

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601464	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2025
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NAME OF PROVIDER OR SUPPLIER ROPES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 11-7-25. The complaint was unsubstantiated (Intake #NC 00233720). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living For Minors With Developmental Disability.</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 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. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(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 ensure that fire and emergency drills were conducted quarterly and repeated on</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>each shift. The findings are:</p> <p>Review on 10-15-25 of the facility's fire and disaster log for 10-1-24 to 9-30-25 revealed: -No documentation of fire and disaster drills for 10-1-24 to 12-30-24.</p> <p>Interview on 10-15-25 with the Director revealed: -The facility runs 3 shifts. 1st shift (8am to 2pm), 2nd shift (2pm to 10pm) and 3rd shift (10pm to 8am). -Fire and disaster drills were conducted monthly. -The Director was unsure where the documentation for 10-1-24 to 12-31-24 was located. "They (fire/disaster drill documentation) might have been purged and put in the electronic system. We have that (fire/disaster drill documentation) I will look (in the electronic system) and get them to you."</p> <p>Interview on 10-24-25 with client #2 revealed: -"Yes," (the facility conducted fire and disaster drills).</p> <p>Interview on 10-24-25 with client #3 revealed: -"Yes, All the time" (the facility conducted fire and disaster drills).</p> <p>Interview on 10-29-25 with staff #1 revealed: -"Yes ma'am, we do fire and emergency dills. From my understanding what the paperwork that I've seen thus far it's like maybe once or twice a month"</p> <p>Interview on 10-24-25 with staff #2 revealed: -"Yes," (the facility conducted fire and emergency drills. -"We do them every month."</p> <p>Interview on 11-4-25 with the Qualified</p>	V 114		

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V 114	Continued From page 2 Professional revealed: -"Fire and emergency drills are conducted monthly for each shift." Interview on 10-16-25 with the Director revealed: -Documentation for fire and disaster drills for 10-1-24 to 12-31-24 was not located. -"What you saw (documentation for fire and disaster drills from 1-1-25 to 9-30-25.) yesterday (10-15-25) is all we have."	V 114		
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; (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.	V 118		

