

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KOODY HEALTHCARE SERVICES INC III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803</b>
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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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 1/16/26. The complaints were substantiated (intake #NC00235051 and #NC00235294). 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 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

Division of Health Service Regulation  
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 reviews and interviews the facility failed to ensure medications were administered by persons trained by a registered nurse, pharmacist or other legally qualified person for 3 of 3 audited clients, (#1, #2 and #3) and failed to administer medications on the written order of a physician for 1 of 3 audited clients (#1). The findings are:</p> <p>Finding A: Review on 1/6/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 1/30/25</li> <li>- Diagnoses: Schizoaffective Disorder Bipolar Type, Type 2 Diabetes Mellitus without complication, High Cholesterol, Heart failure</li> <li>- Physicians' orders for the following:               <ul style="list-style-type: none"> <li>- Aripiprazole 20 milligrams (mg) take one tablet by mouth (po) every morning (Schizoaffective Disorder) dated 3/19/25</li> <li>- Atorvastatin 20 mg take one tablet po every day (high cholesterol) dated 3/25/25</li> <li>- Amlodipine besylate 10 mg take one tablet po every day (heart failure) dated 3/25/25</li> <li>- Bisacodyl 5 mg take 2 tablets po every day (constipation) dated 4/28/25</li> <li>- Rybelus 7mg take one tablet po every</li> </ul> </li> </ul>	V 118		
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V 118	<p>Continued From page 2</p> <p>day (diabetes) dated 3/14/25</p> <ul style="list-style-type: none"> <li>- Gabapentin 300 mg take one capsule po three times daily (neuropathic pain) dated 8/22/25</li> <li>- Levetiracetam 500 mg take one tablet po twice daily (seizures) dated 4/17/25</li> <li>- Topiramate 50 mg take one tablet po twice daily (seizures) dated 3/14/25</li> <li>- Carvedilol 3/125 mg take one tablet po twice daily (heart failure) dated 12/9/25</li> <li>- Losartan potassium 50 mg take 1/2 tablet po every day (hypertension) dated 12/9/25</li> <li>- Pantoprazole sodium 40 mg take one tablet po daily before breakfast (acid reflux) dated 12/9/25</li> <li>- Xarelto 20 mg take one tablet every day with evening meal (deep vein thrombosis) dated 6/20/25</li> <li>- Glipizide 5 mg take one tablet po twice daily 30 minutes before meals (diabetes) dated 12/16/25</li> <li>- Lantus Solostar 100 mg inject 19 units at bedtime (diabetes) dated 12/9/25</li> </ul> <p>Review on 1/14/26 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 11/26/25</li> <li>- Title: Habilitation Technician</li> <li>- No evidence of medication administration training</li> </ul> <p>Review on 1/7/26 of client #1's December 2025 and January 2026 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Lantus Solostar 100 mg have "SA" from 12/9/25-1/7/26 where staff initials would indicate medication had been administered</li> <li>- The following medications have "H" where staff initials would indicate morning dose of medication had been administered on 12/10/25: <ul style="list-style-type: none"> <li>- Aripiprazole 20 mg</li> <li>- Atorvastatin 20 mg</li> </ul> </li> </ul>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Amlodipine besylate 10 mg</li> <li>- Bisacodyl 5 mg</li> <li>- Rybelus 7mg</li> <li>- Gabapentin 300 mg</li> <li>- Levetiracetam 500 mg</li> <li>- Topiramate 50 mg</li> </ul> <p>- Staff initials for the House Manager #1 to indicate the administration of all medication from the evening medications on 12/10/25 through 1/7/26</p> <p>Review on 1/8/26 of records from a local hospital revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 was hospitalized from 12/7/25-12/9/25 due to flu, pneumonia and initial blood sugar reading of 517</li> <li>- Client #1 was discharged on 12/9/25 at 10:59 am with a prescription for Lantus Solostar to address elevated blood sugar</li> <li>- Client #1 was trained and observed by medical personnel administering her own Lantus Solostar injections and was competent to administer her own injections</li> <li>- Client #1 called local emergency medical services (EMS) on 12/10/25 due to concerns of elevated blood sugar</li> <li>- EMS responded on 12/10/25 and client #1's blood sugar was 521</li> <li>- On 12/10/25, client #1 returned to the local hospital and reported she did not receive her morning medication on 12/10/25 and did had no received the Lantus Solostar since her discharge on 12/9/25 due to not having a blood glucose monitor</li> </ul> <p>Interview on 1/7/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- She called 911 on 12/7/25 because she felt week and was having difficulty breathing</li> <li>- Was admitted to the hospital for "3 or 4 days"</li> <li>- She had the flu and pneumonia and her blood</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>sugar was "over 