Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL093-058	A. BUILDING: ______ B. WING ______	R 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE AREA COUNSELING HALFWAY HOUSE	**519 WALKER STREET NORLINA, NC 27563**

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 11/3/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 13 and has a current census of 7. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Timeka Harper-Purcell LCSW, LCASA	Senior Director of Residential Services	12/1/2025

RECEIVED BY
MHL & C 12/2/25

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V 108	Continued From page 1 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide training for 1 of 5 staff (#5) to meet the mh/dd/sa needs of a client. The findings are: Review on 10/31/25 of staff #5's record revealed: - no signed job description - no training in Diabetes Review on 10/22/25 of client #1's record revealed: - admitted 7/23/25 - diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia Review on 10/23/25 of the hospital's discharge summaries for client #1 revealed: - admitted and discharged 9/23/25:"...presents to the emergency department ...due to elevated blood glucose levels...at 1:31pm blood sugar 491 H (high)" - admitted 9/29/25 and discharged 9/30/25: "...Hyperglycemia ...chief complaint of high blood sugar ...glucose: 433" During interview on 10/24/25 staff #5 reported:	V 108	All staff orientation documentation was updated. Staff #5 was assigned the relevant Diabetes training with completion and pass scores recorded in Staff training Transcript. As a preventive measure a Diabetes training has been added to the Orientation Protocol for all new residential hires to be completed within their first 30 days of hire. The Program Manager will confirm all orient -ation training and documentation is completed prior to staff working independently with clients.	

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V 108	Continued From page 2 - started April 2025 and worked the weekend shift - facility had not provided diabetes training - no response when asked the signs, symptoms and complications of high and low BS - Diabetes training was needed "to know what to do" for client #1 During interview on 10/24/25 the Senior Director of Residential Services reported: - Diabetes was discussed in medication training and cardiopulmonary resuscitation - she did not have documentation regarding either training in regards to Diabetes	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	V 110		

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V 110	Continued From page 3 (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 5 staff (#1 and #3) demonstrated knowledge, skills and abilities required by the population served. The findings are: Review on 10/22/25 of client #1's record revealed: - admitted 7/23/25 - diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia A. Review on 10/31/25 of staff #1's record revealed: - job description signed 3/11/24 - facility's online training "about Diabetes" dated 3/7/25 and scored 80% During interview on 10/23/25 staff #1 reported: - the nurse "touched basis" on Diabetes in medication training - "been a minute" since she took medication training - blood sugar (BS) was to be rechecked if it	V 110	Corrective action: Staff #1 was assigned the initial Diabetes training and passed the exit exam with a 80% pass rate. Staff #1 was assigned an additional Diabetes training specific for Behavioral Health Professionals. Staff #1 achieved a 90% pass rate and certificate is available in her training transcript. Staff # 3 was assigned both trainings and passed with an 80% and 90% pass rate the certificates are available in her training transcript. Preventive measure As a preventive measure to ensure knowledge, skills, and abilities are acquired during the trainings the Program manager will cover topics on relevant client medical needs during monthly supervision. These conversations will be documented in the monthly supervision notes.	

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V 110	Continued From page 4 was high or low but could not recall how soon to recheck - when client #1's BS was low he needed to give himself insulin "hope it will bring it up" - "heard people say candy will also bring it up" B. Review on 10/31/25 of staff #3's record revealed: - no signed job description - facility's online training "about Diabetes" dated 10/29/25 and scored 80% During interview on 10/28/25 staff #3 reported: - started at the facility 9/2/25 - was in an online training today (10/28/25) for Diabetes and "it was confusing" - she may have to reach out to the Program Manager (PM) to get better understanding of the online Diabetes training - talked a little about Diabetes in medication training - medication training did not discuss low or high BS - no one had informed her what to do if client #1's BS was low or high - needed more education and knowledge to work with clients with Diabetes During interview on 10/24/25 the Senior Director of Residential Services reported: - Diabetes was discussed in medication training and cardiopulmonary resuscitation - she did not have documentation in regards to Diabetes training	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND	V 112		

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V 112	Continued From page 5 TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement goals and strategies to meet the needs for 1 of 3 audited clients (#1). The findings are: Review on 10/22/25 of client #1's record revealed:	V 112	Corrective action Program Manager met with client to update his Person-Centered Plan to include a medical health goal. Preventive Measure Program Manager will ensure a medical health goal is included in PCP upon admission to program when applicable. Program manager will meet with client regularly to monitor progress and update goals on PCP as needed according to service definition.	