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V 118	<p>Continued From page 3</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, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and ensure that the MARs were kept current affecting 3 of 3 clients (client's #1, #2 and #3). The findings are:</p> <p>Review on 10-15-25 and 10-16-25 of client #1's record revealed: -Date of admission: 10-4-24 -Age: 18 years. -Diagnoses: Autism Spectrum Disorder, Disrupted Mood Dysregulation Disorder (DMDD); Oppositional Defiant Disorder (ODD); Unspecified Attention Deficit Hyperactivity Disorder (ADHD). -No physicians' order on site for client #1's medications prior to 9-22-25. -Physicians' orders dated 9-22-25 for the following: -Aripiprazole 5 milligrams (mg) (mania/mood disorder) Take one tablet by mouth every day. -Concerta ER (extended release) 27 mg (ADHD) Take one tablet by mouth every day. -Trazadone 50 mg (depression/sleep) Take one tablet by mouth at bedtime. -Tegretol 200 mg (mood disorder) Take one tablet by mouth twice daily. -No documentation of physicians' orders for the</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>following:</p> <ul style="list-style-type: none"> -Clonidine hydrochloric acid (HCL) 0.1 mg (ADHD) Take one tablet by mouth daily at night. -Trazadone 100 mg Take one tablet by mouth at bedtime. <p>Review on 10-15-25 and 10-16-25 of client #1's MARs from July 1, 2025 to October 15, 2025 revealed:</p> <ul style="list-style-type: none"> -Aripiprazole initialed for administration from July 1, 2025 to September 21, 2025 71 times without a physicians' order. -Concerta initialed for administration from July 1, 2025 to September 21, 2025 71 times without a physicians' order. -Trazadone 100 mg initialed for administration from July 1, 2025 to September 21, 2025 71 times without a physicians' order. -Tegretol initialed for administration from July 1, 2025 to September 21, 2025 71 times without a physicians' order. -Clonidine HCL 0.1 mg initialed for administration from July 1, 2025 to October 14, 2025 71 times without a physicians' order. <p>Interview on 10-28-25 with the local pharmacy representative revealed the following physicians' orders for client #1's Trazadone:</p> <ul style="list-style-type: none"> -Physicians' order dated 7-3-25 for Trazadone 100 mg one tablet by mouth as needed. -Physicians' order dated 8-7-25 changed to Trazadone 150 mg one tablet by mouth everyday. -Physicians' order dated 9-8-25 changed to Trazadone 50 mg one tablet by mouth as needed. -Physicians' order dated 10-6-25 changed to Trazadone 150 mg one tablet by mouth as needed. <p>Review on 10-15-25 and 10-16-25 of client #1's July 1, 2025 to October 15, 2025 MARs revealed:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-Trazadone 100 mg, Take one tablet by mouth at bedtime initialed for administered from 7-1-25 to 7-31-25, 8-1-25 to 8-10-25, 8-18-25 to 8-28-25, 9-2-25 to 9-19-25 and 9-21-25 to 9-30-25.</p> <p>-Trazadone 150 mg, Take one tablet by mouth at bedtime initialed for administered from 10-1-25 to 10-14-25.</p> <p>Review on 10-15-25 and 10-16-25 of client #2's record revealed: -Date of admission: 11-27-23 -Age: 15 years. -Diagnoses: Autism; ADHD. -No physicians' order on site for Risperdal 1 mg (autism) Take one tablet by mouth twice daily.</p> <p>Review on 10-15-25 and 10-16-25 of client #2's July 1, 2025 to October 15, 2025 MARs revealed: -Risperdal initialed as administered twice daily from 8-1-25 to 8-31-25 62 times without a physicians' order. -Risperdal initialed as administered only for the AM doses from 10-1-25 to 10-14-25 14 times without a physicians' order.</p> <p>Interview on 10-28-25 with the local pharmacy representative revealed the following physicians orders for client #2's Risperdal revealed: -First physicians' order received on 8-4-25 for Risperdal 1 mg. Take one tablet by mouth twice daily. -Refilled on 9-3-25 and 10-1-25 with same instructions as above.</p> <p>Review on 10-15-25 and 10-16-25 of client #3's record revealed: -Date of admission: 3-28-25. -Age: 16 years. -Diagnoses: Unspecified Mood Disorder; Bilateral Impacted Cerumen; Diabetes; Intellectual</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Disability.</p> <p>-No physicians' orders on site for the following medications:</p> <p>-Fluoxetine HCL 40 mg take one capsule by mouth daily.</p> <p>-Propranolol 60 mg tablet take one tablet by mouth three times daily.</p> <p>-Metformin HCL ER (diabetes) 750 mg take one tablet by mouth in the morning and one in the evening with meals.</p> <p>-Methylphenidate ER (ADHD) 27 mg take one tablet by mouth every morning.</p> <p>-Valsartan (blood pressure) take one tablet by mouth daily.</p> <p>-Amlodipine (blood pressure) 10 mg take one tablet by mouth daily.</p> <p>-Chlorpromazine (mood) 25 mg one tablet by mouth twice a day.</p> <p>-Minocycline (acne) 100 mg one capsule by mouth twice daily.</p> <p>-Ammonium Lactate (dry skin) 12% lotion 25 mg apply small amount to affected areas on body twice daily.</p> <p>-Divalproex Sodium (mood) 500 mg take one tablet by mouth two times daily for seven days.</p> <p>-Losartan Potassium (blood pressure) 25 mg take one tablet by mouth daily for 7 days.</p> <p>-Olanzapine (mood) 5 mg take one tablet by mouth daily for 7 days.