STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-091	A. BUILDING: ______ B. WING ______	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C&M FAMILY CARE SERVICES, LLC	112 ALLEN AVENUE FRANKLINTON, NC 27525

(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	INITIAL COMMENTS An annual survey was completed on 10/9/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105	Finding A A Shift Supervisor has been hired to ensure that facility operations continue smoothly at all times when the Owner or Qualified Professional (QP) is unavailable. The supervisor will oversee daily operations and provide on-site support as needed.	11/29/25

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	Finding B The Owner and Qualified Professional (QP) will ensure that all documentation related to the screening and/or assessment of each client's needs, including any recommendations or disposition information pertaining to services provided by the facility, is securely maintained. All client files will be: Kept in a locked closet or secure storage area to ensure confidentiality and compliance with privacy standards. Clearly labeled for identification. Readily accessible to authorized personnel in accordance with state regulatory standards and facility policy.	11/29/25

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to implement its written policies for the delegation of management authority and its policy regarding client screening, assessment, and disposition. The findings are:

Finding A:

Review on 10/1/25 of the facility's Delegation of Authority policy revealed:
- "Delegation of Authority...12. [Owner/Licensee] shall have an Executive Director who shall oversee the organization's mission, goals, and policies. In the absence of the Director, he/she will designate authority to an appointed staff member...13... The Director will provide the designated staff member with guidelines as to managing employees, financial action, and policy making..."
- The policy was signed by the Qualified Professional (QP) and the Owner/Licensee on 9/9/25

Observation and phone interview with the Owner/Licensee on 9/29/25 at approximately 11:20am revealed:
- No staff or clients came to the front door when the Division of Health Service Regulation (DHSR) surveyors knocked on the door
- There were no staff or clients at the facility at the time the DHSR surveyors arrived
- The Owner/Licensee was unable to come to the facility due to a personal appointment
- The QP was not available because she worked part-time
- The third shift staff was not available as they

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V 105	Continued From page 3	V 105		

"have already went home for the day"
- There would not be any staff at the facility until 4:30pm that afternoon

Finding B:

Review on 9/25/25 of the facility's Division of Health Service Regulation's license history revealed:
- "Effective December 02, 2024, this license is issued to [Licensee]...27G .5600C Supervised Living for Adults with Developmental Disability"
- Prior to 12/2/24, the facility was licensed for 10A NCAC 27G .5600F Supervised Living for Alternative Family Living (AFL)

Review on 9/30/25 of Client #2's record revealed:
- Admitted: 2/11/25
- Diagnoses: Traumatic Brain Injury, Post-Traumatic Stress Disorder, Cognitive Impairment, Spastic Quadriparesis, Seizure Disorder, Episode of Recurrent Major Depressive Disorder
- No documentation of a screening or assessment of the client's needs, if the facility could provide services, or the disposition with recommendations to this facility

Review on 9/30/25 of Client #3's record revealed:
- Admitted: 12/2/24
- Diagnoses: Autism, Insomnia Disorder, Pica, Intellectual Developmental Disability Profound, Unspecified Impulsive Control
- No documentation of a screening or assessment of the client's needs, if the facility could provide services, or the disposition with recommendations to this facility

Review on 10/1/25 of Client #4's record revealed:
- Admitted: 12/2/24

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V 105	Continued From page 4	V 105		

- Diagnoses: Autism, Severe Intellectual Disability, Nephrogenic Diabetes Insipidus, Behavioral insomnia of childhood
- No documentation of a screening or assessment of the client's needs, if the facility could provide services, or the disposition with recommendations to this facility

Interview on 10/8/25 the QP reported:
- She was aware that she was the "designated contact" if the Owner/Licensee was not available
- "[Owner/Licensee] has made it known that I need to assist if she (Owner/Licensee) can't be there (available at the facility)"
- She worked part-time, and was unavailable on 9/29/25 to come to the facility due to being at her other job
- She and the Owner/Licensee were responsible for ensuring the clients' admission screenings were completed
- She was not sure why the admission screenings were not in the clients' records

Interviews on 9/30/25 and 10/8/25 the Owner/Licensee reported:
- Her mother owned the previous AFL facility and the Owner/Licensee worked there
- Client #3 had lived in the AFL facility since 2015
- Client #4 had lived in the AFL facility since 2023
- Both clients had remained with the Owner/Licensee when the service category for the license had changed
- Another agency had completed the admission screenings and documentation for the clients' records prior to June 2025
- She and the QP were responsible for ensuring admission screenings and assessments were completed

