

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEDOVE HOMES, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>814 RICON PLACE</b> <b>DURHAM, NC 27703</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on December 23, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(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:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 107	<p>Continued From page 1</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of four audited staff (#3) met the minimum level of education requirements. The findings are:</p> <p>Review 12/22/25 of Staff #3's personnel record revealed: -Hired date of 7/12/24. -She was hired as a House Manager/Live-In staff. -There was no evidence of educational credentials in the personnel record.</p> <p>Interview on 12/22/25 with the Administrator revealed: -She thought staff #3 had proof of education in</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>her personnel file. -She didn't know why the proof of education was not in staff #3's personnel file. -She acknowledged the facility had failed to ensure that staff #3 met the minimum level of education requirements.</p> <p>Interview on 12/22/25 with the Qualified Professional revealed: -She was aware that this deficiency had been cited before and for other staff. -She did not know why Staff #4's education was not in her personnel record. -She acknowledged Staff #4 did not have proof of education in her personnel record.</p> <p>Interview on 1/9/25 with the Administrator revealed: -She believed the documentation had been turned in and was at her office. -She was going to check her office for the document.</p> <p>This deficiency has been cited 5 times since the original cite on 9/6/23 and must be corrected within 30 days.</p>	V 107		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>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:</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have a treatment plan with written consent or agreement by the client or responsible party affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 12/22/25 of client #1's record revealed: -Admission date of 2/22/25. - Diagnoses: Schizoaffective Disorder, Bipolar Type; Post-Traumatic Stress Disorder (PTSD); Cannabis Use Disorder, Moderate; Tobacco Use Disorder, Moderate; Paranoia; Hypersomnia -There was no signature or written consent from the guardian or responsible party on client #1's</p>	V 112		
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V 112	<p>Continued From page 4</p> <p>treatment plan dated 12/12/25.</p> <p>Review on 12/22/25 of client #2's record revealed: -Admission date of 11/14/23. Diagnoses: Schizoaffective Disorder, Depressive Type; Major Depressive Disorder, Recurrent; Sialorrhea; Pica of Infancy and Childhood; Aggressive Behavior; Gastroesophageal Reflux Disorder (GERD); Laryngopharyngeal Reflux; S/P Tonsillectomy and Adenoidectomy -There was no signature or written consent from the guardian or responsible party on client #2's treatment plan dated 12/1/25.</p> <p>Review on 12/22/25 of client #3's record revealed: -Admission date of 10/7/25. Diagnoses: Schizophrenia Disorder; Anxiety; Hypothyroidism; Gastroesophageal Reflux Disease (GERD); Essential Hypertension; Extrapyrimalidal Syndrome; Catatonia; Anemia -There was no signature or written consent from the guardian or responsible party on client #3's treatment plan dated 11/3/25.</p> <p>Interview on 12/22/25 the Qualified Professional revealed: -She had recently completed the treatment plans with updates but had not had time to have the plans signed by the client's legal guardians. -She understood client's treatment plans needed to be signed by the responsible party. -She acknowledged clients #1, #2 and #3's treatment plan had not been signed by each of their legal guardians.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		

