

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/05/2025
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NAME OF PROVIDER OR SUPPLIER STEVIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 16 6TH EM STREET MARION, NC 28752
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on November 5, 2025. The complaint was unsubstantiated (intake # NC00234304). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and</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>(E) name or initials of person administering the drug.</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 reviews and interviews, the facility failed to ensure MARs were kept current for 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 11/4/25 of Client #1's record revealed: -Date of admission: 5/10/22. -Diagnoses: Profound Intellectual Disabilities (ID). -Physician's orders dated 7/22/25 included: -Benzotropine (anticholinergic) 1 milligram (mg) 1 by mouth (PO) twice daily (BID). -Famotidine 40 mg 1 PO at bedtime (HS).</p> <p>Review on 11/4/25 of Client #1's MARs dated 9/16/25-11/4/25 revealed: -Benzotropine was not initialed as administered on 11/2/25 at 8 am. -Famotidine was not initialed as administered on 11/1/25, or 11/2/25.</p> <p>Review on 11/4/25 of Client #2's record revealed: -Date of admission: 4/7/25. -Diagnoses: Personal History of Traumatic Brain Injury, and Mild ID. -A physician's order dated 9/12/25 for Polyethylene Glycol (PEG) 3350 powder</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(laxative) 17 grams PO daily.</p> <p>Review on 11/4/25 of Client #2's MARs dated 9/16/25-11/4/25 revealed: -PEG 3350 powder did not have an initial start date until 9/18/25 and was not initialed as administered 9/19/25, 9/20/25, 9/26/25, 9/27/25, 9/28/25, and 9/30/25. -Additionally, PEG 3350 powder was not listed on the November 2025 MAR and was not initialed as administered 11/1/25-11/4/25.</p> <p>Interview on 11/5/25 with Staff #1 revealed: -Facility staff were "still learning."</p> <p>Interview on 11/5/25 with the Compliance/Licensing Officer revealed: -Became the Compliance/Licensing Officer in September 2025. -He was still learning the position. -He was not responsible for medications. -The House (facility) Supervisor (HS) and Qualified Professional (QP) were responsible for client medications, MARs, and physician's orders for the facility.</p> <p>Interview on 11/5/25 with the HS revealed: -Had been supervisor for the facility since 9/22/25. -She was unsure why the medications for Client #1 and Client #2 were not correctly documented as being administered by staff on the September 2025 MARs. -Client #2 was receiving his PEG 3350 powder daily even though it was not listed on the November 2025 MAR, "I should have checked it ...I accept responsibility for the MAR issues, that's on me ..."</p> <p>Interview on 11/5/25 with the QP revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Responsible for ensuring client MARs were "kept up to date." -Made on-site visits to the facility and reviewed clients' MARs and medications to the physicians' orders at least once each month. -He was "not aware of any medication issues (at the facility), not that I have seen ..."</p> <p>Interview on 11/5/25 with the Chief Executive Officer revealed: -Staff were expected to report any inconsistencies with client MARs, medications and physicians' orders. -The current medications issues were "unacceptable." -She planned to speak with staff and supervisors about increasing the frequency of MAR and medication checks.</p> <p>This deficiency has been cited 3 times since the original cite on May 10, 2024, and must be corrected within 30 days.</p>	V 118		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with</p>	V 513		

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V 513	<p>Continued From page 4</p> <p>the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to use the least restrictive and most appropriate settings and methods to promote a safe and respectful environment affecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Observation on 11/5/25 at approximately 12:47pm of the facility revealed: -Food items were stored in 8 kitchen cabinets and the refrigerator. -All 8 of the kitchen cabinets were equipped with white locks and observed to be securely locked. -The refrigerator was secured shut with a black lock. -The food items were not accessible unless the locks were disengaged.</p> <p>Review on 11/4/25 of Client #1's record revealed: -Date of admission: 5/10/22. -Diagnoses: Profound Intellectual Disabilities (ID). -No consent from the legal guardian for the use of locked kitchen cabinets, or the locked refrigerator.</p>	V 513		