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V 105	Continued From page 5 - Was unaware that admission screenings needed to be complete for all clients - Being the Owner/Licensee was a "learning process" for her	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	An assessment will be completed for each consumer and filed in the consumer's individual record. The assessment will include relevant medical, behavioral, and social information.	11/29/25

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V 111	Continued From page 6	V 111		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to complete assessments prior to the delivery of services and to develop strategies to address presenting problems affecting 3 of 3 audited clients (#2, #3, #4). The findings are:

Review on 9/25/25 of the facility's Division of Health Service Regulation (DHSR)'s license revealed:
- "Effective December 02, 2024, this license is issued to [Licensee]..."
- Prior to 12/2/24, the facility was licensed for 10A NCAC 27G .5600F Supervised Living for Alternative Family Living (AFL)

Review on 9/30/25 of Client #2's record revealed:
- Admitted: 2/11/25
- Diagnoses: Traumatic Brain Injury, Post-Traumatic Stress Disorder, Cognitive Impairment, Spastic Quadriparesis, Seizure Disorder, Episode of Recurrent Major Depressive Disorder
- No assessment was completed prior to the delivery of services to include: presenting problem, needs and strengths, or strategies to address the client's presenting problem

Review on 9/30/25 of Client #3's record revealed:
- Admitted: 12/2/24
- Diagnoses: Autism, Insomnia Disorder, Pica, Intellectual Developmental Disability Profound (IDD), Unspecified Impulsive Control
- No assessment was completed prior to the

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V 111	Continued From page 7	V 111		

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delivery of services to include: presenting problem, needs and strengths, or strategies to address the client's presenting problem

Review on 10/1/25 of Client #4's record revealed:
- Admitted: 12/2/24
- Diagnoses: Autism, Severe IDD, Nephrogenic Diabetes Insipidus, Behavioral insomnia of childhood
- No assessment was completed prior to the delivery of services to include: presenting problem, needs and strengths, or strategies to address the client's presenting problem

Interview on 10/8/25 the Qualified Professional (QP) reported:
- She and the Owner/Licensee were responsible for ensuring that admission assessments were completed
- She was not sure why the admission assessments were not in the client records

Interview on 9/30/25 the Owner/Licensee revealed:
- Another agency had completed the admission assessments for the clients' records prior to June 2025
- Was unaware that admission assessments needed to be complete for all clients
- She "thought" the admission assessments were part of the clients' treatment plans

Interviews on 10/8/25 and 10/9/25 the Owner/Licensee reported:
- Her mother owned the previous AFL facility and the Owner/Licensee worked there
- Client #3 had lived in the AFL facility since 2015
- Client #4 had lived in the AFL facility since 2023

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V 111	Continued From page 8 - She "thought" admission assessments were part of the clients' treatment plans - Both clients remained with the Owner/Licensee after the service category change on 12/4/25 - She and the QP are responsible for ensuring admission assessments are completed - Being the facility Owner/Licensee was a "learning process" for her - The management agency did not provide the admission documentation to her	V 111		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek	V 113	The Qualified Professional (QP) and Owner will maintain responsibility for ensuring that proper documentation is completed and securely stored for each client in accordance with state regulations. A demographics identification page will be completed for each client and placed at the front of the consumer's chart for quick reference.	11/29/25

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V 113	Continued From page 9 emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete client records affecting 3 of 3 audited clients (#2, #3, #4). The findings are: Reviews on 9/30/25 and 10/6/25 of Client #2's record revealed: - Admitted 2/11/25 - A behavior support plan identifying tangible positive reinforcers for Client #2 - No documentation to show if Client #2 had received her reinforcers (mocha) or not for positive behavior - No identification face sheet which included the client's name; client record number; date of birth; race; gender; marital status; and admission date	V 113	Client #2: Documentation will be included to verify that the client received the identified reinforcers for behavioral goals. The identification face sheet and medical appointment documentation will also be added to the file. Client #3: Ensure that all medical documentation is current and filed appropriately in the client's chart. Client #4: The identification face sheet will be included in the client's chart. Employees responsible for transporting clients to medical appointments will be responsible for collecting documentation after each visit, including after-visit summaries and any related medical notes. All collected medical documentation will be securely maintained in the client's file to ensure compliance with confidentiality and record-keeping standards.	11/29/25