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V 112	Continued From page 6 - admitted 7/23/25 - diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia - a treatment plan dated 7/23/25: "Healthy Living: I have Diabetes ..." - no goals or strategies to address his Diabetes Review on 10/28/25 of client #1's primary care summaries faxed to the Division of Health Service Regulation (DHSR) on 10/28/25 revealed: - "8/6/25 - patient to maintain a low-fat, low Carb diet incorporating lean meats and plenty of fruits and vegetables..." - "10/10/25 - preventive wellness plan (discussed and agreed upon by the patient) yes diet - low fat and low cholesterol diet advised...exercise-recommend 30-45 minutes of aerobic exercise daily..." During interview on 10/22/25 client #1 reported: - admitted July 2025 - his goals were to: - get his blood sugar (BS) down by better choices of healthy foods - he ate more fruits, vegetables and wheat bread - he needed to exercise more During interview on 10/23/25 staff #1 reported: - encouraged client #1 to eat healthier foods like wheat bread - "can't tell him (client #1) nothing" - he would say "I had this for years, I can control it" During interview on 10/24/25 staff #5 reported: - encouraged client #1 not to eat sweets and to eat healthy	V 112		

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V 112	Continued From page 7 - client #1 told her "just cause I have diabetes, don't mean I can't have sweets, I'm grown" During interview on 10/24/25 staff #3 reported: - client #1 does not listen to staff redirection regarding diabetes - He talked "very ugly to her" and would use inappropriate language "curse" if she tried to encourage him to eat healthy - "he quite challenging" During interview on 10/23/25 and 10/30/25 the Program Manager reported: - no goals or strategies were put in client #1's treatment plan regarding Diabetes - "just didn't think" to put Diabetes in the treatment plan - informed client #1 high BS could affect the heart, cause neuropathy and affect vision - encouraged him to eat baked foods - any concerns about the clients were discussed every Monday with the Residential Supervisor and Senior Director of Residential Services - Both were aware of client #1's health needs During interview on 10/30/25 the Residential Supervisor reported: - did not discuss client #1's diabetes in the weekly meetings - client #1's treatment plan should have been updated to address his Diabetes During interview on 10/30/25 the Senior Director of Residential Services reported: - goals and strategies in regards to client #1's Diabetes, "definitely" should have been in client #1's treatment plan - "It was an oversight" on their part - the treatment plan should have included:	V 112		

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V 112	Continued From page 8 - ways to help stabilize client #1's physical health - how to help and support client #1 - ensure he attended primary care appointments	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification	V 113	Corrective Action; Client #1discharge summaries were uploaded to his EHR Preventive Measure All discharge summaries will be requested by the onsite staff upon return from offsite appointments. The Onsite staff will review discharge summar documentation with clients, place it in the client chart, and document its receipt in the daily communication logs to alert the other staff. Program manager and all staff will review the communication log daily to educate themselves on changes and updates	

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V 113	Continued From page 9 of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain documentation of services provided for 1 of 3 audited client's (#1) record. The findings are: Review on 10/22/25 of client #1's record revealed: - admitted 7/23/25 - diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia - primary care summary dated 8/6/25 and 10/1/25 - no documentation of hospital visits Review on 10/28/25 of client #1's primary care summaries faxed to the Division of Health Service Regulation on 10/28/25 revealed: - client #1 visited the primary care office: 8/15/25, 8/26/25, 9/16/25 and 9/18/25 Review on 10/23/25 of the hospital's discharge summaries for client #1 revealed:	V 113	Corrective Action: Staff assisted client with locating his discharge summaries and uploaded them to the client EHR. Preventive Measure: All clients will be required to provide discharge summary documentation when attending outside provider appointments. The onsite staff will request this documentation upon return from the appointment. The onsite staff will review documentation with clients to ensure understanding and clarity. Staff will upload the documentation to the clients EHR and document the receipt in the daily communication log and progress note. Program Manager and all staff will review the communication log daily at the beginning of each shift to educate themselves about updates and needs of clients. Program manager will check progress notes regularly to ensure medical healt information is included in the notes	

