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	MHL092-833	A. BUILDING: _____ B. WING _____	R 12/03/2025

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CARE ONE HOMES	926 EDISON ROAD RALEIGH, NC 27610

(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	INITIAL COMMENTS An annual and follow up survey was completed on 12/3/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107	V-107 Plan of Correction * Personnel documentation including job descriptions, qualification, role responsibilities and pre-employment verification is available for review. This folder is maintained in the care and custody of the facility Administrator/QP who was unfortunately not available to present documentation at the time of survey due to being out of state. * Personnel files have been digitized to facilitate prompt provision by the Administrator/QP even when physically unavailable. * The facility Administrator/QP is responsible for safe-keeping and continuous updates of personnel requirements and will endeavor to make documentation readily available on demand. However since survey timing is unannounced; Administrator will ensure document is available for review as soon as she is available to present document. * Date of compliance 12-22-2025.	

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V 107	Continued From page 1 (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a file was maintained for 2 of 2 audited staff (House Manager (HM) and Qualified Professional (QP)/Licensee(L)). The findings are: Review on 12/3/25 of facility records revealed: - No personnel records for HM's and QP/L Interview on 12/3/25 the HM reported: - "I've been here (facility) 2 years" - The QP/L had the personnel records Interview on 12/3/25 the QP/L reported: - Had been the QP since 2021 - "All the personnel records are in my locked	V 107		

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V 107	Continued From page 2 car at the airport" in a file box in the trunk - She was currently out of the state and wouldn't be returning until 12/7/25 and there was no way to access the records until she returned	V 107		
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 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.	V 108	V-108 Plan of Correction * Personnel documentation including job descriptions, qualification, role responsibilities and pre-employment verification is available for review. This folder is maintained in the care and custody of the facility Administrator/QP who was unfortunately not available to present documentation at the time of survey due to being out of state at the time. * Personnel files have been digitized to facilitate prompt provision by the Administrator/QP even when physically unavailable. * The facility Administrator/QP is responsible for safe-keeping and continuous updates of personnel requirements and will endeavor to make documentation readily available on demand. However since survey timing is unannounced; Administrator will ensure document is available for review as soon as she is available to present document. * Date of compliance 12-22-2025.	

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V 108	Continued From page 3	V 108		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure documentation of training was maintained for 2 of 2 audited staff (House Manager (HM) and Qualified Professional (QP)/Licensee (L)). The findings are:

Review on 12/3/25 of facility records revealed:
- No personnel records for HM's and QP/L
- Unable to determine whether staff training had been provided

Interview on 12/3/25 the HM reported:
- "I've been here (facility) 2 years"
- Had received training in CPR, restrictive interventions-prevent, medication administration, client's rights, and other trainings he could not remember
- The QP/L had all personnel records

Interview on 12/3/25 the QP/L reported:
- Had been the QP since 2021
- All staff are required to have training in "the things they are supposed to do, when what happens," medication administration, CPR, first aid, restrictive interventions, client's rights, and other trainings she could not remember
- "All the personnel records are in my locked car at the airport" in a file box in the trunk and included all the trainings completed by each staff member
- She was currently out of the state and wouldn't be returning until 12/7/25 and there was no way to access the records until she returned

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V 112	Continued From page 4	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND 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, observation, and interview the facility failed to ensure a current	V 112	V-112 Plan of Correction * This requirement has been met for client # 1. Client #1 treatment plan was completed but was misfiled but is now filed correctly. Client #3 fall prevention goals and strategies was reviewed with the home manager (HM) and updated to reflect his current needs * The facility Administrator/QP is responsible for review and updates to client(s) assessment, treatment/service plan and will ensure continued compliance with the proper filing and updates of assessment/treatment plans. * The assessment, treatment/service plan will be reviewed by QP quarterly * Date of compliance 12-08-2025.	

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V 112	Continued From page 5	V 112		

treatment plan was developed and implemented for 1 of 3 clients (#1) and failed to develop and implement goals & strategies to meet the needs of 1 of 3 clients (#3) treatment plan. The findings are:

A. Review on 12/3/25 of client #1's record revealed:
- Admitted: 6/29/21
- Diagnoses: Schizophrenia, Cannabis Use Disorder, Alcohol use Disorder
- Treatment plan dated 7/8/24

Interview on 12/3/25 the House Manager reported:
- Worked at the facility for 2 years
- The Qualified Professional (QP)/Licensee (L) was responsible for treatment plans for all clients
- Did not know there was not a current treatment plan in client #1's record and was unable to locate a current treatment plan in client #1's record

Interview on 12/3/25 the QP/L reported:
- Was responsible for ensuring the treatment plan was completed and in all client records
- Had completed a current treatment plan for client #1 and "it should be in his chart, unless it was misfiled"

B. Review on 12/3/25 of client #3's record revealed:
- Admitted: 6/22/15
- Diagnoses: Paranoid Schizophrenia; Ataxia; Essential Hypertension; Hyperlipidemia; Mild Mental Retardation; History of falls
- Treatment plan dated 2/28/25
    - No goals and strategies to address fall risk
- After-visit summary from a local hospital