600"</p> <ul style="list-style-type: none"> <li>- "Went back and forth 4 times because they (staff at the facility) wouldn't let me take my insulin I'd been sent home (facility) with"</li> <li>- Prior to the hospitalization on 12/7/25, she was not taking insulin or doing blood sugar checks</li> <li>- The House Manager #1 would not allow her to take the Lantus Solostar because she did not have a blood glucose meter</li> <li>- "For 5 days I didn't take insulin because we didn't have a meter"</li> <li>- She returned to the hospital and was given a meter to take home</li> <li>- She had been doing blood sugar checks and taking Lantus Solostar as ordered since the return to the hospital on 12/10/25</li> <li>- Staff #1 was administering her medication morning and evening since she began working at the facility</li> <li>- The House Manager #1 had not been administering her medication</li> <li>- She did not receive morning medication on 12/10/25 because former staff (FS#2) stated that the House Manager #1 was going to administer them when she arrived at the facility</li> <li>- The House Manager arrived at the facility around noon on 12/10/25 and refused to administer her morning medication because it was outside of the administration window</li> </ul> <p>Interview on 1/5/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She began her first shift at the facility on 12/10/25</li> <li>- When she began working at the facility, client #1 was already prescribed Lantus Solostar, so she wasn't sure about the missed doses on 12/9/25 and 12/10/25</li> <li>- She had not received medication administration training</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- The Administrator was currently out of the country and did not complete the medication administration training with her prior to leaving</li> <li>- The House Manager #1 came in daily, morning and evening, to administer clients' medication</li> <li>- The House Manager #1 did not administer medication on this morning and staff #1 administered medication for clients</li> <li>- This was the only day that she had administered medication for clients at the facility</li> </ul> <p>Further interview on 1/15/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- She had administered medication for clients at the facility since she first began working</li> <li>- The House Manager #1 had not administered medication for clients at the facility</li> <li>- The House Manager #1 was initialing as the staff that administered medication daily</li> <li>- The House Manager #1 told her that "she didn't feel the need to (administer client medication) because I've done the work before"</li> <li>- She had previously worked in home health care positions and had administered medication in those previous jobs</li> </ul> <p>Interview on 1/6/26 the House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- She had worked at the facility since July of 2025</li> <li>- She was currently administering medication for clients at the facility and had been since FS#2 left on 12/10/25</li> <li>- The only time that staff #1 had administered medications the facility was the morning dose on 1/5/26 and "I coached her through it on the phone"</li> <li>- The Administrator had not yet completed medication administration training with staff #1</li> <li>- Client #1 went to the hospital in December of</li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <p>2025 due to flu, pneumonia and elevated blood sugar</p> <ul style="list-style-type: none"> <li>- Client #1 was prescribed Lantus Solostar and three times daily blood sugar checks</li> <li>- Client #1 returned to the hospital 2 days after her initial discharge because she had not been able to start taking her insulin</li> <li>- The hospital had not sent her home with a blood glucose monitor and the order read "if blood sugar was less than 80 do not administer"</li> <li>- "Told her that we had to hold until there was a meter to check"</li> <li>- The hospital sent a meter with client #1 upon her discharge on 12/10/25</li> <li>- "I take full accountability for holding that medicine"</li> <li>- The "SA" on client #1's MARs for Lantus Solostar indicate that she self-administers her injection</li> </ul> <p>Further interview on 1/14/25 the House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- She continued to go to the facility twice daily to administer all medications to each client</li> <li>- FS#2 was responsible for administering medication on the morning of 12/10/25</li> <li>- If the MAR had an "H", that indicated client was in the hospital</li> <li>- Not sure why the morning dose on 12/10/25 indicated client #1 was in the hospital as she would have been at the facility at that time</li> <li>- Was not aware that client #1 reported she did not receive medication on the morning of 12/10/25 and could not be sure if client #1 did or did not receive her medication that morning</li> </ul> <p>Interview on 1/14/26 the facility's pharmacy reported:</p> <ul style="list-style-type: none"> <li>- Received order for Lantus Solostar for client #1 on 12/8/25 but did not fill it until 12/11/25</li> </ul>	V 118		

