

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2025
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NAME OF PROVIDER OR SUPPLIER RENU LIFE EXTENDED INC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on December 2, 2025. The complaint was unsubstantiated (intake #NC00234136). Deficiencies were 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 24 and has a current census of 24. 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 (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</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>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication was administered as ordered by the physician and failed to ensure the MAR was kept current affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 12/1/25 of client #2"s record revealed: - Admission date of 9/29/07. - Diagnoses of Traumatic Brain Injury, Dementia, Scoliosis, Chronic Pain, Memory Loss, Anemic. - Physician order dated 8/28/25: Reglan 10 milligrams (mg), 1 three times daily. - Physician order dated 10/20/25: Reglan 10mg, 1 three times daily.</p> <p>Review on 12/1/25 of client #2's MAR for the month of September 2025 and November 2025 revealed: September 2025 - Reglan 10mg not documented as administered on 9/19/25 at 5pm. November 2025 - Reglan 10mg not documented as administered on 11/14/25-11/17/25 at 5pm and 11/29/25 at 5pm.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Interview on 12/1/25 client #2 stated: - Staff administered her medications daily.</p> <p>Interview on 12/2/25 staff #2 stated: - All medications administered daily on time unless the medication is out of stock.</p> <p>Interview on 12/2/25 the Supervisor In-Charge II stated: - The medication missed for client #2 was scheduled at an unusual time. - She though that was probably why it was missed she thinks. - Blanks normally represent that the client had not received the medication. - She understood the requirement of the MAR to be kept current.</p> <p>Due to the failure to accurately document medication administration for clients #1 it could not be determined if they received medication as ordered by their physician.</p>	V 118		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366		

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V 366	<p>Continued From page 3</p> <p>to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 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</p>	V 366		

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V 366	Continued From page 4 follows: (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; (B) gather other information needed; (C) issue written preliminary findings of fact 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 (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and	V 366		

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V 366	<p>Continued From page 5</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to implement written policies governing their response to III incidents. The findings are:</p> <p>Review on 12/1/25 client #2's record revealed: - Admitted 9/29/07. - Diagnoses included Attention Deficit Hyperactivity Disorder- Combined presentation, Oppositional Defiant Disorder, Bipolar I Disorder. - Discharge Summary dated 10/10/25: "Hospital Course: 10/8...Overnight reported concerns about sexual abuse. STI (sexually transmitted infection) labs pending. 10/9...STI panel negative. 10/10 Stable and cleared for discharge by APS (Adult Protective Services) and [Facility]."</p> <p>Review on 12/1/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: - No level III IRIS report submitted for an allegation of abuse for client #2.</p> <p>Interview on 12/2/25 client #2 stated: - She lived at the facility for a long time. - She had never been touched inappropriately or raped, - She was treated well at the hospital and would tell the Supervisor In-Charge if someone touched her.</p> <p>Interview on 12/1/25 the Supervisor In-Charge II stated:</p>	V 366		

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V 366	<p>Continued From page 6</p> <ul style="list-style-type: none"> - She read about the allegation in client #2's discharge paperwork on 10/10/25 when client #2 was discharged. - She discussed it with the Qualified Professional (QP). - Adult Protective Services came to the facility because of he allegation. <p>Interview on 12/1/25 and 12/2/25 the QP stated:</p> <ul style="list-style-type: none"> - He learned about the allegation made by Client #2 the day before she came home or day she came home. - Adult Protective Services told him client #2 reported while she walking outside that someone had inappropriately touched her. - He reviewed client #2's hospital discharge paperwork and saw that client #2 reported she was raped at her mothers house more than 20 years ago. - "He felt she was conflating memories. He was 99% sure nothing like that happened here." - "He checked cameras- did not see anything conflicting for last 30 days around the allegation. Did not see any males going into client #2's bedroom." - "He does not know why he did not document any of this." - "He is familiar with the reporting and response requirements for incidents." - "They dropped the ball on this. They should have followed up on their side." - No IRIS report, no other documentation done. 	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</p> <p>(a) Category A and B providers shall report all</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>level II incidents, except deaths, that occur during the provision of billable services or while the 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>	V 367		

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V 367	<p>Continued From page 8</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours as required. The findings are:</p> <p>Review on 12/1/25 client #2's record revealed: - Admitted 9/29/07. - Diagnoses included Attention Deficit Hyperactivity Disorder- Combined presentation, Oppositional Defiant Disorder, Bipolar I Disorder. - Discharge Summary dated 10/10/25: "Hospital Course: 10/8...Overnight reported concerns about sexual abuse. STI (sexually transmitted infection) labs pending. 10/9...STI panel negative. 10/10 Stable and cleared for discharge by APS (Adult Protective Services) and [Facility]."</p> <p>Review on 12/1/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: - No level III IRIS report submitted for an allegation of abuse for client #2.</p> <p>Interview on 12/2/25 client #2 stated: - She lived at the facility for a long time. - She had never been touched inappropriately or raped, - She was treated well at the hospital and would tell the Supervisor In-Charge if someone touched her.</p> <p>Interview on 12/1/25 the Supervisor In-Charge II stated: - She read about the allegation in client #2's</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>discharge paperwork on 10/10/25 when client #2 was discharged.</p> <ul style="list-style-type: none"> - She discussed it with the Qualified Professional (QP). - Adult Protective Services came to the facility because of he allegation. <p>Interview on 12/1/25 and 12/2/25 the QP stated:</p> <ul style="list-style-type: none"> - He learned about the allegation made by Client #2 the day before she came home or day she came home. - Adult Protective Services told him client #2 reported while she walking outside that someone had inappropriately touched her. - He reviewed client #2's hospital discharge paperwork and saw that client #2 reported she was raped at her mothers house more than 20 years ago. - "He felt she was conflating memories. He was 99% sure nothing like that happened here." - "He checked cameras- did not see anything conflicting for last 30 days around the allegation. Did not see any males going into client #2's bedroom." - "He does not know why he did not document any of this." - "He is familiar with the reporting and response requirements for incidents." - "They dropped the ball on this. They should have followed up on their side." - No IRIS report, no other documentation done. 	V 367		