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V 513	<p>Continued From page 5</p> <ul style="list-style-type: none"> -No documentation supporting the need to restrict access to food within the treatment plan. -No documentation that approval had been obtained from the Human Rights Committee for the use of restricting access to food. <p>Review on 11/4/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 4/7/25. -Diagnoses: Personal History of Traumatic Brain Injury, and Mild ID. -No consent from the legal guardian for the use of locked kitchen cabinets, or a locked refrigerator. -No documentation supporting the need to restrict access to food within the treatment plan. -No documentation that approval had been obtained from the Human Rights Committee for the use of restricting access to food. <p>Interview on 11/4/25 with Client #1's father/legal guardian revealed:</p> <ul style="list-style-type: none"> -Observed locks on the kitchen cabinets at the facility. -Did not have a conversation with facility staff, or provide consent for the use of locks on the kitchen cabinets or refrigerator to restrict access to food items. <p>Interview on 11/5/25 with Client #1's mother/legal guardian revealed:</p> <ul style="list-style-type: none"> -Did not have a meeting with facility staff regarding locks on the kitchen cabinets, or refrigerator. "Maybe eons ago, but nothing recent. Probably have to have a meeting with the facility soon about the locks and cabinets and fridge (refrigerator). Every home (facility) [Client #1] has lived in had to have locks on the cabinets and fridge. It's an understood thing ...not sure if it's documented anywhere. He (Client #1) will get in the cabinets and fridge and tear stuff up, open things, and make a mess ..." 	V 513		

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V 513	<p>Continued From page 6</p> <p>Interview on 11/5/25 with Client #2's legal guardian revealed: -Never had a meeting with facility staff, or the care team about the locks on the kitchen cabinets/refrigerator. -Had not given consent, or approval for locks to restrict client's access to food.</p> <p>Interview on 11/5/25 with Staff #1 revealed: -The facility's kitchen cabinets and refrigerator have always been locked.</p> <p>Interview on 11/5/25 with Staff #3 revealed: -The kitchen cabinets and refrigerator have been locked "since I've been here." -The cabinets and refrigerator are kept locked until "we (staff) need to get something out of it."</p> <p>Interview on 11/5/25 with the House Supervisor revealed: -The kitchen cabinets and the refrigerator at the facility were locked and had "been like that as long as I know. [Client #1] has a food obsession. It's locked because he will get in there and tear things open, try to eat things, more of a safety issue ..." -There had been "no meeting with guardians about locked cabinets and refrigerator." -Not aware of any reviews by the Human Rights Committee. -The kitchen cabinets and refrigerator at the facility "stay locked until staff need something out of them."</p> <p>Interview on 11/5/25 with the Qualified Professional revealed: -Client #1 would rip the locks of the cabinets and the facility would have the locks repaired. -Had not been involved in any treatment team</p>	V 513		

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V 513	<p>Continued From page 7</p> <p>meetings, or discussions about the facility cabinets, or refrigerator being locked. -He did not know who made the decision "to have locks" it was made before June 2025 when he started working for the facility.</p> <p>Interview on 11/5/25 with Compliance/Licensing revealed: -The kitchen cabinets and refrigerator at the facility "to my knowledge, they have always been locked ...Locked well over 2 years ..." -He was not sure who made the decision to use locks on the kitchen cabinets and refrigerator. -He was not sure if there had been a meeting about the locks. He had not "been a part of any meetings."</p> <p>Interview on 11/5/25 with the Chief Executive Officer revealed: -Unsure if there was an existing consent for kitchen cabinets and refrigerator to be locked. -Would ensure that appropriate restrictions were included in the treatment plans and signed by the legal guardian. -Would submit restrictions to the Human Rights Committee before having them implemented.</p>	V 513		