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V 118	<p>Continued From page 7</p> <p>because client #1 had Lantus from the hospital</p> <ul style="list-style-type: none"> <li>- The doctor from the local hospital sent the order for the diabetic supplies, including lancets and the blood sugar meter, to the wrong pharmacy initially</li> <li>- They were unable to fill that order because the incorrect pharmacy filled it insurance would not pay to have it filled again until late December 2025</li> <li>- Were told the hospital filled the supply orders in the meantime</li> </ul> <p>Finding B: Review on 1/5/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 8/17/23</li> <li>- Diagnoses: Bipolar Disorder, Schizophrenia, Thyroid Disease, Hernia epigastria, Schizoaffective Disorder</li> <li>- Physicians' orders for the following: <ul style="list-style-type: none"> <li>- Levothyroxine 50 micrograms (mcg) take one tablet po every day (thyroid) dated 2/3/25</li> <li>- Vitamin D3 5000 units take one tablet po every day (supplement) dated 3/13/25</li> <li>- Folic acid 1 mg take one tablet po every day (supplement) dated 3/13/25</li> <li>- Omeprazole 40 mg take one capsule po every day (acid reflux) dated 2/3/25</li> <li>- Prazosin 5 mg take one capsule po at bedtime (hypertension) dated 5/22/25</li> <li>- Lorazepam 1 mg take 2 tablets po at bedtime (anxiety) dated 9/18/25</li> <li>- Divalproex sodium 250 mg take 3 tablets po at bedtime (bipolar disorder) dated 10/26/25</li> <li>- Melatonin 5 mg take one tablet po at bedtime (insomnia) dated 1/29/25</li> <li>- Trazadone 150 mg take one tablet po at bedtime (antidepressant) dated 10/30/25</li> <li>- Adenapine 10 mg dissolve one tablet po twice daily (antipsychotic) dated 10/26/25</li> <li>- Benzotropine mesylate 0.5 mg take one</li> </ul> </li> </ul>	V 118		

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V 118	<p>Continued From page 8</p> <p>tablet po twice daily (tremors) dated 11/25/26</p> <ul style="list-style-type: none"> <li>- Fluphenazine 10 mg take one tablet po twice daily (antipsychotic) dated 12/15/25</li> <li>- Quetiapine fumarate 400 mg take one tablet po twice daily (antipsychotic) dated 2/3/25</li> </ul> <p>Review on 1/7/26 of client #2's December 2025 and January 2026 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Staff initials for the House Manager #1 to indicate the administration of all medication for 12/16/26-1/7/26</li> </ul> <p>Interview on 1/5/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #2 was hospitalized when she began working at the facility</li> <li>- Client #2 returned to the facility on 12/16/25 from the hospital</li> </ul> <p>Finding C: Review on 1/5/26 of client #3's record revealed:\</p> <ul style="list-style-type: none"> <li>- Admission date: 2/9/22</li> <li>- Diagnoses: Schizophrenia, Mild Intellectual Developmental Disorder, Asthma, Hypertension</li> <li>- Physicians' orders for the following: <ul style="list-style-type: none"> <li>- Loratadine 10 mg take one tablet po every day (allergies) dated 1/9/25</li> <li>- Omeprazole 40 mg take one capsule po every day dated 1/9/25</li> <li>- Benztropine mesylate 1 mg take one tablet po every morning dated 9/26/25</li> <li>- Lorazepam 1 mg take 2 tablets po at bedtime dated 11/26/25</li> <li>- Trazadone 150 mg take one tablet po at bedtime dated 11/26/25</li> <li>- Urea 40% cream apply to the affected area topically daily (itchy skin) dated 1/9/25</li> <li>- Clobetasol 0.05% apply to the affected area topically twice daily (skin condition) dated 1/9/25</li> <li>- Docusate sodium 100 mg take 2</li> </ul> </li> </ul>	V 118		

