

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/20/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LADELL LANE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1116 LADELL LANE SHELBY, NC 28152</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 and follow up survey was completed on November 20, 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 samples 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		

Division of Health Service Regulation 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 keep the MARs current for 1 of 3 audited clients (Client#4). The findings are:</p> <p>Review on 11/20/25 of Client#4's record revealed: -Date of Admission: 6/9/04. -Diagnoses: Other Intellectual Disabilities; Severe Intellectual Disabilities; Down Syndrome; Hiatal Hernia; Gastroesophageal Reflux Disease; Lichen Simplex Chronicus; Unspecified Asthma, Uncomplicated; Insomnia, Unspecified; Chronic Cough; Morbid Obesity; -Physician's orders included: -Ferrous Sulfate (supplement) 325 milligrams (mg) take 1 by mouth (PO) every other day dated 7/19/25. -Claritin (antihistamine) 5 mg/milliliter (ml) take 10 ml PO daily dated 6/24/25. -Vitamin B-12 (supplement) 1000 micrograms (mcg) take 1 PO daily dated 7/19/25. -Benefiber (supplement) chew and swallow 3 PO twice daily (BID) dated 3/12/25. -Clobetasol 0.05% cream (topical corticosteroid) apply a pea sized amount to the lower right leg BID dated 8/1/25. -Ipratropium/Albuterol 0.5mg/3mg (bronchodilator) inhale contents of 1 ampule via nebulizer BID dated 3/12/25.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Polyethylene Glycol 3350 (laxative) mix 17 grams with 8 ounces of fluid and drink BID dated 6/12/25.</p> <p>Review on 11/20/25 of Client#4's MARs dated 9/1/25-11/20/25 revealed:</p> <p>-Ferrous Sulfate was not initialed as administered on 9/28/25, or 9/30/25.</p> <p>-Claritin was not initialed as administered on 10/31/25.</p> <p>-Vitamin B-12 was not initialed as administered on 9/28/25, 9/29/25, or 9/30/25.</p> <p>-Benefiber was not initialed as administered for the AM doses on 9/28/25, 9/29/25, 9/30/25, or for the PM dose on 10/31/25.</p> <p>-Clobetasol cream was not initialed as administered for the AM doses on 9/28/25, 9/29/25, 9/30/25, or for the PM dose on 10/31/25.</p> <p>-Ipratropium/Albuterol was not initialed as administered for the AM doses on 9/28/25, 9/29/25, or 9/30/25.</p> <p>-Polyethylene Glycol was not initialed as administered for the AM doses on 9/28/25, 9/29/25, or 9/30/25.</p> <p>Interview on 11/20/25 with the Lead Direct Support Staff revealed:</p> <p>-She was responsible for the oversight of client MARs.</p> <p>Interview on 11/20/25 with the Qualified Professional (QP) revealed:</p> <p>-Client#4 was on a home visit during the period in which medication doses were missed in September 2025, however, this should have been documented by staff on the MAR.</p> <p>-The Lead Direct Support Staff was responsible for providing oversight of client MARs.</p> <p>-Some staff had been terminated for having medication errors.</p>	V 118		

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