</p> <p>-Physicians' order dated 10-17-25 for the following medications:</p> <p>-Divalproex Sodium 500 mg take one tablet by mouth two times daily for seven days.</p> <p>-Losartan Potassium 25 mg take one tablet by mouth daily for 7 days.</p> <p>-Olanzapine 5 mg take one tablet by mouth daily for 7 days.</p> <p>-Metformin HCL ER 500 mg take one tablet by mouth in the morning and one in the evening with meals.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 10-15-25 and 10-16-25 of client #3's July 1, 2025 to October 15, 2025 MARs revealed:</p> <ul style="list-style-type: none"> -Fluoxetine HCL initialed as administered from 7-1-25 to 8-14-25 45 times without a physicians' order. -Propranolol initialed as administered three times daily from 7-1-25 to 8-14-25 133 times without a physicians' order. -Metformin initialed as administered twice daily from 7-1-25 to 8-14-25 102 times without a physicians' order. -Methylphenidate initialed as administered from 7-1-25 to 8-14-25 45 times without a physicians' order . -Valsartan initialed as administered from 7-1-25 to 8-14-25 45 times without a physicians' order. -Amlodipine initialed as administered from 7-1-25 to 8-14-25 45 times without a physicians' order. -Chlorpromazine initialed as administered from 7-16-25 to 8-14-25 59 times without a physicians' order. -Minocycline initialed as administered twice daily from 7-15-25 to 8-14-25 59 times without a physicians' order. -Ammonium Lactate 12% lotion 25 mg initialed as administered twice daily from 7-15-25 to 8-14-25 49 times without a physicians' order. -Divalproex Sodium initialed as administered on 10-13-25. -Losartan Potassium initialed as administered on 10-13-25. -Olanzapine 5 mg initialed as administered on 10-13-25. -No September 2025 MAR was available for review. <p>Client #1 out of the facility on 10-15-25, 10-16-25 and 10-24-25 and unavailable for interview.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Interview with client #2 on 10-24-25 revealed: -Takes medications daily. -Staff administers medications to him. -Has not missed or refused any medications.</p> <p>Interview with client #3 on 10-24-25 revealed: -Takes medications daily. -Staff administers medications to him. -Has not missed or refused any medications.</p> <p>Interview on 10-29-25 with staff #1 revealed: -No issues with medication administration. -Denied any knowledge of clients missing medications or refusing medication. -Not sure where physicians' orders were kept. -"I think they are kept upstairs locked in the medication cabinet."</p> <p>Interview on 10-24-25 with staff #2 revealed: -No issues with medication administration. -Denied any knowledge of clients missing medications or refusing medication. -Physicians' orders were kept in the MARs.</p> <p>Interviews on 10-15-25, 10-16-25 and 10-29-25 with the Director revealed -Copies of physicians orders for all medications are obtained from each clients physician when a client goes to the doctor. -All the clients physicians orders were in the facility and he would need to locate the physicians' order that were not in the clients records. "We have them. They (physicians' orders) may be upstairs (filed in records kept in the office) filed away. I will look for them and have them for you tomorrow (10-16-25)." -10-16-25 physicians' orders for client #1, #2 and #3's medications were not available for review. "What do you need? We have all of that</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>(physicians' orders). I will locate the orders and get them to you."</p> <p>"I don't know why the MARs are not current. I will need to check with the staff to see what's going on with [client #1's] trazadone and [client #2's] Risperdal, I don't know."</p> <p>-Client #3 was in the hospital from 8-14-25 to 10-13-25. "We print the MARs at the first of the each month. We didn't do a MAR for September (2025) because he wasn't here (facility), he was still in the hospital in September (2025)."</p> <p>"He (client #3) came back on 10-13-25 and they only had him on these meds (medications) (Divalproex Sodium, Losartan Potassium, Olanzapine and Metformin 500mg)."</p> <p>"No," the facility did not obtain physicians' orders for the new medications (Divalproex Sodium, Losartan Potassium, Olanzapine and Metformin 500mg).</p> <p>"No," there were no discontinue orders for the medications that client #3 was no longer taking (Fluoxetine, Propranolol, Metformin (750 mg) Methylphenidate, Valsartan, Amlodipine, Chlorpromazine, Minocycline and Ammonium Lactate).</p> <p>"When I realized we (facility) didn't have the orders (physicians' orders), we held (did not administer) the medications and I reached out to his (client #3's) doctor (10-15-25) to work on getting the new orders (physian's orders). We are waiting on the doctor to send us updated orders."</p> <p>-10-29-25-"I don't know why we keep going over it (request for physicians' orders). The orders were in the records and I can email them to you."</p> <p>-The QP was responsible for monitoring the medication administration process.</p> <p>"The expectation is, he (the QP) can do it monthly or weekly. He (QP) does it weekly. He checks to make sure the orders are current, make sure we have the order for each of the</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>meds."