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V 118	<p>Continued From page 9</p> <p>capsules po twice daily (constipation) dated 11/26/25</p> <ul style="list-style-type: none"> <li>- Divalproex sodium 500 mg take one tablet po twice daily dated 11/26/25</li> </ul> <p>Review on 1/7/26 of client #3's December 2025 and January 2026 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Staff initials for the House Manager #1 to indicate the administration of all medication for 12/10/26-1/7/26</li> </ul> <p>Interview on 1/13/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- She always received her medication at the facility</li> <li>- Staff #1 administered her medication</li> <li>- The House Manager #1 only administered medication if staff #1 was not there</li> <li>- There had been no issues with staff #1 administering medication</li> </ul> <p>Interview on 1/13/26 client #4 reported:</p> <ul style="list-style-type: none"> <li>- She received medication daily and it was never forgotten or refused</li> <li>- Staff #1 administered her medication and had been since she began working at the facility</li> </ul> <p>Interview on 1/16/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She had just returned from being out of the country for several weeks</li> <li>- Staff #1 had started working quickly as she was leaving to go out of the country</li> <li>- She discussed medication with staff #1 over the phone, but did not complete her full medication administration training</li> <li>- The House Manager #1 was responsible for administering medications until she could complete the medication administration training with staff #1</li> </ul> <p>Due to the failure to accurately document</p>	V 118		

