

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 07/18/2025
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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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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 7/18/25. 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>The 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 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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 (E) name or initials of person administering the drug.</p>	V 118	<p style="text-align: center;">RECEIVED NOV 17 2025 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	Continued From page 1 (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 record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 3 of 3 clients (#1, #2, #3). Review on 7/15/25 of Client #1's record revealed: -Date of admission: 5/10/22. -Diagnoses: Autistic Disorder, Gastroesophageal Reflux (GERD), Vitamin D Deficiency, Hypothyroidism, Profound Intellectual Developmental Disorder (IDD), Nonverbal. -Physician's orders dated 10/21/24 included: -Levothyroxine 50 microgram (mcg)(thyroid) - 1 tablet (tab) once daily -Loratadine 10milligrams (mg) (allergies)- 1 tab once daily. -Metoprolol 25mg (blood pressure) - take 1 tab twice daily along with 50mg. -Metoprolol 50mg- take 1 tab twice daily along with 25mg. -Omeprazole 20mg (GERD)- take 1 twice daily. -Divalproex DR (delayed release) (mood) 500mg- 2 tabs twice daily ordered 9/23/24. -Risperidone 4mg (behaviors)- take ½ tab every 2 hours as needed (PRN) for severe agitation; no more than 2 tabs daily ordered	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>take."</p> <p>Interview on 7/15/25 with Client #3 revealed: -He received medications but did not know what he was administered. -He administered his own injections.</p> <p>Interview on 7/18/25 with the House Manager revealed: -Was responsible for making sure medications were filled. -[Client #3] does not administer (his shot) himself ...he gets it on Sundays ...it's usually me administering."</p> <p>Interview on 7/16/25 with the QP revealed: -"I've been in the house (facility) monthly." -"I check the MARs and meds, make sure they match." -"I did not look for medication labels." -Did not remember when they switched pharmacies and began receiving the dispill packs.</p> <p>Interview on 7/15/25 with the Licensee's Member Coordinator revealed: -Medications had to have been given because they were all in the same dispill pack. "I don't understand why the MAR was not completed ...staff documentation error."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 118		

Division of Health Service Regulation

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V 736	Continued From page 5	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 7/15/25 of the facility at approximately 11:15am revealed: -Upon entrance to the facility, the paint outside of the 2 front doors was faded and dirty. The doorknob and dead bolt had been replaced but still showed the worn and dirty outline of previous knob/lock. The 8-10" wide threshold paint was worn and paint was scraped off in front edge of the left door. The wooden slat siding covering 6-8" step below the threshold was missing slats leaving gaps of one 1" wide gap, 2 sections approximately 2" wide and 1 section approximately 6-8" wide. Other slats below the threshold were warped and split and in need of replacement.</p> <p>Furniture in the facility included 1 large leather couch, matching armchair, additional smaller leather armchair and an electric reclining chair. The back right side of the couch appeared broken as it dropped approximately 4-6" below the back of the left side. The left arm of the couch had a leather patch partially taped over the inside corner. Below the patch was an approximate 4x4" hole missing cover and padding and exposing the wooden frame of the arm. The large matching armchair was torn on both inside</p>	V 736	<p>Entryway doors where striped and repainted. Ramp was constructed to facilitate ease of access and egress to the facility.</p> <p>All living room furnishings were replaced with new furniture. Damaged furniture was replaced with new Sofa, Loveseat, and Chair. Damaged furniture was disposed of.</p>	8/8/2025

Division of Health Service Regulation

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V 736	<p>Continued From page 6</p> <p>corners of each arm exposing the padding of approximately 3x3x3" triangle on the left and 1x1x1 triangle on the right. The right arm also had tape residue approximately 6-8" around the hole. The smaller leather chair revealed a large approximately 8x12" hole in the seat cushion revealing rolled batting and the foam cushion. The front of the cushion also revealed a horizontal patch spanning almost the entire bottom edge and about 2" high on the front span of the cushion..</p> <p>Interview on 7/15/25 with Staff #1 revealed: -"I think the furniture came from the CEO." -"I think their dog did it (chewed the corner of the arms of the chair and couch)" -He was not aware when the back of the couch might have been broken. -Client #1 typically sat in the smaller leather chair. "He frequently wet (urinated in) that chair" so other clients didn't want to sit in that chair.</p> <p>Interview on 7/18/25 with the House Manager revealed: -The furniture had gotten worse by clients picking at it. -Had taped a patch over the tears. -Just occurred the last month or 2. -Will be changed as soon as possible.</p> <p>Interview on 7/16/25 with the Qualified Professional revealed: -I didn't notice the couch was torn ...[Client #3] will destroy things ...I would bet [Client #3] torn up the couch...it was not like that the last time I was there ...I did notice the door was dirty ..."</p> <p>Interview on 7/15/25 with the Licensee's Member Coordinator revealed: -Was not aware the furniture "looked that bad."</p>	V 736		

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V 736	Continued From page 7 -He would take care of repairing or replacing the furniture.	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 6, 2025

Chris Kiser
Vice President of Quality Management
Community Companion Home Care, LLC
49A State Street
Marion, NC 28752

Re: Plan of Correction for Annual and Follow Up Survey completed **7/18/25**
Stevie's Place, 15 6th EM Street, Marion, NC 28752
MHL# 059-108
E-mail Address: ckkiser.cchc@gmail.com

Dear Mr. Kiser:

An annual and follow-up survey was completed on 7/18/25. A letter was sent to you along with the Statement of Deficiencies which stated a Plan of Correction that addresses each deficiency cited during the survey was to be sent to our office. We never received the Plan of Correction for this survey.

Please submit a plan of correction which indicates what measures will be put in place to **correct** the deficient area of practice and **prevent** the problem from occurring again.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

If you have any questions, please call Eileen Moreno at 336-247-0107.

Sincerely,

Eileen Moreno, MA
Facility Compliance Consultant II, Mountains Team Leader
Mental Health Licensure & Certification Section

Cc: File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 22, 2025

Chris Kiser, VP Quality Management
Community Companion Home Care, LLC
49A State Street
Marion, NC 28752

Re: Annual and Follow up Survey completed July 18, 2025
Stevie's Place, 15 6th EM Street, Marion, NC 28752
MHL # 059-108
E-mail Address: ckkiser.cchc@gmail.com

Dear Mr. Kiser:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 7/18/25.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 8/17/25.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 9/16/25.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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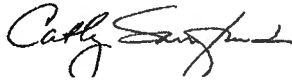
7/22/25
Stevie's Place
Community Companion Home Care, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Eileen Moreno, Mountains Team Leader at 336-247-0107.

Sincerely,



Cathy Samford
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
Bobbie Sigmon, Director, McDowell County DSS
Michael Blake, Administrative Supervisor