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- No documentation of a medical visit for for the medical appointments on 4/16/25, 4/30/25, 5/14/25, 5/19/25, 6/2/25, and 6/18/25

Review on 9/30/25 of Client #3's record revealed:
- Admitted 12/2/24
- No identification face sheet which included the client's name; client record number; date of birth; race; gender; marital status; and admission date
- No documentation of progress toward outcomes from December 2024- September 2025
- No documentation for the medical appointment on 3/3/25

Review on 10/2/25 of an email dated 9/30/25 from the Owner/Licensee to the Division of Health Service Regulation surveyors revealed:
- Client #2 had medical appointments scheduled on 4/16/25, 4/30/25, 5/14/25, 5/19/25, 6/2/25, and 6/18/25
- Client #3 had a medical appointment scheduled on 3/3/25

Review on 10/1/25 of Client #4's record revealed:
- Admitted: 12/2/24
- No identification face sheet which included the client's name; client record number; date of birth; race; gender; marital status; and admission date

Interview on 10/8/25 the Qualified Professional (QP) reported:
- She and the Owner/Licensee "worked together" to ensure that all needed information was in the record
- She did not know why some documentation was not in the clients' records

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V 113	Continued From page 11 Interview on 10/8/25 the Owner/Licensee reported: - She and the QP were responsible for ensuring the proper documentation was in the clients' records - The clients attended their appointments as scheduled - Client #3's psychiatric provider is the only provider who always provides documentation after each visit - Client #2 and Client #3's after-visit summaries needed to be requested after the appointment - Being the Owner/Licensee was a "learning process" for her	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name;	V 118	A review of each consumer's current medications will be completed to ensure: A valid physician's order is on file for each medication. The medication is present in the home and matches the order. The dates on medications are current. An RN or Shift Supervisor will verify and sign off to confirm that the duty has been completed.	11/29/25

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(B) name, strength, and quantity of the drug;
(C) instructions for administering the drug;
(D) date and time the drug is administered; and
(E) name or initials of person administering the drug.
(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.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to administer medication on the written order of a physician affecting 2 of 3 audited clients (#3, #4). The findings are:

A. Cross Reference 10A NCAC 27G .0209 Medication Disposal (V119). Based on observation, record review, and interview, the facility failed to dispose of medication in a manner that guards against diversion or accidental ingestion affecting 2 of 3 audited clients (#3, #4).

B. Cross Reference: 10A NCAC 27G .5603 Supervised Living- Operations (V291). Based on record review and interview, the facility failed to ensure service coordination was maintained between the facility operator and the Qualified Professionals (QP) responsible for treatment/habilitation affecting 1 of 3 audited clients (#3).

Finding A:

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V 118	Continued From page 13	V 118		

Review on 9/30/25 of Client #3's record revealed:
- Admitted: 12/2/24
- Diagnoses: Autism, Insomnia Disorder, Pica, Intellectual Developmental Disability (IDD) Profound, Unspecified Impulsive Control
- December 2024 - September 2025 MARs: Olanzapine 5 milligram (mg) tablet, take 1 tablet by mouth 30 minutes prior to blood draw as needed (may take 2 if needed)
  - No documentation that Client #3 had been administered Olanzapine 5mg PRN

Finding B:

Review on 10/1/25 of Client #4's record revealed:
- Admitted: 12/2/24
- Diagnoses: Autism, Severe IDD, Nephrogenic Diabetes Insipidus, Behavioral insomnia of childhood
- December 2024 - September 2025 MARs: Ibuprofen 400mg tablet, take 1 tablet by mouth every 6 hours as needed for pain
- No documentation that Client #4 had been administered the Ibuprofen

Observation on 10/1/25 at approximately 12:10 pm of Client #4's medications revealed:
- The only Ibuprofen medication at the facility had an expiration date of 12/18/24

Attempted interviews on 9/30/25 with Client #3 and Client #4 were unsuccessful due to both clients being nonverbal and did not respond to the questions asked.