</p> <p>-The facility contracts with a nurse who reviews the MARs and physicians' orders quarterly. Then we take them to the nurse and she looks at them (MARs/physicians orders)"</p> <p>-"We have the staff (direct care staff) checking also (medications and MARs). They check it when they are administering the meds (medications)."</p> <p>-He did not have the requested missing physicians' orders. "We already talked about that (physicians' orders). What you have already is what we got, I don't have anything else."</p> <p>Interview on 11-4-25 with the QP revealed:</p> <p>-QP since 8-5-24.</p> <p>-Responsible for monitoring the medication process, the MARs, and physicians' orders.</p> <p>-Checked medications, MARs and physicians' orders bi-weekly. "Making sure they (staff) are doing their documentation, administering the meds, making sure you (staff) are doing their jobs as far as giving meds and documenting at the same time."</p> <p>-"I pull MARs, look for signatures, look for blanks on the MARs, check orders, check MARs against the orders and the bubble packs (medications) to make sure everything matches."</p> <p>-"When we find something that's not right (error), we (the Director) write it up and do a incident report."</p> <p>-"Well, basically we made some mistakes (QP did not catch changes with client #1's orders) Like I said we are working on it (medication process) and we are trying to get the electronic stuff (electronic medication system)."</p> <p>-Client #3's physicians' orders were not changed on the August 2025, September 2025 and October 2025 to reflect new physicians' order changes in dosage and administration</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>instructions.</p> <p>-"Yes, it was missed (client #3's physicians' order changes). I'm not sure how that was happened."</p> <p>This deficiency has been cited 3 times since the original cite date on 11-10-22, 1-23-23, 4-21-23.</p> <p>Due to the failure to accurately document medications administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 11-5-25 of the facility's Plan of Protection dated 11-5-25 and signed by the Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure medication records are accurate and prevent future discrepancies where medications are administered without a proper medication order on file, the following immediate actions will be taken:</p> <p>[Electronic Medical Record] Reconciliation: All existing medication records will be promptly audited in [Electronic Medical Record] to verify that each administered medication has a corresponding, up-to-date medication order signed by a licensed prescriber. Any missing orders will be immediately flagged, and administration of those medications will be halted until proper documentation is received.</p> <p>Real-Time Order Verification: Before administering any new medication, staff will be required to confirm the presence of an active signed medication order in [Electronic Medical Record]. This check will be documented for accountability.</p> <p>Monthly Nurse Review: (Increased Frequency): A registered nurse will perform monthly, rather than quarterly, reviews of all medication orders and</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>administration records via [Electronic Medical Record] to ensure compliance and address discrepancies in a timely manner.</p> <p>Physician Notification Protocol: If a medication is found tin the MAR without a corresponding order, the nurse will immediately notify the prescribing physician and obtain a valid order or discontinue the medication as clinically indicated.</p> <p>Staff training and Accountability: All staff involved in medication administration will receive refresher training on the importance of verifying medication orders prior to administration and proper documentation procedures in [Electronic Medical Record] . Staff will sign an acknowledgment of this training.</p> <p>Centralized Refills and MAR Pickup: All medication refills will be directed exclusively to the nurse, who will collect the Medication Administration Record (MAR) forms monthly from Avant Pharmacy. Avant Pharmacy will continue to provide these forms free of charge.</p> <p>[Electronic Medical Record] Monitoring: The nurse will utilize [Electronic Medical Record's] robust notification system for immediate alerts regarding missed medications, refill status, and automatic reminders for staff to sign MARs, supporting continuity of medication administration.</p> <p>These actions will be implemented immediately to ensure the safety of all consumers and the accuracy of medication records. The facility will document completion of each step and monitor ongoing compliance through [Electronic Medical Record] tracking and alert features.</p> <p>Describe your plans to make sure the above happens.</p> <p>Monthly Nurse Review: With each medication refill, the nurse will conduct a through review of medication administration logs and forms, ensuring accuracy and completeness before</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>forms are processed further. This process will commence immediately, with the next refills due on 11/10.