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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 118	Continued From page 10  medication administration, it could not be determined if clients received their medications as ordered by the physician  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 1 audited staff (#1). The findings are:  Review on 1/14/26 of staff #1's personnel record revealed: - Hire date: 11/26/25 - Title: Habilitation Technician - HCPR accessed 1/7/26  Interview on 1/5/26 staff #1's reported she had worked at the facility for approximately 1 month.	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 131	<p>Continued From page 11</p> <p>Interview on 1/7/26 the Qualified Professional (QP) #2 reported:</p> <ul style="list-style-type: none"> <li>- She was not the primary QP for the facility but was assisting the Administrator</li> <li>- The Administrator was currently out of the country and not available</li> <li>- She accessed the HCPR for staff #1 today</li> <li>- The Administrator completed background checks for new staff but had not completed it for staff #1 prior to leaving the country</li> </ul> <p>Interview on 1/16/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She was responsible for completing background checks for new staff</li> <li>- She had just returned from a trip out of the country</li> <li>- She asked the House Manager #1 to access the HCPR for staff #1</li> <li>- She thought the HCPR check had been completed</li> </ul>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 133	<p>Continued From page 12</p> <p>the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 133	<p>Continued From page 13</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 133	<p>Continued From page 14</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 133	<p>Continued From page 15</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 16</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 audited staff (#1) had a criminal record check requested prior to employment. The findings are:</p> <p>Review on 1/14/26 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 11/26/25</li> <li>- Title: Habilitation Technician</li> <li>- Criminal background check completed on 1/7/26</li> <li>- No documentation of a criminal background check request completed at the time of hire</li> </ul> <p>Interview on 1/5/26 staff #1's reported she had worked at the facility for approximately 1 month.</p> <p>Interview on 1/7/26 the Qualified Professional (QP) #2 reported:</p> <ul style="list-style-type: none"> <li>- She was not the primary QP for the facility but was assisting the Administrator</li> <li>- The Administrator was currently out of the country and not available</li> <li>- She completed the criminal background check for staff #1 today</li> <li>- The Administrator completed background checks for new staff but had not completed it for staff #1 prior to leaving the country</li> </ul>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 133	Continued From page 17  Interview on 1/16/26 the Administrator reported: - She was responsible for completing background checks for new staff - She had just returned from a trip out of the country - She asked the House Manager #1 to complete the criminal background check for staff #1 - She thought the criminal background check had been completed for staff #1	V 133		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 367	<p>Continued From page 18</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> <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>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 367	<p>Continued From page 19</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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a level II incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 1/5/26 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- No level II reports from the facility for clients #1 and #3</li> </ul> <p>Review on 1/8/26 of local hospital records for client #1 revealed the following:</p> <ul style="list-style-type: none"> <li>- Client #1 called 911 and was transported to a local hospital via ambulance on 12/7/25 for fever, weakness and elevated blood sugar</li> </ul>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 367	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- Admitted to the hospital on 12/7/25 for flu, pneumonia and elevated blood sugar and was discharged on 12/9/25</li> <li>- Client #1 called 911 and was transported to a local hospital on 12/10/25 for elevated blood sugar</li> <li>- Treated and released on 12/10/25 from the local emergency room</li> <li>- Client #1 was transported to a local hospital via ambulance for elevated blood sugar during a routine medical follow-up on 12/16/25</li> <li>- Treated and released on 12/16/25 from the local emergency room</li> </ul> <p>Review on 1/16/26 of local hospital records for client #3 revealed the following:</p> <ul style="list-style-type: none"> <li>- On 1/2/26, client #3 called 911 due to auditory hallucinations</li> <li>- Client #3 was transported by local police to a local hospital on 1/2/26</li> <li>- Client #3 was hospitalized for psychiatric symptoms from 1/2/26-1/8/26</li> </ul> <p>Interviews on 1/6/26 and 1/14/26 the House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #3 called 911 and reported she was hearing voices and needed to be hospitalized</li> <li>- Client #1 went to the hospital last month because she had pneumonia and her blood sugar was elevated</li> <li>- Client #1 returned to the hospital again because her blood sugar remained elevated at her follow-up appointments</li> <li>- She was not responsible for submitting the IRIS reports for the facility and did not know if IRIS reports had been submitted for the incidents with client #1 and client #3</li> <li>- The Qualified Professional (QP) #1 was responsible for submitting IRIS reports</li> <li>- She or the Administrator was responsible for</li> </ul>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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V 367	Continued From page 21  notifying the QP#1 of incidents - The QP#1 was notified of the incidents with client #1 and client #3 but she could not recall when  Interview on 1/14/26 the QP#1 reported: - She was responsible for submitting IRIS reports - She did not submit IRIS reports for client #1 or client #3 because she was not notified about the incidents within 72 hours - If she was not notified of the incidents within 72 hours, she did not submit an IRIS report because she did not want to submit it late and there be a "red flag" - "I'm not going to be the blame for that. I only know what they (House Manager #1 and the Administrator) let me know" - "I did mention when they are going to the hospital or whenever 911 is called, that a report is being done. A hospital or police or ambulance"  Interview on 1/16/26 the Administrator reported: - She had been out of the country for the past several weeks and just returned - The QP#1 was responsible for submitting IRIS reports for the facility - She or the House Manager #1 were responsible for letting the QP#1 know about any incidents at the facility - She did not know why the IRIS reports for clients #1 and #3 were not completed but she would look into it	V 367		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming  10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KOODY HEALTHCARE SERVICES INC III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803</b>
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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 540	<p>Continued From page 22</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <ol style="list-style-type: none"> <li>(1) opportunity for a shower or tub bath daily, or more often as needed;</li> <li>(2) opportunity to shave at least daily;</li> <li>(3) opportunity to obtain the services of a barber or a beautician; and</li> <li>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</li> </ol> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure 4 of 4 clients (#1, #2, #3 and #4) had toilet paper, soap, and other individual personal hygiene. The findings are:</p> <p>Review on 1/14/26 of internal facility policy revealed the facility was responsible for the "Provision of linens and towels, toilet paper and soap for each client and other individual hygiene articles for each indigent client. Other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving</p>	V 540		