Interviews on 9/30/25 and 10/8/25 the Owner/Licensee reported:
- Client #3 had not used the Olanzapine medication for "a few years"

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V 118	Continued From page 14 - The pharmacy would not fill the prescription because there was no current order for the Olanzapine 5mg - The Olanzapine 5mg was not effective for Client #3 and she "thought" the order was discontinued - She had contacted the pharmacist on 10/8/25 to ensure that all medications and doctors' orders were current	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for 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. (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. (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.	V 119	Staff will: Check expiration dates on all medications. Properly dispose of expired medications in the designated medication disposal bin (located in the medication closet). Verify that a current physician's order is on file for each medication. Sign, date, and note the medication name, dosage, and frequency upon completion. The disposal bin will be returned to the pharmacy for proper disposal.	11/29/25

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This Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to dispose of medication in a manner that guards against diversion or accidental ingestion affecting 2 of 3 audited clients (#3, #4). The findings are:

Finding A:

Interview on 10/3/25 the Medical Assistant from Client #3's Psychiatrist's office reported:
- Client #3 had a current order of Olanzapine 5mg, take 1 tablet 30 minutes prior to blood draws, may take 2 dated 9/11/24

Observation on 9/30/25 at approximately 12:45pm of Client #3's medications revealed:
- Medication label: Olanzapine 5mg tablet, take 1 tablet by mouth 30 minutes prior to blood draw as needed, may take 2 if needed
- The Olanzapine 5mg was dispensed on 10/20/23 and expired on 10/19/24

Finding B:

Review on 10/1/25 of Client #4's record revealed:
- Physician's order dated 12/18/23: Ibuprofen 400mg tablet, take 1 tablet by mouth every 6 hours as needed for pain

Observation on 10/1/25 at 12:00pm of Client #4's medications revealed:
- Medication label: Ibuprofen take 1 tablet by

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V 119	Continued From page 16 mouth every 6 hours as needed for pain - The Ibuprofen was dispensed on 12/19/23 and expired on 12/18/24 Interview on 10/8/25 the Qualified Professional reported: - The Owner/Licensee was "predominantly" responsible for reviewing the medications and ensure there were no expired medications - She did not know that Client #3's Olanzapine medication was expired - She did not know that Client #4's Ibuprofen was expired Interview on 9/30/25 the Owner/Licensee reported: - She was not sure why Client #3's expired medication was in the facility - She was responsible for checking the medications - She checked medications monthly when the pharmacy sent the clients' medications and MARs - She "had missed" that Client #3's Olanzapine and Client #4's Ibuprofen was expired - Client #3 had not used the Olanzapine for "years," so she did not know it was an active order - Client #4 had not needed the Ibuprofen "for at least a year," and did not think to check to see if the current medication was expired This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements-Administration (V118) for a standard level deficiency.	V 119		
V 291	27G .5603 Supervised Living - Operations	V 291		

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V 291	Continued From page 17 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure service coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation affecting 1	V 291	Ensure that each guardian care manager is aware of any changes with the consumer doctors, medications, behaviors, etc. create a communication visitation log. Doctor’s appointments included. A Communication and Visitation Log will be created and maintained to document updates, including doctor’s appointments and follow-up communication.	11/29/25

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of 3 audited clients (#3). The findings are:

Review on 9/30/25 of Client #3's record revealed:
- A consultation form dated 9/10/24: Olanzapine 10 milligram (mg), take 1 tablet as directed 30 minutes prior to blood draw as needed (PRN) may take 2
- A consultation form dated 6/17/25: Olanzapine 10mg, take 1 tablet as directed 30 minutes prior to blood draw PRN, may take 2
- December 2024 - September 2025 Medication Administration Record (MAR):
    - Olanzapine 5mg PRN, take 1 tablet as directed 30 minutes prior to blood draw PRN, may take 2
    - No Olanzapine 10mg PRN on the MAR
- No discontinue order for Olanzapine 5mg PRN

Observation on 9/30/25 at approximately 12:45pm of Client #3's medications revealed:
- The only Olanzapine 5mg PRN at the facility had an expiration date 10/19/24
- No Olanzapine 10mg medication was in the facility

Interviews on 10/3/25 and 10/7/25 the Medical Assistant from Client #3's psychiatrist's office reported:
- There was an order for Olanzapine 10mg, take 1 tablet by mouth 30 minutes prior to blood draw PRN, may take 2
- She did not know the exact date the order was written, but it was not within the past year
- She could not confirm if the Olanzapine 10mg PRN order had been sent to the pharmacy
- There was an order for Olanzapine 5mg, take 1 tablet prior to blood draw PRN, may take 2
- The date of the last order for Olanzapine 5mg PRN was dated 9/11/24

