

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-152 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/16/2026 |
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| NAME OF PROVIDER OR SUPPLIER CAROLINA PRIME RESIDENTIAL LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 113 TAFT STREET EDEN, NC 27288 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on January 16, 2026. The complaint was unsubstantiated (Intake #NC00235343). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability.</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 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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 | | |

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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 that medication was administered on the written order of a physician and failed to keep the MAR current affecting clients (#1, #2, and #3). The findings are:</p> <p>Review on 1/13/26 of client #1's record revealed: -Date of Admission: 11/4/25; -Diagnoses: Mild Intellectual Developmental Disability; Attention Deficit/Hyperactivity Disorder, Unspecified Type; Posttraumatic Stress Disorder, Chronic; Disruptive Mood Dysregulation Disorder; Gastro-Esophageal Reflux Disease without Esophagitis; and Obstructive Sleep Apnea (adult) (pediatric); and other seasonal allergic Rhinitis; -Physician order dated 12/15/25 for Haloperidol 5 milligrams (mg), prescribed for behavior problems.</p> <p>Review on 1/13/26 of client #2's record revealed: -Date of Admission: 3/13/23; -Diagnoses: Intellectual Developmental Disability; Bipolar Disorder; HIV; Acute Cystitis without Hematuria, Hypertension, and acute knee pain; -Physician order dated 12/16/25 for Melatonin 3mg, prescribed for sleep and Divalproex Sodium</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>DR 500mg, prescribed for Mood Stabilizer.</p> <p>Review on 1/13/26 of client #3's record revealed: -Date of Admission: 11/1/21; -Diagnoses: Mild, Intellectual Developmental Disability; Schizoaffective, Bipolar type; Cluster B Personality Disorder; and Generalized Anxiety Disorder; -Physician order dated 10/24/25 for Clonidine 0.1mg, prescribed for impulsiveness.</p> <p>Review on 1/14/26 of the facility's MARs for November, December 2025, and January 2026: -Haloperidol 5mg, take 1 tablet by mouth three times daily, was not documented as having been administered on 12/19/25 at 4pm; -Melatonin 3mg, take 1 tablet by mouth at bedtime, was not documented as having been administered on 12/16/25 and 12/17/25; -Divalproex Sodium DR 500mg, take 1 tablet by mouth twice daily, was not documented as having been administered on 12/16/25 and 12/17/25 at 8pm; -Clonidine HCL ER 0.1mg, take 2 tablets by mouth twice daily, was not documented as having been administered on 12/21/25 at 8am.</p> <p>Interview on 1/13/26 with client #1 revealed: -Staff gave her medicine every day and on time.</p> <p>Interview on 1/13/26 with client #2 revealed: -Staff gave her medicine, "in the morning and at night."</p> <p>Interview on 1/13/26 with client #3 revealed: -Staff gave her medicine daily and on time.</p> <p>Interview on 1/13/26 with staff #1 revealed: -She denied having any medication errors or documentation errors in the last three months.</p> | V 118 | | |

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| V 118 | <p>Continued From page 3</p> <p>Interview on 1/13/26 with staff #1 and #2 revealed: -The staff denied having any medication or documentation errors in the last three months.</p> <p>Interview on 1/15/26 with the Qualified Professional revealed: -"I complete monthly reviews (documentation and MARs);" -She also monitored services that clients received medication management and outpatient therapy.</p> | V 118 | | |