</p> <p>Qualified Professional & Director Oversight: After nurse approval, the qualified professional and facility director will review the medication administration forms via [Electronic Medical Record] for compliance and address any discrepancies identified by the nurse.</p> <p>Utilization of [Electronic Medical Record] Alerts: Staff will rely on [Electronic Medical Record] notification system for timely updates on missed doses, refills, and MAR signatures, which helps maintain uninterrupted and compliant medication administration.</p> <p>Staff Roles and Responsibilities: Registered Nurse: Responsible for monthly monitoring of medication logs in [Electronic Medical Record], overseeing all refills and MAR pick-ups, reviewing and approving forms with each refill, and serving as the main point of contact for medication-related concerns. Remote access to [Electronic Medical Record] allows the nurse to respond swiftly to changes.</p> <p>Qualified Professional and Director: Review medication administration forms after nurse approval to confirm continued compliance with facility protocols and regulatory standards.</p> <p>Assurance of Compliance: By assigning primary oversight of medication administration to the registered nurse and leveraging [Electronic Medical Record] real-time notifications and remote access features, the facility strengthens its safeguard system to ensure accurate and efficient medication management. Immediate action regarding consumer-imitated medication changes and the scheduled initiation of this process with refills due on 11/10 demonstrates the facility's commitment to regulatory compliance and the ongoing safety</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>of all consumers in our care."</p> <p>Review on 11-6-25 of the facility's amended Plan of Protection dated 11-6-25 and signed by the Director revealed:</p> <p>"Immediate [Electronic Medical Record] Reconciliation: All existing medication records will be promptly audited by 11/12 (2025) by a registered nurse to ensure accurate orders, prescriptions and MAR. prescriber. Any missing orders will be immediately flagged, and administration of those medications will be halted until proper documentation is received.</p> <p>Nurse will set up medication administration report in [Electronic Medical Record] to verify that each administered medication has a corresponding, up-to-date medication order signed by a licensed prescriber and accurate orders by 11/21 (2025). Monthly Nurse Review: (Increased Frequency): A registered nurse will perform monthly, rather than quarterly, reviews of all medication orders and administration records via [Electronic Medical Record] to ensure compliance and address discrepancies in a timely manner. After implementation of online platform nurse will check monthly beginning 12/1 (2025).</p> <p>Physician Notification Protocol: If a medication is found tin the MAR without a corresponding order, the nurse will immediately notify the prescribing physician and obtain a valid order.</p> <p>Staff training and Accountability: All staff involved in medication administration will receive in house refresher training by 11/21 (2025) on the importance of verifying medication orders prior to administration and proper documentation procedures in [Electronic Medical Record]. Staff will sign an acknowledgment of this training. These actions will be implemented immediately. The medication orders and MAR will be reconciled by 11/10 (2025) by registered nurse for</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>accuracy and correctness. The date of implementation of [Electronic Medical Record] will be implemented by 11/29 (2025). All staff who administer medications will be trained on [Electronic Medical Record] by 11/29 (2025) The facility will document completion of each step and monitor ongoing compliance through tracking and alert features. To ensure the safety of all consumers and the accuracy of medication records. The facility will document completion of each step and monitor ongoing compliance through tracking and alert features.</p> <p>Assurance of Compliance: By assigning primary oversight of medication administration to the registered nurse and leveraging [Electronic Medical Record] real-time notifications and remote access features, the facility strengthens its safeguard system to ensure accurate and efficient medication management."</p> <p>The facility served clients ranging from 15-18 years old diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intellectual Disability, Autism and Disruptive Mood Dysregulation Disorder. Between July 2025-October 2025, facility staff administered Client's #1, #2, #3 medications approximately 1055 times in total without a written physicians' order. Client #1's MARs were not updated to reflect current physicians' administration instructions. Client #1 received the incorrect doses of Trazadone 31 times in July 2025, 20 times in August 2025 and 28 times in September 2025. Between 10-1-25 and 10-15-25 client #2 missed 15 doses of Risperdal. Client #3 did not receive his medication for two days in October 2025 due to the facility not obtaining physicians' orders upon the clients discharge from an extended hospital stay.</p>	V 118		
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V 118	Continued From page 16 This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial	V 132		