Division of Health Service Regulation

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V 540	<p>Continued From page 23</p> <p>cream and shaving utensils."</p> <p>Observation on 1/5/26 at 10:25 am revealed:</p> <ul style="list-style-type: none"> <li>- In the hallway bathroom, there was no soap, towels, toilet paper or any other hygiene products</li> <li>- Staff #1 retrieved toilet paper from a storage room adjacent to the living room</li> </ul> <p>Interview on 1/7/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- She bought her own personal products, such as soap, deodorant and sanitary products</li> <li>- The facility did not provide personal hygiene products</li> </ul> <p>Interview on 1/13/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- She needed to know how she could get items such as toothpaste and body wash</li> <li>- The facility did not provide personal hygiene products and she needed them</li> </ul> <p>Interview on 1/13/26 client #4 reported:</p> <ul style="list-style-type: none"> <li>- She had a friend take her out to purchase personal hygiene products</li> <li>- The facility did not provide those products and would not take them to purchase them for themselves</li> </ul> <p>Interview on 1/5/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The facility did not provide personal toiletry items for the clients</li> <li>- She had worked at the facility for about a month, and she had been purchasing items for the clients with her own money</li> <li>- There was not backstock of supplies in the storage closet</li> </ul> <p>Interview on 1/14/26 the House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- Shopping for the facility was completed by the Administrator</li> </ul>	V 540		

Division of Health Service Regulation

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V 540	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>- She took clients to purchase personal items and toiletries</li> <li>- She had worked at the facility since July of 2025 and had not seen a supply of toiletries or personal items in the storage closet but she had heard the Administrator say that she had bought toiletries</li> <li>- "Thought I was just taking them to buy things they preferred"</li> </ul> <p>Interview on 1/14/26 the Qualified Professional (QP) #1 reported:</p> <ul style="list-style-type: none"> <li>- The House Manager #1 was responsible for purchasing groceries and toiletries</li> <li>- She believed that the facility was providing those things</li> <li>- "I was told that clients get soap, body washes, toothpaste, etc"</li> <li>- She would speak with the Administrator and tell her that she should always have those products available at the facility</li> </ul> <p>Interview on 1/14/26 the QP #2 reported:</p> <ul style="list-style-type: none"> <li>- She had reviewed the regulations about clients' rights with the Administrator</li> <li>- The facility should have provided toiletries for clients</li> <li>- If the clients were saying that personal toiletries items were not being provided, she believed them</li> </ul> <p>Interview on 1/16/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She supplied soaps, toiletries and sanitary napkins for the facility</li> <li>- She had a problem in that facility with clients removing toiletries from the bathrooms</li> <li>- The clients did not like the personal toiletry items she purchases for them and wanted to buy their own</li> </ul>	V 540		

Division of Health Service Regulation

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V 784	Continued From page 25	V 784		
V 784	<p>27G .0304(d)(12) Therapeutic and Habilitative Areas</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure the area in which therapeutic and habilitative activities were routinely conducted was separate from sleeping areas. The findings are:</p> <p>Observation on 1/5/26 at 10:25 am revealed:</p> <ul style="list-style-type: none"> <li>- A large closet being used for storage accessible by a door from the living room</li> <li>- No bedroom identified as a staff bedroom</li> </ul> <p>Interview on 1/7/26 client #1 reported that staff slept on the couch in the living room each night</p> <p>Interview on 1/13/26 client #4 reported that staff slept on the couch in the living room each night</p> <p>Interview on 1/5/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Had been working a the facility for about a month</li> <li>- Her shifts included sleep shifts</li> </ul>	V 784		

Division of Health Service Regulation

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V 784	<p>Continued From page 26</p> <ul style="list-style-type: none"> <li>- There was no staff bedroom at the facility</li> <li>- She was sleeping in the living room of the facility</li> <li>- She was told the large closet used for storage would be her bedroom</li> </ul> <p>Interview on 1/6/26 the House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- There was currently no staff bedroom</li> <li>- She had not seen any construction to transition the large closet used for storage into a staff bedroom</li> <li>- Not sure what the plan is for a staff bedroom and no one had talked to her about it</li> <li>- Staff shifts included sleep shifts and no one had talked to her about making adjustments to shifts</li> </ul> <p>Interview on 1/16/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- Progress had been made with converting the large storage closet into a staff bedroom</li> <li>- She applied to Division of Health Regulation (DHSR) Construction and they took a "very long time to return the application"</li> <li>- When the application was returned, it stated that DHSR Construction did not understand the plans and it should be returned to the contractor and another drawing needed to be completed that DHSR Construction would be able to understand</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 5/30/24 and must be corrected within 30 days.</p>	V 784		