx of Drug Abuse, Schizoaffective Disorder/Bipolar and Chronic Bronchitis <p>Observation on 10/23/25 approximately 12:41pm</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>of client #2's medication box revealed:</p> <ul style="list-style-type: none"> - Bzotropine Mesylate expired 10/10/25 - Narcan expired 10/17/25 - Ventolin HFA expired 10/17/25 - Fluticasone Prop expired 9/21/24 <p>Interview on 10/23/25 staff #1 reported:</p> <ul style="list-style-type: none"> - She didn't check for expired medications - The Qualified Professional (QP) checked for expired medications - The process for expired medications was to put them in a Ziploc bag and erase their names and give back to the Executive Director/Licensee for disposal <p>Interview on 10/23/25 the QP revealed:</p> <ul style="list-style-type: none"> - She was responsible for checking for expired medications - She had been out on leave and just returned about 3 - 4 weeks ago - She hadn't been to the facility since being back, so she hadn't had a chance to check medications - She would normally check medications during her monthly visits - If there was a medication expiring, she would write it in a service note as a reminder - She put expired medications in a bag and gave it to the Executive Director/Licensee - Expired inhalers and creams were thrown in the trash 	V 119		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Review on 10/23/25 of The North Carolina (NC) State Residential Building Code Section 310.2.1 revealed:</p> <ul style="list-style-type: none"> - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")." <p>Observation on 10/23/25 at approximately 4:45pm revealed:</p> <ul style="list-style-type: none"> - Client #1 's bedroom had only 1 window that would not stay open on its own, quickly dropping back down - Staff #1 pushed the window up, but it wouldn't stay up when she let it go - Client #4 's bedroom had 2 windows, side by side, where the right side window wouldn't open and the left side window didn't stay open on its own - Staff #1 tried to open both windows - She moved the locks around different ways to try and open the window that wouldn't open and 	V 736		

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V 736	<p>Continued From page 7</p> <p>was unsuccessful</p> <ul style="list-style-type: none"> - She lifted up the other window and let it go, and it wouldn't stay open on its own quickly dropping back down - Client #4 tried to open his window - The left window wouldn't stay open, quickly dropping back down, and the right window didn't open at all when client #4 tried - Upstairs bathroom floor was peeling and had a rectangular shaped piece of linoleum missing around the toilet - Upstairs bathroom had brown stains on the tile of the shower and under the soap dish - Upstairs bathroom sink had dust around the bottom of the baseboard - Upstairs bathroom vent in the ceiling was rusted - Multiple brown spots around the handle of client #1's bedroom door and kitchen cabinets - Discoloration on the front of the kitchen cabinet under the sink <p>Interview on 10/23/25 client #4 reported:</p> <ul style="list-style-type: none"> - He didn't know that his windows didn't work - He never opened them <p>Interview on 10/23/25 Staff #1 reported:</p> <ul style="list-style-type: none"> - She never tried to open the windows - They did not have a regular routine of opening the windows - "I wouldn't know that the windows weren't working properly" - Maintenance "issues" go to the Qualified Professional (QP) <p>Interview on 10/23/25 Staff #2 reported:</p> <ul style="list-style-type: none"> - If he saw a maintenance problem, he reported it to the QP - The house was kept in "pretty good shape" 	V 736		

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V 736	<p>Continued From page 8</p> <p>Interview on 10/23/25 the QP reported:</p> <ul style="list-style-type: none"> - The Executive Director/Licensee said the windows were checked when the Fire Department did their inspection, but she wasn't sure when that was <p>Observation on 10/28/25 approximately 11:00am revealed:</p> <ul style="list-style-type: none"> - Several new windows with tags attached to each window were sitting on the front porch <p>Interview and Observation on 10/28/25 approximately 11:05am the Executive Director stated:</p> <ul style="list-style-type: none"> - The new windows have been purchased and she was waiting on the contractor - Called the contractor to ask what time they were coming to the facility to install the windows because she and the QP were there waiting <p>Interview on 10/28/25 the QP reported:</p> <ul style="list-style-type: none"> - She purchased the windows and was waiting for the contractor to come and install them - Moving forward, they would start checking the windows on a regular basis - They would "try and incorporate" checking the windows when they did fire drills <p>Review on 10/23/25 of the Plan of Protection completed by the QP dated 10/23/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - Calling window inspection and repair in the near future for compliance. Will be fixed in the next 30 days. <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - Plans for future to add monthly window checks during fire/disaster drill inspections." 	V 736		

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V 736	<p>Continued From page 9</p> <p>This facility serves clients with diagnoses of Schizoaffective Disorder, Attention-Deficit/Hyperactivity Disorder, Autism, Anxiety and Borderline Intellectual Functioning. There were brown stains on the tile and under the soap dish in the upstairs shower, brown spots around the handle of client #1's bedroom and on the kitchen cabinets, discoloration on the front of the kitchen cabinet, and rust on the upstairs bathroom vent along with dust around the bottom of the baseboard of the bathroom sink. Client #1's bedroom had 1 window that would not stay open on its own when staff #1 opened it and let it go. Client #4's bedroom had 2 windows, side by side, where one window didn't stay open on its own and the other window didn't open at all. Client #1 & Client #4 did not have access to the outside in the event of an emergency. Based on the lack of available egress, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 736		