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V 132	<p>Continued From page 17</p> <p>notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Health Care Registry (HCPR) was notified of an allegation against facility staff and failed to report the results of the investigation within five working days. The findings are:</p> <p>Review on 10-15-25 of client #3's record revealed: -Date of admission: 3-28-25. -Age: 16 years. -Diagnoses: Unspecified Mood Disorder; Bilateral Impacted Cerium; Diabetes; Intellectual Disability.</p> <p>Review on 10-15-25 and 10-16-25 of facility records revealed: No documentation of reporting to HCPR of the allegation that client #3 had not been feed for a week prior to his hospital admission on 8-14-25. -No documentation of reporting of the allegation that on an unknown date and time the Director "punched" him (client #3) as a form of punishment.</p> <p>Interview on 10-15-25 and 10-16-25 with the Director revealed: -Client #3 was admitted to the local hospital on 8-14-25 after he became verbally and physically aggressive with staff and his peers at the facility. -8-15-22 "we (Director) we were told (hospital staff) that he said he didn't eat for seven days." -On 8-22-25 a Department of Social Services (DSS) staff came to the facility and and interviewed the staff regarding client #3's allegation that he had been "punched" by the Director. "-I wasn't here (facility) and she (DSS staff)</p>	V 132		

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V 132	Continued From page 18 interviewed the staff at that time she let them know about the allegation (client #3 being punched by the director)...now the investigation is on us. She (DSS staff) let me know at that point she needs to meet with me. We (Director and DSS staff) met within the next two or three days. I want to say about the 25th (8-25-25).." -"We investigated it (client #3's allegation of not eating for a week and the Director punched him as a form of punishment) and from my understanding there was no substantiated evidence that was going to suggest that it was more than a false allegation." -"I didn't know we were suppose to do reporting (HCPR) for allegations that were not true."	V 132		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B,	V 366		

