

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2025
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NAME OF PROVIDER OR SUPPLIER L'ARCHE NORTH CAROLINA JEROME HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 919 JEROME ROAD DURHAM, NC 27713
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V 000	INITIAL COMMENTS A complaint survey was completed on December 12, 2025. The complaints were unsubstantiated (intake #NC00234369, NC00234495, NC00234873 and NC00234860). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 former clients.	V 000	Tag V106 – Governing Body Policies (10A NCAC 27G .0201) Deficiency: Failure to follow the facility's incident reporting policy related to medication refusals. Corrective Action Taken: The organization recognizes that medication refusals constitute a reportable incident under our General Incident Reporting Policy. At the time of the cited events, staff documented refusals on the MAR but did not complete incident reports or notify the physician or pharmacist. Following this citation: <ul style="list-style-type: none"> Staff have been re-educated that all medication refusals—oral, topical, or otherwise—must be documented on the MAR, reported via an incident report, and communicated to the pharmacist or prescribing provider. Notification may be made by the facility nurse, and that responsibility does not rest solely with direct care staff. Incident reporting expectations have been reviewed with all staff. Prevention of Recurrence: <ul style="list-style-type: none"> Medication refusal procedures are now explicitly included in staff medication training and onboarding. Supervisory staff review MARs and incident reports regularly to ensure alignment. Monitoring: <ul style="list-style-type: none"> The Residential Care Manager will review MARs and incident reports weekly. Any missed documentation or reporting will result in immediate corrective coaching. 	
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including	V 106		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Benaf Ch...* TITLE: Director of Operations (X6) DATE: 12/19/25
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V 106	<p>Continued From page 1</p> <p>nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement a policy for incident reporting. The findings are: Review on 12/4/25 of former client (FC) #4's record revealed: -Date of admission was 1/13/25. -Diagnoses were Down Syndrome and Obsessive-Compulsive Disorder. -Discharge date was 11/18/25. Reviews on 12/8/25 and 12/11/25 of Medication Administration Records (MARs) for FC #4 revealed: -Ketoconazole 2% Shampoo (Fungal Infections), apply topically two times a week was listed on all of the below MARs. -September 2025-staff wrote Ketoconazole 2% Shampoo was refused on 9/9. -August 2025-staff wrote Ketoconazole 2% Shampoo was refused on 8/8, 8/19 and 8/22.</p>	V 106		

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V 106	<p>Continued From page 2 -June 2025-staff wrote</p> <p>Ketoconazole 2% Shampoo was refused on 6/6 and 6/17. Review on 12/10/25 of the facility's incident reports revealed: -No Level I incident reports related to FC #4 refusing the Ketoconazole Shampoo. Review on 12/10/25 of the facility's incident reporting policy revealed: -"To ensure timely reporting, documentation, and follow-up of all non.abuse/neglect (non-ANE) incidents involving core members. This policy establishes clear guidelines for when a general incident report must be completed to support health, safety, continuous quality improvement, and regulatory expectations...L'Arche North Carolina requires staff to report and document any incident that affects, or has the potential to affect, a staff or core member's health, safety, rights, or quality of supports - even when abuse, neglect, exploitation, or rights violations are not suspected. General incidents must be documented and submitted within 24 hours of staff becoming aware of the event. This policy applies to all staff...A non-ANE event that results in, or creates a significant risk of...Medication errors, Other unusual circumstances affecting a core member..."</p> <p>Interview on 12/10/25 with the Operations Manager revealed: -Staff did no incident reports for medication refusals. -"[FC #4] may have taken the medication late and staff could not go back in and change the medication in [name of online system]." -She didn't know if you could make changes in online system after entering refused.</p>	V 106		