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V 113	Continued From page 10 - he was admitted and discharged 9/23/25 due to elevated blood glucose levels - admitted 9/29/25 and discharged 9/30/25 "...hyperglycemia" During interview on 10/23/25 the Program Manager reported: - aware of client #1's visits to his primary care office and the hospital visits - she was not able to locate all of client #1's primary care summaries - she needed to ask client #1 did he get copies of the hospital visits	V 113		
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;	V 118		

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V 118	Continued From page 11 (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician and failed to ensure self-administered medications were authorized on the written order of a physician for 1 of 3 audited clients (#1). The findings are: Review on 10/22/25 of client #1's record revealed: - admitted 7/23/25 - diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia - no authorization by a physician to self-administer his insulin Review on 10/22/25 of the facility's medication form labeled Physician Orders I for client #1 revealed: - "7/23/25 - Lantus 25 units (u) breakfast and dinner as needed (prn)" - "10/14/25 - discontinue Lantus 25 units breakfast and dinner prn add 40 u twice day" - signed by the Freedom House Recovery Center, Inc. (Licensee) Medical Director (MD)	V 118	Corrective Action: Client #1's Physician orders were updated to indicate the ability to self-administer where applicable.	

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V 118	Continued From page 12 Review on 10/28/25 of client #1's primary care summaries faxed to the Division of Health Service Regulation on 10/28/25 revealed: - "8/6/25 - ...new patient to establish care ...take Lantus 25 units bid (twice a day ..." - "10/13/25 glucose was 493 ... increased Lantus to 30 units twice a day." Review and interview with staff #1 on 10/22/25 of client #1's August 2025 - October 2025 MARs revealed: - code 10 = "for prn doses when not taken" - staff #1 reported code 10 meant client #1 did not have to take the insulin because it was prn - insulin dosages were transcribed for 7am and 9:30pm - August 2025: - 7am: code 10 was documented 3 times - 9:30pm: Code 10 was documented 20 times - 7 blank spaces - September 2025: - 7am: code 10 documented three times - 9:30pm: code 10 was documented by staff 11 times - 18 blank spaces - October 2025: (10/21/25 - 10/30/25) - on 10/14/25 Lantus 40u was transcribed with an insulin dosage time change - 7:30 am: code 10 documented 3 times and 18 times there were blank spaces - 5:30pm: code 10 documented 5 times and 1 blank space - no documentation of Lantus 30u twice a day on the MAR Review on 10/23/25 of the hospital's discharge summaries for client #1 revealed: - admitted and discharged 9/23/25 - " ...presents to the emergency department	V 118		

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V 118	Continued From page 13	V 118		

...due to elevated blood glucose levels...at 1:31pm blood sugar (BS) 491 H (high)" ...at 1:58pm patient refused blood draws ...will sign out against medical advice ..."
- admitted 9/29/25 and discharged 9/30/25
- " ...hyperglycemia ...chief complaint of high blood sugar ...glucose: 433"

During interview on 10/27/25 client #1's primary care's onsite pharmacy certified technician reported:
- physician orders for Lantus 25u twice a day was written on 8/7/25 and 10/22/25
- no physician's order for a prn order for Lantus

During interview on 10/27/25 client #1's MD's onsite pharmacy technician reported:
- the MD did not prescribe any medications, only the primary care physician
- the primary care physician sent a physician's order dated 9/22/25 for Lantus 25u twice a day
- the pharmacy dispensed 3 boxes that would last 90 days with 1 refill
- no orders for insulin prn
- staff #1 called last week (10/20/25 - 10/24/25) and requested Lantus 40 units twice a day be filled, however, it was not filled due to no physician's order being received

During interview on 10/22/25 client #1 reported:
- admitted July 2025
- been on insulin 10 years," know how to administer my insulin"
- he administered his insulin in the stomach area
- prior to the Lantus 40u order, he administered the 25 units prn "if I felt blood sugar was high"
- if he felt dizzy or had an upset stomach, he would administer 25 units of insulin

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V 118	Continued From page 14 - "could have been detrimental giving myself insulin not knowing what the blood sugar was" During interview on 10/23/25 staff #1 reported: - started at the facility on 2/2/24 - client #1 administered the insulin as needed "when he (client #1) felt dizzy" - staff turned the dial on the insulin pen, and client #1 administered his insulin During interview on 10/23/25 staff #2 reported: - been at the facility for 2 years - client #1's insulin was prn - "if he (client #1) felt his blood sugar was high," he administer the insulin - he monitored client #1 dial the insulin pen and administered his own insulin During interview on 10/24/25 staff #3 reported: - started April 2025 - worked the weekend shift - client #1 administered his insulin in the stomach - client #1 administered his insulin prn..."not sure how insulin prn worked ...ask the doctor" During interview on 10/28/25 staff #4 reported: - worked 2 years at the facility - worked the weekend shift - client #1 administered his own insulin - client #1 administered insulin morning and night on his shift During interview on 10/28/25 staff #5 reported: - started 9/2/25 - worked third shift Monday - Friday - client #1 turned the insulin dial pen and self-administered the insulin During interview on 10/24/25 the Physician	V 118		