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V 112	Continued From page 6
	dated 10/29/24: client was admitted due to fall following suspected seizure
	
	Observation on 12/3/25 11:18AM, 12:41PM, and 3:45PM of client #3 walking up the stairs revealed:
	- 5 stairway steps to his upstairs bedroom
	- Client #1 held the stairway rail and walked up the stairs slowly
	- No staff was present
	
	Observation on 12/3/25 at 11:22AM of client #3 walking down the stairs revealed:
	- Client #1 held the stairway rail and walked down the stairs slowly
	- No staff was present
	
	Interview on 12/3/25 client #1 reported:
	- Client #3 "can't walk"
	- Client #3 fell "about 9 months ago" at a restaurant
	
	Interview on 12/3/25 client #2 reported:
	- Had lived at the facility "about 10 years"
	- "He's (client #3) fallen before" but "I don't know when he fell last time"
	
	Interview on 12/3/25 client #3 reported:
	- "I think I was in my 30's when I first come here"
	- "My legs feeling weak" but "I ain't been falling in a while now"
	- Staff did not need to be with him or monitor him go up the steps
	
	Interview on 12/3/25 the House Manager reported:
	- Client #3 fell twice in August 2025:
	  - The first fall was in his room at night
	  - The second fall was outside at the facility
		V 112		

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V 112	Continued From page 7 - "I keep my eye on him (client #3)" to make sure he doesn't fall Interview on 12/3/25 the QP/L reported: - Client #3 "is a falls risk" - "It's been about 6 months - about 7 months" since client #3's last fall - "It's (falls risk) in his treatment plan somewhere" but could not recall where in the plan - Staff "always has to be behind him (client #3) walking up (the stairs)" and has to watch when client #3 is coming down the stairs	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were	V 114	V-114 Plan of Correction * The facility was performing adhoc fire drills since 9/2 coordinated by the Administrator but failed to document this properly. This has been fixed as of 12/10 to document every fire-drill and ensure all clients are responding appropriately to drills. * The facility home manager (HM) is responsible for documenting fire drills and has been re-trained on the documentation including dates and client(s) present. Going forward the QP will ensure documentation is done correctly and maintain a record of drills until consistency in proper documentation from the HM is established. * The fire drills will be conducted and recorded monthly by the HM. Reviewed monthly by the QP * Date of compliance 12-10-2025.	

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V 114	Continued From page 8	V 114		

completed at least quarterly and on each shift and were conducted to simulate real emergencies. The findings are:

Review on 12/3/25 of the facility's fire and disaster drills book from 11/8/24 through 12/3/25 revealed:
- No fire or disaster drills documented as completed after 8/8/25

Interview on 12/3/25 client #1 reported:
- "It's been about what 5-6 years" since he was admitted to the facility
- "We haven't done it (fire and disaster drills) in a while...years"
- "They (staff) told us if the alarm goes off, just go outside in the yard"

Interview on 12/3/25 client #2 reported:
- Lived at the facility for "about 10 years"
- "No, we never had fire drills come to think of it"
- Completed fire drills at his day program but "I don't think we've ever had one here (facility)"
- If there was a fire, "I guess the fire alarm would go out and we'd go outside"
- Had practiced a tornado drill, "I think so, one time" and "we got up and sat in the den"

Interview on 12/3/25 client #3 reported:
- Been at the facility since "I was in my 30s"
- "No ain't no fire drills" completed at the facility
- He would "get up and go outside" for a fire or a tornado

Interview on 12/3/25 the House Manager (HM) reported:
- Had worked at the facility for 2 years
- "I don't let them practice (fire drills), I just take them outside"

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V 114	Continued From page 9 - Had "never practiced it (tornado drill) with them" but we go to the basement - "I know we didn't have one (fire or disaster drill) last month" - Had not completed a hurricane drill but documented it as completed "because it (hurricane) happened" in June 2025 Interview on 12/3/25 the Qualified Professional (QP)/Licensee reported: - Became the QP for the facility in 2021 - Her and the HM were responsible for completing fire and disaster drills - "We have to have it (fire and disaster drills) once a month, every month, we do it every month" - She checked on the fire and disaster drills and last checked in October 2025 - Did not know that no fire or disaster drills had been documented as completed since August 2025	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;	V 117	V-117 Plan of Correction * This deficiency has been corrected by removing all loose medications not properly labelled and sent back to the pharmacy we use for disposal. * Going forward the facility will not accommodate medication that is not in well labelled bubble packs for any client. * The QP/RN will monitor medication weekly to ensure all prescription medication has the required labelling information * Monitoring will be weekly * Date of compliance 12–08-2025.	