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- The facility had contacted their office at the beginning of that week to discontinue the Olanzapine 5mg medication as it was ineffective
- The discontinue order for Olanzapine 5mg PRN was 10/2/25
- She was unable to explain the discrepancy between the Olanzapine PRN doses and which Olanzapine PRN dose was current

Interviews on 10/2/23 and 10/8/25 the Pharmacist #1 reported:
- There was no current Olanzapine 5mg tablet order
- The previous order the pharmacy received was Olanzapine 5mg PRN dated 6/9/23
- The 6/9/23 order was written that when all the medication was administrated from the bubble pack, the prescription was not to be refilled
- The medication was discontinued once Client #3 had used all of the Olanzapine 5mg PRN in the bubble pack
- The last time the Olanzapine 5mg PRN was dispensed at the pharmacy was October 2023
- They received a discontinue order on 10/2/25 for Olanzapine 5mg PRN
- They had never received an order for Olanzapine 10mg PRN

Interview on 10/8/25 the Pharmacist #2 reported:
- He was the primary pharmacist for facility
- There was no active Olanzapine 5mg PRN order, but there had also not been a discontinue order for Olanzapine 5mg PRN prior to 10/2/25
- He could not remove the Olanzapine 5mg PRN off of Client #3's current MAR if there was no discontinue order received by the pharmacy
- The pharmacy had contacted the physician to have the medication refilled, but the office did not respond
- It was the facility's responsibility to ensure

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V 291	Continued From page 20 that the medication refill orders were given to the pharmacy - The facilty had not contacted the pharmacy about getting the Olanzapine 5mg PRN medication refilled - The pharmacy had never received an order for Olanzapine 10mg PRN Interviews on 9/30/25 and 10/8/25 the Owner/Licensee reported: - She was unaware that the psychiatrist had written an order for Olanzapine 10mg PRN - Client #3 had an order for Olanzapine 5mg PRN in the past, but it was ineffective - Client #3's psychiatrist knew that the Olanzapine 5mg PRN medication was ineffective - She must have "overlooked" the consultation forms dated 9/10/24 and 6/17/25 from Client #3's psychiatrist with Olanzapine 10mg PRN order - She would ensure that she checked over all medical appointment documentation to ensure that all of the documentation was correct. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements-Administration (V118) for a standard level deficiency.	V 291		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff	V 364		

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V 364	Continued From page 21 assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of	V 364	All restrictions implemented by a guardian or physician will be: Documented in writing and included in the treatment plan. Accompanied by documentation outlining how often the restriction will be reviewed for possible removal. Revisited at least every 7 days with signatures and dates from all relevant parties.	11/29/25

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Public Safety; or
c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;
(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;
(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Keep and spend a reasonable sum of his own money;
(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and
(10)Have access to individual storage space for his private use.
(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from

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adult clients unless the treatment needs of the minor client dictate otherwise.
Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:
(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;
(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and
(3) Contact and consult with a client advocate, if there is a client advocate.
The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.
(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:
(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;
(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;
(4) Receive special education and vocational training in accordance with federal and State law;
(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular

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V 364	Continued From page 24 basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall	V 364		

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be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to ensure the restriction of 1 of 3 audited client's (#2) access to personal property had a written statement detailing the reason for the restriction and failed to review the restriction as required. The findings are:

Review on 9/30/25 of Client #2's record revealed:
- Admitted: 2/11/25
- Diagnoses: Traumatic Brain Injury, Post-Traumatic Stress Disorder, Cognitive Impairment, Spastic Quadriparesis, Seizure Disorder, Episode of Recurrent Major Depressive Disorder

Review on 10/1/25 of an email from Client #2's private agency guardian to the Owner/Licensee dated 9/30/25 revealed:
- "[Client #2]'s cell phone is being restricted due to excessive and inappropriate posts on social media. These restrictions will remain in place until the team meets to discuss a plan moving forward..."

Observation on 10/6/25 of the facility revealed:
- Client #2's cell phone was locked in the hallway closet next to the bathroom

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	MHL035-091	A. BUILDING: ______ B. WING ______	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C&M FAMILY CARE SERVICES, LLC	112 ALLEN AVENUE FRANKLINTON, NC 27525

(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 364	Continued From page 26	V 364		

- The Owner/Licensee needed to use a key to unlock the closet to take the cell phone out
- The Owner/Licensee placed the cell phone back in the closet and locked the closet door

Interview on 9/30/25 Client #2 reported:
- Staff kept her cell phone locked in the hallway closet
- She had to ask staff to give her the cell phone when she wanted it
- She used her cell phone for a few hours a day
- She did not have a key to the closet to retrieve her cell phone
- She was upset that she needed to request to use her cell phone

Attempted calls to Client #3's private agency guardian on 10/2/25 and 10/8/25 were unsuccessful due to Client #3's guardian not returning the phone calls.