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V 118	Continued From page 15 Assistant (PA) with client #1's primary physician's office reported: - lots of concerns about client #1's health - explained to him he was at risk of diabetic ketoacidosis (DKA) which could lead to death - the seriousness of his diabetes ..."it's not clicking" with client #1" - client #1 was currently on Lantus 30u twice a day - it was "ok" if he administered Lantus 40u twice a day - client #1 called one day and asked if he could take his insulin prn and she replied "absolutely not" - "no insulin is given prn ...especially not long-acting insulin" During interview on 10/28/25 the MD of Freedom House Recovery Center, Inc. reported: - he was not familiar with client #1 - he was probably on the inpatient unit at the sister facility in another town - the Nurse Practitioner (NP) "probably" wrote the doctor's orders on (7/23/25 and 10/14/25) even though his (MD)'s name was signed on the facility's form - there should be a standing insulin order for the 7/23/25 prn order for elevated BS - when a Diabetic client was admitted to the hospital, a certain amount of insulin was prescribed with an addition to a standing insulin prn order - medical staff could not be sure when a Diabetic client's BS would be elevated - he (MD) could not locate the standing order in the system - the NP would not write a prn order without instructions - "the facility needed to produce the standing insulin order"	V 118		

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V 118	Continued From page 16 - client #1 could not administer insulin without the prn standing insulin order - client #1 could not administer insulin "if he felt dizzy or had an upset stomach" - "cannot go by how you feel for insulin," "that's unacceptable" - if he received too much insulin and his BS dropped it would be a "bad medical condition" During interview on 10/29/25 a medical representative with the PA's medical office reported: - there was no self-administration order for client #1 to administer his insulin During interview on 10/22/25, 10/28/25 and 10/30/25 the Program Manager reported: - client #1 had several boxes of Lantus when he was admitted - client #1 was admitted to the facility from jail with no physician's orders - staff cannot administer medications without a physician's order - she wrote on the facility's physician's order form, what was written on the Lantus medication label when he was admitted - she faxed the facility's form to the MD's medical facility on 7/23/25 and 10/14/25 - the Lantus 30u twice a day was not written on the MAR because the PA wrote the order on 10/13/25 and it was changed to 40u twice on 10/14/25 by the MD - client #1 administered the Lantus 40u twice a day even though the pharmacy had not received the physician's order - the PA did not fax the 40u to the onsite pharmacy at the MD's medical office, therefore it was not filled - during further interview, she "did not think" to have the MD's onsite pharmacy to fill the Lantus	V 118		

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V 118	Continued From page 17 40u twice a day, since he signed the facility's form for Lantus 40u - there was no physician's order for client #1 to self-administer his Lantus - the MD did not fax a standing insulin order with the 7/23/25 prn Lantus order - client #1 saw the PA for medical care but received his medications from the MD's pharmacy because it was no charge During interview on 10/30/25 the Residential Supervisor reported: - she visited the facility once a month - reviewed the client's records and the clients' MARs - last visited the facility in September 2025 - there were no medication errors - the MD wrote the 25u insulin prn and staff followed the physician's order - the MD should have verbally or physically informed client #1 about the insulin standing order - staff do not administer any client's insulin - if there were no standing insulin order, the PM needed to follow up with the MD Review on 10/30/25 of the facility's Plan of Protection (POP) dated 10/30/25 written by the Senior Director of Residential Services revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately, Freedom house will ensure that all prescription and nonprescription drugs are only administered to a client on the written order of a person authorized to by law to prescribe the medications. Effective immediately Freedom house will ensure that if medication is to be administered by the client a written order signed by a doctor is in place. Effective immediately Freedom House will ensure that all Medication	V 118		