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V 366	<p>Continued From page 19</p> <p>42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact</p>	V 366		

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V 366	<p>Continued From page 20</p> <p>within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		
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V 366	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level I and II incidents. The findings are:</p> <p>Observation on 10-24-25 at approximately 4:25pm of Client #2's bedroom revealed: -An approximately 8 to 10 inch hole covered with white spackle but not completed above client #2's bed.. -An approximately 2 to 3 inch hole covered with white spackle but not completed above client #2's bed approximately 12 inches from hole #1.</p> <p>Review on 10-15-/25 of the facility's incident reports from July 1, 2025-October 15, 2025 revealed: -No documentation of Risk/Cause/Analysis for: 1) attending to the health and safety needs of individuals involved in the incident. 2) determining the cause of the incident. 3) developing and implementing corrective measures according to provider specific timeframes not to exceed 45 days. 4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days. 5) assigning persons to be responsible for implementation of the corrections and preventive measure; 6) adhering to confidentiality requirements. 7) maintain documentation. No incident reports for the following: -No documentation of client #2's verbal aggression on unknown dates or times. -No documentation of client #3's verbal, and physical aggression, property destruction or absent without leave (AWOL) behavior on</p>	V 366		

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V 366	<p>Continued From page 22</p> <p>unknown dates and times.</p> <p>-No documentation of an incident involving client #2 hitting his wall and causing two holes in the wall.</p> <p>-No documentation for client #3 not receiving medications on 10-14-25 to 10-16-25.</p> <p>Interview on 10-16-25 with the Director revealed:</p> <p>-Level 1 incidents were documented in the clients (#1, #2 and #3) daily notes that staff completed daily.</p> <p>-Client #3 had behaviors every other day, including leaving the home in the middle of the night, hiding from staff while in the community at the playground for over an hour and hiding from staff while in the community at the mall, cutting up his clothes and blaming a peer. There was no police involvement for these incidents and the Director could not provide specific dates or times of the incidents.</p> <p>-"We (staff) were able to de-escalate (behaviors) so we didn't necessarily do an incident report. It (behavior) would just be in the daily notes..."</p> <p>-"The Qualified Professional (QP) would be responsible for documenting medication errors.</p> <p>Interview on 11-4-25 with the QP revealed:</p> <p>-"[Client #2] can be aggressive (verbally) sometimes but other than that, I mean nothing where he you know, would try to hurt you."</p> <p>-From July 2025 to October 15, 2025, client #3 has had approximately 3 verbal or physical aggressive behaviors.</p> <p>-Behavioral incidents were documented in the daily notes. "That's pretty much how we document."</p> <p>-The Director is responsible for completing incident reports.</p> <p>Interview on 10-29-25 with staff #1 revealed:</p>	V 366		
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V 366	<p>Continued From page 23</p> <p>-Denied knowledge of client #2 having behaviors. -"I have not seen him (client #3) in the home (facility) being physical or anything or doing any property damage or anything like that. I have heard of incidents (unable to recall specific incidents or dates) from other staff talking." -"I think [Director] is the QP. [Director], he does all of that sort of thing (incident reporting)."</p> <p>Interview on 10-24-25 with staff #2 revealed: -"When I first came (hired), he (client #3) was cool (no behaviors), he was good. Now he's got this "manly" stage going on. So everything is about a female (having a girlfriend) and wanting to make friends." -Client #3 began acting out due to a girl at school he wanted to be his girlfriend. -Staff #2 was unable to state specific dates and times of behavioral incidents -"He (client #3) was getting into it (verbal confrontations) with his friends about this female (in school). He worried about having friends and I think he got a little anxious about that (friends/girlfriend) and that's when he started talking about going to the hospital (client #3 expressed wanting to be admitted to the hospital) and having behaviors (verbal aggression)." -Behaviors were documented in daily notes. -"[Director] is the QP, he pretty much does all that (incident reports)."</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the</p>	V 367		

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V 367	<p>Continued From page 24</p> <p>consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p>	V 367		

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V 367	<p>Continued From page 25</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

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V 367	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the Local Management Entity (LME)/Managed Care Organization (MCO) of all level II incidents within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10-15-/25 of the facility's record from July 1 2025 to October 15, 2025 revealed no level II incident reports for: -No documentation of client #3's verbal, and physical aggression, property destruction or absent without leave (AWOL) behavior on unknown dates and times. - No documentation of reporting for the allegations made by client #3 of not being fed for a week or for being punched by the Director as a form of punishment.</p> <p>Review on 10-15-25 of the North Carolina Incident Response Improvement System (IRIS) from July 1, 2025 to October 15, 2025 revealed: No documentation of client #3's verbal, and physical aggression, property destruction or absent without leave (AWOL) behavior on unknown dates and times. - No documentation of reporting for the allegations made by client #3 of not being fed for a week (specific dates unknown but prior to client #3's hospitalization on 8-14-25) or for being punched by the Director as a form of punishment on unknown dates and times.</p> <p>Interview on 10-15-25 and 10-16-25 with the Director revealed: -He was responsible for completing IRIS, HCPR</p>	V 367		

