

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2025
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NAME OF PROVIDER OR SUPPLIER THE ENOLA GROUP / MOUNTAIN SIDE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2175 MOUNTAIN SIDE DRIVE MORGANTON, NC 28655
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 10, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 2 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</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

Jim Curtis *BLAP* *10-21-25*

STATE FORM

6899

QQTV11

If continuation sheet 1 of 7

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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 that the MAR was kept current and documented immediately after medication administration, affecting 2 of 2 audited clients (#1 & #2). The findings are:</p> <p>Review on 10/8/25 and 10/9/25 of Client #1's record revealed: -Admission Date: 4/20/10. -Diagnoses: Intellectual Developmental Disability (IDD), Moderate; Schizophrenia Undifferentiated; Seizure Disorder, and Visual Problems. -Physician orders dated 3/19/25 included: -Risperidone 2 milligram (mg) tab (tablet) (Schizophrenia), 1 tab PO (by mouth) BID (twice a day). -Carbatrol/Equetrol 200mg tab (seizures), 2 tabs BID. -Flonase 50 mcg, (micrograms)(allergies), 2 sprays each (ea) nostril HS (at bedtime). -Colace 100mg (stool softener), 2 caps (capsules) HS. -Multivitamin, 1 tab QD (every day).</p> <p>Review on 10/8/25 of Client #1's MARs dated 10/1/25 to 10/8/25 revealed: -Risperidone 2mg, scheduled at 8:00am and</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>8:00pm (BID), 13 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Carbatrol/Equetrol 200mg tab, BID, 13 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Claritin 10mg tab, 1 tab QD, 6 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Flonase, 50mcg, 2 sprays each nostril HS, 1 dose initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Colace 100mg, 2 caps HS, 6 doses, initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Multivitamin, 1 tab QD, 6 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>Review on 10/8/25 and 10/9/25 of Client #2's record revealed:</p> <p>-Admission Date: 4/2010.</p> <p>-Diagnoses: IDD, Mild; Internal Hemorrhoids; Osteoarthritis Right Knee; Hypertension; and Moderate Delay in Adaptive Skills.</p> <p>-Physician orders dated 3/19/25 included:</p> <p>-Cetirizine 10mg tab (allergies), 1 tab HS.</p> <p>-Pantoprazole Sodium 40mg (GERD), 1 tab PO BID.</p> <p>-Losartan Potassium 50mg tab (High Blood Pressure), 1 tab QD.</p> <p>-Vitamin C 500mg tab (supplement), 1 tab QD.</p> <p>Review on 10/8/25 of Client #2's MARs dated 10/1/25 to 10/8/25 revealed:</p> <p>-Cetirizine 10mg tab, 1 tab QD, 5 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Pantoprazole Sodium 40mg tab, 1 tab PO BID, 11 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Losartan Potassium 50mg tab, 1 tab QD, 6 doses initialed as administered from 10/1/25 to 10/8/25.</p> <p>-Vitamin C 500mg tab, 1 tab QD, 5 doses initialed as administered from 10/1/25 to 10/8/25.</p>	V 118		

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V 118	Continued From page 3 Interview on 10/8/25 with the AFL provider revealed: -Signed Client #1 and #2's MARs at night before bed. -Client #2 self-administered medications but he still supervised and signed the MAR to record administration. -Knew that he needed to sign the MAR immediately after administration. Interview on 10/9/25 with the Qualified Professional revealed: -When she completed home visits with the AFL provider, the MARs were up to date. -The AFL provider would be going back through medication administration class.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled	V 120		

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V 120	<p>Continued From page 4</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications were stored securely affecting 2 of 2 audited clients (#1 & #2). The findings are:</p> <p>Observation on 10/8/25 at 11:30AM of the facility revealed: -Two pharmacy bags with client medication(s) were in an unlocked cabinet where Client #1's medications were stored. -The pharmacy bags were visible outside of Client #1's locked box for medication. -Client #2's medications were in an unsecured container affixed to the wall near the back door of the facility.</p> <p>Review on 10/8/25 and 10/9/25 of Client #1's record revealed: -Admission Date: 4/20/10. -Diagnoses: Intellectual Developmental Disability (IDD), Moderate; Schizophrenia Undifferentiated; Seizure Disorder, and Visual Problems.</p> <p>Review on 10/8/25 and 10/9/25 of Client #2's record revealed: -Admission Date: 4/2010. -Diagnoses: IDD, Mild; Internal Hemorrhoids; Osteoarthritis Right Knee; Hypertension; and Moderate Delay in Adaptive Skills. -Physician statement dated 3/19/25 that Client #2 could self-administer medications.</p>	V 120		

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V 120	<p>Continued From page 5</p> <p>Observation on 10/8/25 of Client #1's medications revealed:</p> <ul style="list-style-type: none"> -Risperidone 2 milligram (mg) tab (tablet) (Schizophrenia), 1 tab PO (by mouth) BID (twice a day), dispensed 9/27/25. -Carbatrol/Equetrol 200mg tab (seizures), 2 tabs BID, dispensed 8/8/25. -Vitamin D 1.25mg, (supplement), 1 cap (capsule), 1 time per week, dispensed 7/25/25. -Flonase 50 mcg, (micrograms)(allergies), 2 sprays each (ea) nostril HS (at bedtime). -Colace 100mg (constipation), 2 caps HS, over the counter (OTC). -Multivitamin, 1 tab QD (every day), OTC. <p>Observation on 10/8/25 of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Cetirizine 10mg tab (allergies), 1 tab QHS, dispensed 6/28/25. -Pantoprazole Sodium 40mg (GERD), 1 tab PO BID, dispensed 8/28/25. -Losartan Potassium 50mg tab (High Blood Pressure), 1 tab QD, dispensed 6/13/25. -Docusate Sodium 100mg tab (constipation), 1 tab QD PRN (as needed), OTC. -Vitamin C 500mg tab (supplement), 1 tab QD. <p>Interview on 10/9/25 with Clients #1 and #2 revealed:</p> <ul style="list-style-type: none"> -No issues with their medications. <p>Interview on 10/8/25 with the AFL provider revealed:</p> <ul style="list-style-type: none"> -Client #2 self-administered his medications but he supervised during administration. -Kept Client #2's medications by the facility's back door in the observed unsecured container fixed to wall. -Confirmed the observed pharmacy bags contained client medications and would secure 	V 120		

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V 120	<p>Continued From page 6</p> <p>them.</p> <p>Interview on 10/9/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Told the AFL provider that even though Client # 2 self-administered his medications, they (medications) needed to be stored securely. -Would be following up. -The AFL provider would be going back through medication administration class. 	V 120		