

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/30/2025
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NAME OF PROVIDER OR SUPPLIER BAILEY'S RESPITE CARE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 COLONIAL AVENUE WILSON, NC 27896
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 30, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service <category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment for 1 of 3 audited clients (#1). The findings are:</p> <p>Observation on 10/30/25 at approximately 1:45pm revealed: - No communication device at the facility for client #1.</p> <p>Review on 10/30/25 of client #1's record revealed: - Admission date of 4/1/23 - Diagnoses of Intellectual Developmental Disability- Severe; Chromosomal Abnormality; Adjustment Disorder. - Psychological Evaluation dated 12/18/18: "Treatment Recommendations- Specialized therapies: Speech therapy with Assisted Technology." - Individual Support Plan dated 1/1/25: "Short Range Goal: 2A. Daily, [Client #1] will continue to use her communication device to indicate her wants , needs and feelings to others...2B...will learn new words by expanding her vocabulary, by using her communication device...2C. will learn to use her communication device...to express her emotions. Where am I now in relationship to the goal.? Progress is maintained. [Client #1] continues to require assistance with</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>communication skills...Who will provide support? Residential Facility [Facility]."</p> <p>Client #1 had left the facility and was unavailable for questions regarding a communication device.</p> <p>Interview on 10/30/25 staff #1 stated:</p> <ul style="list-style-type: none"> - There was no communication device at the facility for client #1 to use. - Client #1 had been there for 2 years and staff was just beginning to understand her. <p>Interview on 10/30/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #1 used a communication device at a day program but not at the facility. - She was responsible for the short range goals on client #1's treatment plan. - She would discuss the need for a communication device in the facility for client #1 at client #1's upcoming annual meeting. 	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 3</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 10/30/24 of the facility's fire and disaster drills for October 2023-September 2025 revealed:</p> <p>Fire Drills: - First quarter of 2025 (January-March) no documented weekend drills the 8am-8pm and 8pm-8am shifts. - Second quarter of 2025 (April-June) no documented fire drills for the 4pm-12am and the weekend 8pm-8am shift. - Third quarter of 2025 (July-September) no documented fire drills for the 8am-4pm shift and the weekend 8pm-8am shift.</p> <p>Disaster Drills: - First quarter of 2025 (January-March) no documented disaster drills for the weekend 8pm-8am shift. - Third quarter of 2025 (July-September) no documented disaster drills for the weekend 8pm-8am shift.</p> <p>Interview on 10/30/25 client #1 shook her head to indicate that she participated in fire and disaster drills at the facility.</p> <p>Interview on 10/30/25 client #3 stated she had</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 4</p> <p>done fire and tornado drills and that she went outside to the road for fire drills.</p> <p>Interview on 10/30/25 staff #1 stated fire and disaster drills are completed monthly and all clients participated in the drills with no refusals. She would develop a schedule for fire and disaster drills to ensure none were missed.</p> <p>Interview on 10/30/25 the Qualified Professional acknowledge the requirements of quarterly fire and disaster drills and agreed with the development of a schedule by staff #1.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
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>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>(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 (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the MAR was kept current affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 10/30/25 of client #1's record revealed: - Admission date of 4/1/23 - Diagnoses of Intellectual Developmental Disability- Severe; Chromosomal Abnormality; Adjustment Disorder - Physician order dated 7/16/25: Mirtazapine HCL (hydrochloride) (depression) 7.5 milligrams (mg), 1 daily at bedtime; Hydroxyzine HCL (antihistamine) 25mg, 1 twice daily; Fluoxetine (antidepressant) 20mg 1 every morning; Drisdol Ergocalciferol Vitamin D (supplement) take once a week (Tuesdays only).</p> <p>Review on 10/30/25 of client #1's MAR for the month of August 2025 revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Mirtazapine 7.5mg not documented as administered on 8/23/25 - 8/29/25 at 8pm. - Hydroxyzine HCL (25mg not documented as administered on 8/28/25 and 8/29/25 at 8am; not documented as administered on 8/23/25 - 8/29/25 at 8pm. - Fluoxetine 20mg not documented as administered on 8/28/25 and 8/29/25 at 8am. - Drisdol Ergocalciferol Vitamin D2 not documented as administered for the week of 8/24/25 - 8/30/25 and documented as administered on Saturday's that were 8/2/25, 8/9/25, 8/16/25 and 8/23/25. <p>Interview on 10/30/25 client #1 she shook her head yes indicated that she took her medications daily.</p> <p>Interview on 10/30/25 staff #1 stated the blanks on the August MAR were due to client #1 being on leave with her mother</p> <p>Interview on 10/30/25 the Qualified Professional stated all clients received their medication as ordered.</p> <p>Due to the failure to accurately document medication administration for clients #1 it could not be determined if they received medication as ordered by their physician.</p>	V 118		