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V 118	Continued From page 18 Administered Records are up to date and current. Describe your plans to make sure the above happens. Freedom House residential staff will complete a review of all MAR records within the next 48 - 72 hours and make corrections if needed." Client #1 was admitted to the facility on 7/23/25 with diagnoses of Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia. There was a signed physician's order dated 7/23/25 for Lantus 25units breakfast and dinner prn. No insulin standing order for the prn. The MARs had a code 10 for prn medications. Between August 2025 - October 2025 MARs the insulin was not administered 29 times based on their MARs coding system, 26 blank spaces with no staff initials documented. Client #1 administered 25 units of insulin if he felt dizzy or had an upset stomach. Client #1 went to the hospital on 9/23/25 with a BS of 433 and on 9/29/25 with a BS of 491. Staff allowed client #1 to self administer his own insulin without a physician's order. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118	Corrective Action: Client #1's Physician orders were reviewed and updated to indicate the ability to self-administer injectable medications where applicable Program Manager completed MAR and Medication audit for all residential clients, staff were informed of the corrections needed and all corrections were completed. All residential staff participated in MAR documentation and protocol training on 11/22/2025. Preventive Measures: A Mar audit will be completed nightly by the third shift onsite staff. A record of audit findings will be recorded on the Medication audit form and stored in the daily communication log at the end of each day. The Program Manager will review audit form daily and address any issues found. For the 6 months the Program Manager and Residential Supervisor will review Medication and MAR protocols with residential staff during the monthly and quarterly staff supervision meetings. This will be documented in the supervision and monthly staff meeting notes	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the	V 291		

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qualified professionals who are responsible for treatment/habilitation or case management.
(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.
(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to coordinate with other Qualified Professionals who are responsible for the treatment/habilitation for 1 of 3 audited clients (#1). The findings are:

Review on 10/22/25 of client #1's record revealed:
- admitted 7/23/25
- diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia

A. The following is an example of how the facility did not follow up with medical officials regarding

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V 291	Continued From page 20 client #1's high blood sugar (BS) Review on 10/28/25 of client #1's primary care summaries faxed to the Division of Health Service Regulation (DHSR) on 10/28/25 revealed: - "8/6/25 - ...new patient to establish care ...wants A1C checked and needs a new meter ...start glucometer, check BS in the morning (am), before each meal and night (pm) ...up to 6 times a day ..." - "9/16/25 - today his glucose was high (above being able to be read) with both reading meaning it was above 400. I warned patient that means his BS is extremely high. He states that he had 2 ice creams and a honey bun this morning ..." - "10/1/25 - BS was 374 ...last visit on 9/16/25 it was unreadable ...since that visit, he has been hospitalized due to high BS ...knows why his BS high "he has been eating a lot of pie and ice cream ...discussed with patient he needs to cut down on sweets when his sugar is elevated and the risk for DKA (Diabetic Ketoacidosis) ..." - "10/13/25 glucose was 493 ..." Review on 10/22/25 of the facility's glucose monitoring log for client #1 revealed: - the heading of the glucose monitoring log was labeled: date, am reading, pm reading and staff with "3x daily" handwritten at the top of form - no documentation of BS for August 2025 - September 2025 - readings were checked twice a day (am, pm) from 10/1/25 - 10/30/25 - morning blood sugar ranged: - 200's - 7 times - 300's - 4 times - 400's - 4 times - 500's - 1 time on 10/5/25 "559" - Night blood sugar ranged: - 200's - 13 times	V 291	Corrective action A meeting was held with treatment team to discuss Immediate needs of client and best ways to support him with his medical issues. Program Manager has been communicating with him and his PC regularly to ensure he has what is needed to address his BS ad diabetes. Client has demonstrated improvement with his medical issues; his glucose monitor was obtained and he has been checking his BS and taking his medication regularly as prescribed. Preventive measures Program Manager will obtain a ROI at intake to facilitate open communication with the clients and their PC to ensure their medical needs are being addressed during their time in the residential program. The Program Manager will participate in weekly agency treatment team meetings to discuss client care needs and collaborate with outside providers as needed to ensure quality client care is provided. Program Manager will review all medical discharge summary documentation regularly to ensure they are up to date and knowledgeable about the current needs of the client. Program Managers will conduct a onsite sample size chart review monthly to ensure the implementation of new process and protocols are being carried out correctly.	

