

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2025
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NAME OF PROVIDER OR SUPPLIER GREAT BEND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GREAT BEND DRIVE DURHAM, NC 27704
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 8, 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 Disabilities.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</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 review, and interviews, the facility failed to ensure medications were administered by staff trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications for 1 of 3 audited staff (Staff #4.) The findings are:</p> <p>Review on 12/8/25 of Staff #4's personnel records revealed the following: -Hire date of 3/8/21. -Hired as a Teaching Counselor. -There was no training on file indicating certification of Medication Administration Training.</p> <p>Interview on 12/5/25 with Staff #4 revealed: -He was the weekend staff. -He administered medications to clients. -He had been trained to administer medications when he first started working.</p> <p>Interview on 12/5/25 with the House Manager revealed: -She confirmed that Staff #4 was the weekend staff and that he administered medications on the weekend.</p> <p>Interview on 12/8/25 with the Program Manager</p>	V 118		

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V 118	Continued From page 2 revealed: -She was not able to located Staff #4's certificate of Medication Administration training. -Staff #4 had completed the medication administration training that was provided by their nurse; however, the nurse was no longer employed by the agency. -She was going to try to locate the former nurse to see if she could re-do a certificate or do certification that Staff #4 had completed the training.	V 118		