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V 367	Continued From page 27 and DSS reporting. -8-15-22 "We (Director) we were told (hospital staff) that he (client #3)said he didn't eat for seven days." -On 8-22-25 a Department of Social Services (DSS) staff came to the home and and interviewed the staff regarding client #3's allegation that he had been "punched" by the Director. "-I wasn't here (facility) and she (DSS) interviewed the staff at that time she let them know about the allegation (client #3 being punched by the director)...now the investigation is on us. She let me know at that point she needs to meet with me." -"We (Director and DSS staff) met within the next two or three days I want to say about 25 th (8-25-25).." -He was unaware that IRIS needed to be completed on allegations that were not true.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed.	V 500		

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V 500	<p>Continued From page 28</p> <p>Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p>	V 500		

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V 500	<p>Continued From page 29</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse were reported to the county Department of Social Services (DSS). The findings are:</p> <p>Review on 10-7-25 of facility records revealed: -No documentation of reporting to DSS of client #3's allegation that for a unknown dates and time the facility had not fed client #3 over a week. -No documentation of reporting to DSS of client #3's allegation on an unknown date and time the Director had "punched" him as a form of punishment.</p> <p>Interview on 10-15-25 and 10-16-25 with the Director revealed: -Client #3 was admitted to the local hospital on 8-14-25 after he became verbally and physically aggressive with staff and his peers at the facility. -8-15-22 "we (Director) we were told (hospital staff) that he said he didn't eat for seven days." -On 8-22-25 a Department of Social Services (DSS) staff came to the home and and interviewed the staff regarding client #3's allegation that he had been "punched" by the Director. "-I wasn't here (facility) and she (DSS) interviewed the staff at that time she let them know about the allegation (client #3 being punched by the director)...now the investigation is on us. She (DSS staff) let me know at that point she needs to meet with me. We (Director and</p>	V 500		

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V 500	Continued From page 30 DSS staff) met within the next two or three days. I want to say about the 25 th (8-25-25).." -"We investigated it (allegations) and from my understanding there was no substantiated evidence that was going to suggest that it was more than a false allegation." -He was unaware that he needed to report allegation to the local DSS needed to be completed on allegations that were not true.	V 500		
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 interviews and observation the facility was not maintained in a clean, safe, attractive and orderly manner. The findings are: Observation on 10-24-25 at approximately 4:25pm of Client #2's bedroom revealed: -An approximately 8 to 10 inch hole covered with white spackle but not completed above client #2's bed.. -An approximately 2 to 3 inch hole covered with white spackle but not completed above client #2's bed approximately 12 inches from hole #1. Observation on 10-24-25 at approximately 4:10pm of the living room revealed: -A brown leather couch with 3 cushioned sections approximately 6 fee in length. The Leather of all 3 couch cushions were cracked and discolored. -The middle seat cushion was worn and the	V 736		

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V 736	<p>Continued From page 31</p> <p>leather was cracked and discolored which showed the white batting material inside the cushion.</p> <p>-The left end cushion contained a 4 to 6 inch tear which exposed the white batting material inside the cushion.</p> <p>-A second small leather couch, approximately 4 to 6 feet in length with leather seats that were worn and cracked.</p> <p>Interview on 10-24-25 with client #2 revealed: -He was responsible for punching the holes in the wall but he was unable to disclose when he had made the hole or why he had punched the holes in the wall.</p> <p>Interview on 10-24-25 with staff #3 revealed: -"He (client #2) kicked or hit the wall and put those holes there." -Denied knowing how long the holes had been in the room.</p> <p>Interview on 11-4-25 with the Qualified Professional revealed: -Denied knowledge of how the holes in client #2's room. -Not sure how long the couches had been cracked and torn.</p>	V 736		