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- 300's - 4 times
- 400's - 4 times
- 500's - 4 times (between 531 - 571)
- on 10/2/25 documented "hi"

Review on 10/23/25 of the hospital's discharge summaries for client #1 revealed:
- admitted and discharged 9/23/25
- " ...presents to the emergency department ...due to elevated blood glucose levels...at 1:31pm blood sugar 491 H (high)" ...at 1:58pm patient refused blood draws ...will sign out against medical advice ..."
- admitted 9/29/25 and discharged 9/30/25
- " ...hyperglycemia ...chief complaint of high blood sugar ...glucose: 433"

During interview on 10/22/25 client #1 reported:
- admitted July 2025
- BS been "high"
- did not have the glucometer when he was admitted to the facility and could not check his BS
- received the glucometer at the end of September 2025 and began to check his BS
- checked his BS 2 to 3 times a day since he received the glucometer
- staff would request he go to the hospital when the BS on the glucometer had "high"
- he would either refuse, or he immediately rechecked his BS and the BS "would have dropped"

During interview on 10/23/25 staff #1 reported:
- started at the facility on 2/2/24
- client #1 was admitted without a glucometer
- during his initial visit (9/23/25) to the emergency room, she found out he needed a glucometer
- she (staff #1) was able to make some calls to physician office and received the glucometer in

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V 291	Continued From page 22 September 2025 - client #1 ate things he was not supposed to liked chocolate candy bars which caused high BS - "cannot control what he ate" "can't tell him nothing" "try to redirect him" he will say "I had this for years, I can control it" - client #1 received monies and was able to purchase what he wanted - the highest she saw client #1's BS was over 400 - she would request he schedule an appointment with the Physician Assistant (PA) - when his BS was high, client#1 administered the 25u of insulin, waited 2 - 3 hours, and "the BS went down" - the Program Manager (PM) oversaw the blood sugar log During interview on 10/23/25 staff #2 reported: - been at the facility 2 years - he monitored client #1 when he checked his BS - did not have to check his BS until October 2025 - recalled a night (no date) he worked, client #1 checked his BS, the glucometer had "H" (high) - he did not call anyone or emergency services (EMS) - client #1 refused to let him call EMS - client #1 had no symptoms after the "H" glucometer reading During interview on 10/24/25 staff #3 reported: - started April 2025 - worked the weekend shift - client #1 took his BS twice a day - without the glucometer, did not know when his BS was up or down - "[client #1] was hard headed ...eat what he want"	V 291		

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V 291	Continued From page 23 During interview on 10/28/25 staff #4 reported: - been at the facility for 2 years - client #1 checked his BS twice a day - the highest BS for client #1 was 567 - he recommended client #1 go to the doctor and he refused During interview on 10/28/25 staff #5 reported: - started at the facility 9/2/25 - client #1 checked his BS twice day During interview on 10/24/25 the physician assistant (PA) with client #1's primary care reported: - lots of concerns about client #1's health - had a serious conversation with client #1 about the risk of diabetic ketoacidosis and how it can "lead to death" - "spent so much time talking with him (client #1) about his diabetes ...it's not clicking" - "he's complicated" - she planned to continue to educate him on Diabetes at his next appointment 11/17/25 - it was "ok" for client #1 to take his BS 2 -3 times a day - "the BS was not based on meals" - a glucometer was ordered in August 2025 for client #1 During interview on 10/23/25, 10/28/25 and 10/30/25 the PM reported: - was not aware of the glucometer in the 8/6/25 summary - she did not read the entire 8/6/25 summary - she developed and oversaw the BS log - she wrote take BS three times a day on the BS log, however, he could take his BS 6 times a day prn - any BS over 200, staff should have called the	V 291		

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emergency services (EMS)
- high BS, needed to be rechecked after 30 minutes
- client #1's primary care physician did not give a "BS range"
- staff were not notified to recheck low or high BS or to call EMS with BS over 200

During interview on 10/30/25 the Residential Supervisor reported:
- visited the facility once a month
- she supervised the PM
- last visited the facility in September 2025
- was not aware of the October 2025 BS log for client #1
- found out yesterday (10/30/25) he did not have a glucometer at the facility

During interview on 10/30/25 the Senior Director of Residential Services reported:
- she supervised the Residential Supervisor
- found out client #1 did not have a glucometer during the DHSR State audit
- it was an oversight that staff did not see the glucometer in the 8/6/25 summary
- staff training and changes would be discussed after the DHSR State audit

B. The following example is how the facility did not follow up with the cardiologist and PA regarding a fall and shortness of breath for client #1:

Review on 10/23/25 of a hospital discharge summary dated 9/23/25 revealed:
- "...left heart cardiac catheterization procedure was performed ..."