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V 106	Continued From page 3 policy for incident reporting. Interview on 12/10/25 with the Executive Director confirmed: -The facility failed to follow their policy for incident reporting.	V 106	<p>Tag V118 – Medication Requirements: Administration (10A NCAC 27G .0209(c)) Deficiency: Failure to maintain complete physician orders and keep MARs current. Corrective Action Taken: The facility acknowledges gaps in obtaining and maintaining physician orders for one former core member. This occurred primarily when the parent/guardian attended medical appointments and did not consistently provide documentation to the facility. Actions taken include:</p> <ul style="list-style-type: none"> Establishing a practice of requesting physician orders directly from the pharmacy when documentation is not received from the parent/guardian. Strengthening relationships with a local pharmacy to ensure continuity of records. Reinforcing MAR documentation requirements with staff, emphasizing that medications must be recorded immediately after administration. <p>Prevention of Recurrence:</p> <ul style="list-style-type: none"> Residential Care Manager oversees verification of physician orders upon admission and following any medication change. Staff are trained that late administration must still be accurately documented, rather than marked as refused. <p>Monitoring:</p> <ul style="list-style-type: none"> Supervisory staff conduct routine audits of MARs. Any missing documentation is addressed promptly with staff. 	
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; (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.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have physician's orders and failed to keep the MARs current affecting one of two former clients (FC #4). The findings are: 1. Reviews on 12/4/25 and 12/11/25 of FC #4's record revealed: -Date of admission was 1/13/25. -Diagnoses were Down Syndrome and Obsessive-Compulsive Disorder. -Discharge date was 11/18/25. -There were no physician's orders for the medications below. Reviews on 12/8/25 and 12/10/25 of July-November 2025 MARs for FC #4 revealed: The following medications were administered by staff- -Fluticasone Propionate 50 micrograms (mcg) (Allergies), two sprays each nostril as needed. -Allergy Pill (Allergies), one tablet in the morning. -Ketoconazole 2% Shampoo (Fungal Infections), apply topically two times a week. -Magnesium 240 milligrams (mg) (Sleep), one tablet daily. -Melatonin 3 mg (Sleep), one tablet at bedtime. -Multivitamin (Immune Support), one tablet daily. -Bad dream pill (Placebo Vitamin), give at bedtime between 7:30 pm-9:00 pm. -Duloxetine Delayed Release (DR) 30 mg (Major Depressive Disorder), one capsule daily (no</p>	V 118		
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V 118	<p>Continued From page 5</p> <p>physician's order prior to 7/16/25. -Norethindrone 0.35 mg (Birth Control), one tablet daily (no physician's order after 11/12/25).</p> <p>Interview on 12/10/25 with staff #1 revealed: -FC #4's mother took her to all of her medical appointments and picked up her medication from the pharmacy. -FC #4's mother didn't "consistently" provide physician's orders after medical appointments. -She confirmed there were no physician's orders for the above medication for FC #4.</p> <p>Interview on 12/10/25 with the Residential Care Manager revealed: -She was able to get some of the physician orders for FC #4. -FC #4's mother took her to "most" of her appointments. -FC #4's mother didn't "always" give them physician's orders after medical appointments.</p> <p>2. Reviews on 12/8/25, 12/10/25 and 12/11/25 of FC #4's record revealed: -Physician's order dated 7/16/25 for Duloxetine DR 30 mg, one capsule daily. -Physician's order dated 6/10/25 for Levothyroxine 88 mcg (Hypothyroidism), one tablet daily. -Physician's order dated 11/12/24 for Norethindrone 0.35 mg, one tablet daily.</p> <p>Reviews on 12/8/25, 12/10/25 and 12/11/25 of MARs for FC #4 revealed: November 2025- -There were no staff initials as administered for the following: Norethindrone 0.35 mg on 11/15. Melatonin 3 mg on 11/15.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>October 2025- -There were no staff initials as administered for the following: Duloxetine DR 30 mg on 10/5 and 10/25. Allergy Pill on 10/5 and 10/25. Levothyroxine 88 mcg on 10/5 and 10/25. Multivitamin on 10/5 and 10/25. Bad dream pill on 10/30 and 10/31.</p> <p>August 2025- -There were no staff initials as administered for the following: Duloxetine DR 30 mg on 8/8.</p> <p>July 2025- -There were no staff initials as administered for the following: Bad dream pill on 7/5 and 7/11. Duloxetine DR 30 mg on 7/5, 7/11, 7/15. Allergy Pill on 7/5, 7/11 and 7/15. Levothyroxine 88 mcg on 7/5, 7/11 and 7/15. Melatonin 3 mg on 7/5. Norethindrone 0.35 mg on 7/5. Multivitamin on 7/5, 7/11 and 7/15. -Staff did not document the Ketoconazole 2% Shampoo was given twice in one week for 7/7 thru 7/13.</p> <p>June 2025- -There were no staff initials as administered for the following: Duloxetine DR 30mg on 6/19. Allergy Pill on 6/19. Levothyroxine 88mcg on 6/19. Multivitamin on 6/19.</p> <p>Interview on 12/10/25 with staff #1 revealed: -FC #4 got her medication daily.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-"Some days staff forgot to sign off on the MAR that the medication was given." -"[FC #4] would sometimes refuse her medication and decide to take it later." -"Staff would give [FC #4] the medication and forget to sign the MAR to indicate the medication was given." -She confirmed the MARs were not kept current for FC #4.</p> <p>Interview on 12/10/25 with the Operations Manager revealed: -"The MARS were not documented daily for [FC #4] because staff possibly forgot." -Clients got their medication daily. -She confirmed the MARs were not kept current for FC #4.</p> <p>Interviews on 12/10/25 with the Executive Director revealed: "I agree with [the Operations Manager] that [FC #4] was getting her medication daily." -"Staff possibly forgot to document the medication was being given." -She confirmed the MARs were not kept current for FC #4.</p>	V 118	<p>Tag V123 – Medication Errors (10A NCAC 27G .0209(h)) Deficiency: Failure to notify physician or pharmacist of medication refusals.</p> <p>Corrective Action Taken: The facility acknowledges that staff did not notify the physician or pharmacist when a former core member refused a prescribed topical medication. Staff had an incorrect understanding that provider notification was required only for oral medications. Following the survey:</p> <ul style="list-style-type: none"> • Staff have been trained that all medication refusals require notification to the pharmacist or prescribing provider, regardless of medication type. • The facility nurse is designated as the primary point of contact for such notifications. <p>Prevention of Recurrence:</p> <ul style="list-style-type: none"> • Medication refusal procedures have been clarified in training and supervision. • Expectations are reinforced during staff meetings and performance oversight. <p>Monitoring:</p> <ul style="list-style-type: none"> • The Residential Care Manager will review MARs weekly for refusals and confirm provider notification. • Compliance will be reviewed during internal audits. 	
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p>	V 123	<p>Prevention of Recurrence:</p> <ul style="list-style-type: none"> • Medication refusal procedures have been clarified in training and supervision. • Expectations are reinforced during staff meetings and performance oversight. <p>Monitoring:</p> <ul style="list-style-type: none"> • The Residential Care Manager will review MARs weekly for refusals and confirm provider notification. • Compliance will be reviewed during internal audits. 	

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V 123	<p>Continued From page 9 Interview on 12/10/25 with the Residential Care Manager revealed: -Staff did not call the physician or pharmacist for medication refusals for FC #4. -"We did not know they were supposed to be calling the pharmacist or physician about medication refusals."</p> <p>Interview on 12/10/25 with the Executive Director revealed: -Staff did not call the physician or pharmacist for medication refusals. -"I guess there was an understanding the doctor was called for oral medication not other types of medication."</p>	V 123		