

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-616</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN ACRES GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GREEN ACRES LANE GREENSBORO, NC 27410</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on November 18, 2025. A deficiency was 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>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 \_\_\_\_\_

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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 record reviews and interviews, the facility failed to ensure that medication was administered on the written order of a physician and failed to keep the MAR current affecting client (#1). The findings are:</p> <p>Review on 11/14/25 of client #1's record revealed: -Date of Admission: 3/18/20; -Diagnosis: Intellectual Developmental Disability, Moderate; -Physician order dated 3/12/25 for Hydroxyzine HCL 10 milligram (mg), prescribed for itching, Clobetasol Ointment 0.05%, prescribed for severe eczema on the scalp, and Fluocinolone Acetonide Oil 0.01%, prescribed for severe eczema on the scalp.</p> <p>Observation on 11/17/25 at approximately 3:15pm of client #1's medications revealed: -Hydroxyzine HCL 10mg was dispensed on 11/14/25; -Clobetasol Ointment 0.05% was not present in the facility; -Fluocinolone Acetonide Oil 0.01% was not present in the facility.</p> <p>Review on 11/17/25 of September, October, and November 2025 MARs revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Hydroxyzine HCL 10 mg, take 1 tablet by mouth every evening was not administered from 11/1/25 to 11/16/25;</p> <p>-Hydroxyzine HCL 10 mg, take 1 tablet by mouth every evening was not administered the entire month of October 2025;</p> <p>-Clobetasol Ointment 0.05%, apply topically to scaly areas on scalp once daily when itchy was not available from 11/12/25 to 11/17/25;</p> <p>-Fluocinolone Acetonide Oil 0.01% apply topically to scalp once every day was not available from 11/12/25 to 11/17/25.</p> <p>Interview on 11/17/25 with client #1 revealed: -"Staff gives her vitamins and other medicine every morning. They (staff) don't miss giving her medicine, and I go in the staff office to get my toothpaste."</p> <p>Interview on 11/17/25 with staff #2 revealed: -She was unsure of why the creams were not present in the facility; -She attempted to notify the nurse today, but the nurse was in a meeting.</p> <p>Interview on 11/18/25 with the nurse revealed: -She returned to work on 11/17/25 and was notified by the [Regional Nurse] about the Hydroxyzine HCL 10 mg needing to be refilled; -"I was unaware of client #1 being out of the cream and oil (Clobetasol Ointment 0.05%, and Fluocinolone Acetonide Oil 0.01%);" -"I reached out to dermatology and did not get an answer or response;" -"[Primary Care Physician] told me to re-write the prescription and he can start refilling the medication (Hydroxyzine HCL 10 mg);" -She was unaware client #1 was out of Hydroxyzine 10 mgs for the entire month of October;</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-She had no documentation from the pharmacy the Hydroxyzine 10mg was delivered for October 2025;</p> <p>-The protocol was staff notified her of medication needing to be refilled, she notified the legal guardian, prescribing doctor, and the primary care physician.</p> <p>Interview on 11/18/25 with the Interim Qualified Professional revealed:</p> <p>-He did not know if staff notified the nurse of client #1 being out of the Hydroxyzine HCL 10 mg, Clobetasol Ointment 0.05%, and Fluocinolone Acetonide Oil 0.01%.</p>	V 118		