Review on 10/22/25 of the cardiologist report dated 10/10/25 for client #1 revealed:

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V 291	Continued From page 25 - "referred for assessment of shortness of breath ...six weeks ago patient was walking upstairs and passed out with no warning. He did not know how long he was out. He had to be helped up. He did not go to the emergency room at the time ..." During interview on 10/22/25 client #1 reported: - denied he fell since being admitted to the facility - denied shortness of breath - no issues going up and downstairs - it was good exercise for his heart to walk up and down the stairs - was not sure who presented the information to the cardiovascular doctor During interview on 10/28/25 staff #1 reported: - denied client #1 fell on stairway - denied shortness of breath - transported him to the cardiologist's appointment but dropped him off - staff were not allowed to go in appointments with the clients During interview on 10/24/25 the PA at client #1's primary physician office reported: - client #1 was not a good historian - did not exhibit shortness of breath during the primary visits - explained to him his heart condition could be related to his high BS During interview on 10/23/25 the PM reported: - responsible for the review of documents after medical visits - was not aware of falls or shortness of breath for client #1 - did not read the cardiologist report in entirety - after further review of the report on 10/23/25	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL093-058	A. BUILDING: ______ B. WING ______	R 11/03/2025

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V 291	Continued From page 26 of the fall and shortness of breath, she replied "I need to do better reading everyone's paperwork" - was not sure who informed the cardiologist client #1 fell or had shortness of breath - client #1 had not fell or had shortness of breath During interview on 10/30/25 the Residential Supervisor reported: - she was the supervisor of the PM - visited the facility once a month - aware of client #1's heart catheterization - did not read client #1's cardiovascular's report - the PM should have followed up with the cardiologist regarding client #1's fall and shortness of breath Review on 10/30/25 of the facility's Plan of Protection dated 10/30/25 written by the facility's Chief Executive Officer revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure consistent and compliant coordination between the House manager and the Qualified Professional, Freedom House will hold weekly meetings to discuss client care and review the treatment documentation. Describe your plans to make sure the above happens. Effective immediately the house manager and qualified professional will meet with the client's care team to discuss their progress towards goals and treatment plans." Client #1 was admitted to the facility on 7/23/25 with diagnoses of Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia. The PA requested a glucometer as of 8/6/25 to check his BS in the morning, before each meal and at night. He did not receive	V 291		

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V 291	Continued From page 27 a glucometer until 9/29/25 and checked his BS twice a day. Client #1 visited his primary care on three different visit with BS between 374 and 493. On one occasion the BS was unreadable. The PA explained to client #1 he was at risk of Diabetic Ketoacidosis which could lead to death. The October 2025 BS log documented BS were in the 300's eight times, 400's eight times and 500's 4 times with the highest being 571, and on one occasion the glucometer read high. Client #1 went to the hospital on 9/23/25 with a BS of 433 and on 9/29/25 with a BS of 491. The Senior Director of Residential Services said the glucometer was an oversight and should have been requested 8/6/25. A cardiologist saw him on 10/10/25 for shortness of breath. He noted in his report client #1 passed out 6 weeks prior to the appointment walking upstairs with no warning and no visit to the emergency room. Management failed to coordinate with health care officials to address his high blood sugar, shortness of breath and fall. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 291		
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 observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:	V 736		

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V 736	Continued From page 28 Observation on 10/22/25 at 12:12pm of the facility revealed: - the downstairs bathroom: - had a streak of brown stain down the wall near the toilet - 3 brown circular stains the size of a baseball in different areas of the ceiling appear to be water damage - the shower had black stains on the shower floor with a brown stained cloth on the floor - upstairs: - at the entrance wall behind an ironing board, was an open square with wires exposed During interview on 10/22/25 staff #1 reported: - the downstairs bathroom needed to be cleaned - the facility was being painted and the painters "probably" left the door off that exposed wiring - painters will not return until clients moved out of the rooms that needed to be painted During interview on 11/3/25 the Residential Supervisor reported: - did monthly walk throughs of the facility - last visited the facility in September 2025 - was not aware of the bathroom and exposed wires This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	Corrective action: All Areas were cleaned, whole in wall was repaired and painting schedule resumed. Preventive Measures Facilities staff will monitor repairs and ensure that all jobs started are completed before leaving facility.	