Interview on 10/2/25 Staff #1 reported:
- Client #2 had a restriction on her cell phone use
- She had access to her cell phone 2-3 hours a day
- The cell phone was restricted due to some inappropriate behaviors Client #3 may exhibit when using the cell phone
- Client #2 did not have access to her cell phone unless staff gave it to her

Interview on 10/3/25 Staff #2 reported:
- Client #2's "is limited (restricted)" daily to a few hours a day
- The restriction was due to Client #2 using the phone to call "restricted people" (family members) or post about her family on social media

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	MHL035-091	A. BUILDING: ____ B. WING ____	10/09/2025

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V 364	Continued From page 27	V 364		

Interview on 10/8/25 the Qualified Professional reported:
- Client #2's guardian had recently, "within the last week or two" put a restriction on Client #2's cell phone for her not to have it until the next team meeting
- She had access to her cell phone for 2-3 days a day before the guardian placed the restriction on the cell phone
- She was unaware that there needed to be documentation completed discussing the appropriateness of the restriction
- She and the Owner/Licensee "would be" responsible to ensure the documentation for the cell phone restriction was current
- She and the Owner/Licensee would ensure that the documentation was correct moving forward

Interview on 9/30/25 the Owner/Licensee reported:
- Client #2 did not have access to her cell phone unless staff gave it to her
- The restriction was due to her making phone calls to restricted family members or using social media to post inappropriately about her family members
- The cell phone was kept in a locked closet in the facility's hallway
- Client #2 did not have access to her cell phone unless staff gave it to her

Interviews on 10/8/25 and 10/9/25 the Owner/Licensee reported:
- Client #2's cell phone restriction had "followed her" from her previous placement
- The restriction was told to her verbally and there was no documentation about Client #2's cell phone restriction
- Client #2 had a restriction on her cell phone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-091	A. BUILDING: ___ B. WING ___	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 364	Continued From page 28 and staff gave her the cell phone for 2-3 hours per day - Since the guardian's email dated 9/30/25, Client #2 did not have access to her cell phone - She and the QP were responsible to ensure the documentation for the cell phone restriction was current, but she was unaware that there needed to be documentation completed discussing the appropriateness of the restriction - She and the QP would ensure that the documentation was correct moving forward	V 364		
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 record review, the facility and its grounds were not maintained in a safe and orderly manner. The findings are: Observation on 9/29/25 at 11:20am revealed: - A gray pick-up truck with no license plate in the facility's driveway - The back window of the truck was broken and had a hole that was about 2.5-3 foot wide - The remaining part(s) of the broken/shattered window had jagged edges of glass - There was a black plastic tarp hanging off the right side of the back window of the car Observation on 9/30/25 at 9:50am revealed: - The white front screen door would not latch shut	V 736	The front screen door of the home will be repaired or replaced to ensure safety and compliance. The pickup truck currently located on the property will be removed from the premises.	11/29/25

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V 736	Continued From page 29	V 736		

- The door remained open about 2-3 inches

Interview on 10/1/25 Client #2 reported:
- "I think it (the truck) has been there a while," but was not sure how long
- Was not aware the front door did not latch

Interview on 10/8/25 the Qualified Professional reported:
- The Owner/Licensee was responsible for all repairs at the facility
- The truck had been in the driveway for at least a year
- She did not know that the truck did not have tags, she "never paid attention"
- The Owner/Licensee's sister was going to remove the truck within the next month "I believe"
- She was unaware the door would not latch
- She had never seen any clients by the truck, "they are always supervised"

Interview on 10/8/25 and 10/9/25 the Owner/Licensee reported:
- The truck had belonged to her mother
- She did not know "the last time the truck had tags on it", it had been a while
- A rock had shattered the back window during the neighbor's lawn care in summer of 2025
- The tarp covering the back window had blown off about a month ago during the most recent storm
- Her sister was coming to remove the truck from the property the following weekend
- Clients were always supervised and never near the truck
- She would get the door fixed so that it would latch