

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/16/2026
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NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES 1	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WAPITI COURT CANDLER, NC 28715
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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 and follow up survey was completed on January 16, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure client records were maintained to include dates of admission affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 1/14/26 and 1/15/26 of Client #1's record revealed: -No date of admission documented; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Schizoaffective Disorder, Seizure Disorder, Gastroesophageal Reflux Disease.</p> <p>Review on 1/14/26 and 1/15/26 of Client #2's record revealed: -No date of admission documented; -Diagnoses of Severe Intellectual Developmental Disability, Down Syndrome, Other Conduct</p>	V 113		

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V 113	Continued From page 2 Disorder. Review on 1/14/26 and 1/15/26 of Client #3's record revealed: -No date of admission documented; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Anxiety Disorder. Interview on 1/14/26 with the Licensee revealed: -Refused to provide dates of admission for the clients.	V 113		
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; (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	V 117		

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V 117	<p>Continued From page 3</p> <p>pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure all prescription drugs had a packing label with required information affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 1/14/26 and 1/15/26 of Client #2's record revealed: -No date of admission documented; -Diagnoses of Severe Intellectual Developmental Disability, Down Syndrome, Other Conduct Disorder; -Physician's order dated 8/18/25 for Clindamycin (acne) 1% to his back once daily.</p> <p>Observation on 1/14/26 at approximately 8:45am of Client #2's medications revealed: -No pharmacy label on Clindamycin to include the client's name, the prescriber's name, the current dispensing date, clear directions for self-administration, the name, strength, quantity and expiration date of the prescribed drug, and the name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.</p> <p>Interview on 1/14/26 with the Alternative Family Living Provider revealed: -Was "not aware" that pharmacy labels needed to</p>	V 117		

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V 117	Continued From page 4 remain with the dispensed medications.	V 117		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p>	V 119		

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V 119	<p>Continued From page 5</p> <p>Based on record review, interview and observation, the facility failed to ensure the disposal of expired medications affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 1/14/26 and 1/15/26 of Client #3's record revealed: -No date of admission documented; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Anxiety Disorder.</p> <p>Observation on 1/14/26 at 9:25am of Client #3's medications revealed: -Blister pack of Senna (stool softener) 8.6milligram dispensed on 8/30/24 with an expiration date of 8/30/25.</p> <p>Interview on 1/14/26 with the Alternative Family Living Provider revealed: -Will send Client #3's Senna back to the pharmacy for disposal; -Client #3 no longer required the Senna as he currently is prescribed Polyethelene Glycol (laxative).</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment</p>	V 120		

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V 120	<p>Continued From page 6</p> <p>or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure that external medications were stored separately from internal medications affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 1/14/26 and 1/15/26 of Client #2's record revealed: -No date of admission documented; -Diagnoses of Severe Intellectual Developmental Disability, Down Syndrome, Other Conduct Disorder; -Physician's order dated 8/18/25 for Clindamycin (acne) 1% to Client #2's back once daily and Triamcinolone Cream (rash) 0.1% to rash twice daily and then repeat for flare ups.</p> <p>Observation on 1/14/26 at approximately 8:45am of Client #2's medications revealed: -Clindamycin and Triamcinolone Cream were stored with Client #2's internal medications.</p> <p>Interview on 1/14/26 with the Alternative Family Living Provider revealed:</p>	V 120		

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V 120	Continued From page 7 -Would make sure to store all internal and external medications separately.	V 120		