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V 114	Continued From page 5	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 12/22/25 of the facility's fire drills records revealed: -No fire drills were conducted for 3rd shift for the 1st (January, February, March), 2nd (April, May, June), and 3rd (July, August, September) quarter of 2025.</p> <p>Review on 12/22/25 of the facility's disaster drills records revealed: -No disaster drills were conducted for 3rd shift for the 1st (January, February, March), 2nd (April,</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>May, June), and 3rd (July, August, September) quarter of 2025.</p> <p>Interview on 12/22/25 with Staff #3 revealed: -She was considered a "live-in" staff. -She believed the facility had completed a fire and a disaster drill once a month. -She had run fire and disaster drills but not sure how many.</p> <p>Interview on 12/22/25 with the Administrator revealed: -She understands that the fire and disaster drills are supposed to be done once on each shift for each quarter. -First shift is 7:00 AM-3:00 PM -Second shift is 3:00 PM-11:00 PM -Third shift is 11:00 PM-7:00 AM -There had been a training done by the Qualified Professional (QP) with the facility staff on how to complete fire and disaster drills correctly after the citation for fire/disaster drills during the last annual survey. -She thought the fire and disaster drills had been completed correctly this past year. -She acknowledged the facility had not conducted fire and disaster drills on every shift and for each quarter.</p> <p>Interview on 12/22/25 with the QP revealed: -She has done a training on doing fire/disaster drills with the facility staff after receiving a citation for this on the last annual survey. -"There seems to be a difference in how the training went" and how it was implemented. -She did the training with the staff trying to institute one fire and disaster drill each month, rotating the shift each month. -She didn't know there was still an issue of the fire/disaster drills being done incorrectly.</p>	V 114		

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V 114	Continued From page 7  -She acknowledged the facility had not conducted fire and disaster drills on every shift and for each quarter.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 8</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to keep the MAR current affecting one of three audited clients (#3). The findings are:</p> <p>Review on 12/22/25 of client #3's record revealed: -Admission date of 10/7/25. Diagnoses: Schizophrenia Disorder; Anxiety; Hypothyroidism; Gastroesophageal Reflux Disease (GERD); Essential Hypertension; Extrapyramidal Syndrome; Catatonia; Anemia -Physician's order dated 11/5/25 for Levothyroxine 50 micrograms (mcg) (hypothyroidism), take one tablet by mouth in the morning; Aripiprazole 15 milligrams (mg) (schizophrenia), take one tablet by mouth every day; Atenolol 25 mg (hypertension), take one tablet by mouth every day; Escitalopram 20 mg (depression and anxiety), take one tablet by mouth every day; Lamotrigine 200 mg (anticonvulsant- treats epilepsy and stabilize mood in bipolar disorder), take one tablet by mouth every day; Pantoprazole Sod DR 40 mg (treats erosive esophagitis caused by GERD), take one tablet by mouth every day.</p> <p>Observation on 12/22/25 of the medication for client #3 revealed: - Levothyroxine 50 mcg was present. -Aripiprazole 15 mg was present. - Atenolol 25 mg was present.</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Escitalopram 20 mg was present.</li> <li>-Lamotrigine 200 mg was present.</li> <li>-Pantoprazole Sod DR 40 mg was present.</li> </ul> <p>Review on 12/22/25 of the November 2025 MAR for client #3 revealed: No staff initials to indicate the medication was administered by staff for the following medications.</p> <ul style="list-style-type: none"> <li>- Levothyroxine 50 mcg on 11/24 and 11/25.</li> <li>-Aripiprazole 15 mg on 11/24 and 11/25.</li> <li>- Atenolol 25 mg on 11/24 and 11/25.</li> <li>-Escitalopram 20 mg on 11/25.</li> <li>-Lamotrigine 200 mg on 11/25.</li> <li>-Pantoprazole Sod DR 40 mg on 11/25.</li> </ul> <p>-There were no codes or other indications as to why staff initials were not present. The spaces for those days were blank.</p> <p>Interview on 12/22/25 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-She takes medication in the morning and gets it at the same time every day.</li> <li>-She did not miss any days of getting her medication.</li> <li>-She knows she gets all of her medications every day.</li> </ul> <p>Interview on 12/22/25 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She didn't know why there were blank spaces on client #3's November, 2025 MAR.</li> <li>-Even if there had been a problem there should be a code and not just a blank space.</li> <li>-She acknowledged that the facility had not kept client #3's MAR current.</li> </ul> <p>Interview on 12/22/25 with the Qualified Professional revealed:</p>	V 118		

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V 118	Continued From page 10  -She had no idea why there are blank spaces on client #3's November, 2025 MAR. -She acknowledged that the facility had not kept client #3's MAR current.	V 118		