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V 117	Continued From page 10 (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to ensure prescription medications had the required labeling information for 1 of 3 clients (#1). The findings are: Review on 12/3/25 of client #1's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis Use Disorder, Alcohol use Disorder - Physician order dated 8/8/25 for the following medications: - Vitamin d-3 50 microgram 2,000 unit: Take one tablet by mouth every day (supplement) - Haldol 10 milligram (mg) tablet: Take one tablet by mouth at bedtime (schizophrenia) - Zyprexa 20mg tablet: Dissolve one tablet under the tongue twice a day (schizophrenia) - Crestor 5 mg tablet: Take one tablet by mouth every day (hyperlipdemia) - Senokot 8.6 mg tablet: Take two tablets	V 117		

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by mouth every day as needed for constipation
- Zoloft 25 mg tablet: Take one tablet by mouth every day (mood)

Observation at 12:46PM on 12/3/25 of client #1's medication revealed:
- A clear plastic shoebox tote that contained:
  - 8 white round-shaped tablets in the bottom of the tote
  - 2 plastic bags about 1inch by 2 inches, one with 46 green oval-shaped tablets and one with 12 white round-shaped tablets
  - No pharmacy label on the bags
- Comparison of client #1's medications with the tablets in the plastic bags and shoebox tote revealed matching green tablets for Zoloft and matching white tablets for Crestor

Interview on 12/3/25 the House Manager (HM) reported:
- Had worked at the facility for 2 years
- The medications in the bags and shoebox tote were extra medications the facility had obtained when client#1's medication ran out before the pharmacy delivered the next supply of medication
- The green tablets were client #1's Zoloft tablets and the white ones were his Crestor tablets
- "That's (in the bags) how she (the Qualified Professional (QP)/Licensee(L)) brought it (medications)" to the facility
- "It (the medication in the bags) was right before this last one (medications) was delivered" by the pharmacy on 11/5/25

Interview on 12/3/25 the QP/L reported:
- Had been the QP since 2021
- She and the HM were responsible for medications at the facility

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V 117	Continued From page 12 - Had last checked the medications at the facility in November 2025 - Was not aware there were tablets in the shoebox tote for client #1's medications that were not in the blister packs - Denied ever bringing medications to the facility in a plastic bag	V 117		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119	V-119 Plan of Correction * This deficiency has been corrected by disposing all inactive medication by sending back to the pharmacy we use for disposal. * The QP/RN will monitor medications weekly to ensure all prescription medication is current and effect the appropriate disposal via facility's pharmacy provided when needed * Monitoring will be weekly * Date of compliance 12–08-2025.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-833	A. BUILDING: _____ B. WING _____	R 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE HOMES	926 EDISON ROAD RALEIGH, NC 27610

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V 119	Continued From page 13	V 119		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure medications were disposed of in a manner that guarded against diversion or accidental ingestion for 1 of 3 clients (#1). The findings are:

Review on 12/3/25 of client #1's record revealed:
- Admitted: 6/29/21
- Diagnoses: Schizophrenia, Cannabis Use Disorder, Alcohol use Disorder
- Physician order dated 8/8/25 for the following medications:
  - Vitamin d-3 50 microgram 2,000 unit: Take one tablet by mouth every day (supplement)
  - Haldol 10 milligram (mg) tablet: Take one tablet by mouth at bedtime (schizophrenia)
  - Zyprexa 20mg tablet: Dissolve one tablet under the tongue twice a day (schizophrenia)
  - Crestor 5 mg tablet: Take one tablet by mouth every day (hyperlipdemia)
  - Senokot 8.6 mg tablet: Take two tablets by mouth every day as needed for constipation
  - Zoloft 25 mg tablet: Take one tablet by mouth every day (mood)

Observation at 12:46PM on 12/3/25 of client #1's medication revealed:
- A clear plastic shoebox tote that contained:
  - 8 white round-shaped tablets in the bottom of the tote
  - 2 plastic bags about 1inch by 2 inches, one with 46 green oval-shaped tablets and one with 12 white round-shaped tablets
  - No pharmacy label on the bags

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 119	Continued From page 14 - Comparison of client #1's medications with the tablets in the plastic bags and shoebox tote revealed matching green tablets for Zoloft and matching white tablets for Crestor Interview on 12/3/25 the House Manager (HM) reported: - Had worked at the facility for 2 years - The medications in the bags and shoebox tote were extra medications the facility had obtained when client#1's medication ran out before the pharmacy delivered the next supply of medication - "That's (in the bags) how she (the Qualified Professional (QP)/Licensee (L)) brought it (medications)" to the facility when client #1 ran out of medication - The green tablets were client #1's Zoloft tablets and the white ones were his Crestor tablets - "When they (pharmacy) delivered it (medications), I should have removed it (bags of medications)" - "It (the medication in the bags) was right before this last one (medications) was delivered" by the pharmacy on 11/5/25 - Had been told by the QP/L to send the medications back to the pharmacy when they delivered the next supply of medications but "I forgot" Interview on 12/3/25 the QP/L reported: - Had been the QP since 2021 - She and the HM were responsible for medication disposal at the facility - Had last checked the medications at the facility in November 2025 - Was not aware there were tablets in the shoebox tote for client #1's medications that were not in the blister packs	V 119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 119	Continued From page 15 - When there were medications that were not being used, "we (facility) collect them" in a locked closet and "give them back to the pharmacy" when the pharmacy delivered medications	V 119		