

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 complaint survey was completed on 1/15/26. The complaint was substantiated (intake #NC00235220). 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 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 2 of 2 paraprofessional staff (staff #1 and House Manager (HM)) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Observation and review on 1/14/26 at approximately 5:37PM of contents in a gray lockbox at the facility revealed:</p> <ul style="list-style-type: none"> - Insurance benefit card with client #3's name on the front - 12 receipts from local grocery stores with dates between 7/12/25 and 1/8/26 and totals ranging between \$21.35 and \$157.21 with a total spent of \$1043.09 - All items listed on the receipts were foods including but not limited to baked beans, cole slaw, seasonings, hamburger buns, milk, sausage, pizza, cereal, and bread - Card information on the receipts matched the card number on the benefits card <p>Review on 1/15/26 of the website for the insurance benefit card revealed:</p> <ul style="list-style-type: none"> - "For eligible members with [insurance provider] plans, credits will be loaded to your [insurance benefit card] to help pay for covered 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 110	<p>Continued From page 2</p> <p>over-the-counter (OTC) products. Qualifying members may also use their credits to help pay for healthy food, utilities or wellness support, including in-home services, nutritional coaching, respite care, select fitness items and more."</p> <p>Review on 1/14/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/25/23 - Diagnoses: Oppositional Defiance Disorder; Moderate Intellectual/Developmental Disability; Attention-Deficit/Hyperactivity Disorder; Bipolar Disorder - Local Department of Social Services Legal Guardian (DSS LG) <p>Observation and interview on 1/14/26 at approximately 5:33PM client #3 reported:</p> <ul style="list-style-type: none"> - Admitted to the facility "I think about 4 or 5 years, I'm not sure" - Did not have a benefits card and had never seen one - While looking at the benefits card client # 3 asked, "What is that?" <p>Interview on 1/14/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "over 2-3 years" - Asked client #3 what she wanted and bought "stuff she (client #3) liked to eat" when the insurance benefit card was used - Had only used the insurance benefit card to pay for groceries one or two times - The HM had told her to use the insurance benefit card to pay for groceries <p>Interview on 1/14/26 and 1/15/26 the HM reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "about 17 years" - Used client #3's insurance benefit card to "get cereal, milk, stuff like that" for the facility - Client #3 did not have her insurance benefit 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 110	<p>Continued From page 3</p> <p>card "because if she use it, she won't have nothing left on it" and "she want to buy cookie, cakes" and the insurance benefit card does not allow "junk food" to be purchased</p> <ul style="list-style-type: none"> - Client #3's card was used "I think the first time was last year (2025)...probably around July maybe" - Receipts were kept for each purchase made using the benefits card and were kept in a lockbox with the card - Staff #1 and herself "use it (insurance benefit card) to get the stuff for them (clients) that they ask for" - Asked client #3 what she wanted and bought food she knew client #3 liked to eat when she used her insurance benefit card - Did not know how much money was on the insurance benefit card - "It was management" that told her to use client #3's insurance benefit card but she declined to name who in management - "They (management) said they didn't see nothing wrong with it cause it was for here (facility)...as long as we keep the receipts for everything" <p>Interview on 1/15/26 the Associate Professional reported:</p> <ul style="list-style-type: none"> - Knew that client #3 had a received an insurance benefit card but did not know when except that it "sat in that lock box for a long, long time" - The insurance benefit card could be used to pay for "over the counter medicine...food" - "I'm not 100% sure" whose decision it was to use the insurance benefit card but, "probably" the Owner - Client #3 would "only eat junk food" and the card does not allow "junk food" to be purchased so staff used the card to buy "stuff she (client #3) 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 110	<p>Continued From page 4</p> <p>would eat, but a healthier option"</p> <ul style="list-style-type: none"> - Had not used client #3's insurance benefit card "that I'm aware of" <p>Interview on 1/14/26 and 1/15/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Client #3 had an insurance benefit card and used it herself to buy food - The insurance benefit card is kept in a lockbox at the facility "for safekeeping cause she (client #3) lose stuff" - "Some of the stuff she (client #3) wants, she can't get it" using the card because "junk food, you cannot buy" with the card - "From my knowledge, [client #3] knew that she had that card (benefit)" and "we (facility) were keeping it because the last time she had a card, she gave it to a guy" - "I don't know" if permission had been given by client #3 or her guardian to use the insurance benefit card to purchase food for the facility - "I knew they were using it" but didn't question why "because she (client #3) was there" at the store when it was used - Did not know that the staff was using the card to purchase food for the facility and "I thought she (client #3) was picking out food" - Had not told staff anything about what to do with client #3's insurance benefit card except "to keep the receipts" for everything purchased - Had never used client #3's insurance benefit card <p>Interview on 1/15/26 the Owner reported:</p> <ul style="list-style-type: none"> - "They (staff) had told me the card (client #3's insurance benefit card) was here, but I didn't tell nobody" to use it - "I didn't know" that staff used client #3's insurance benefit card to purchase food for the facility 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 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> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <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> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed</p>	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 113	<p>Continued From page 6</p> <p>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 have a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician for 3 of 3 audited clients (#3, #4, and #5). The findings are:</p> <p>Review on 1/14/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/25/23 - Diagnoses: Oppositional Defiance Disorder; Moderate Intellectual/Developmental Disability (IDD); Attention-Deficit/Hyperactivity Disorder; Bipolar Disorder - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Review on 1/14/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/14/12 - Diagnoses: Hyperlipidemia; Hypertension; Seizure Disorder; Major Depressive Disorder; Moderate IDD; Alcohol Abuse - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Review on 1/14/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 9/11/24 - Diagnoses: Mild IDD; Unspecified Depressive Disorder; Alcohol Use Disorder; History of 	V 113		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 113	<p>Continued From page 7</p> <p>Seizures; Macrocephaly</p> <ul style="list-style-type: none"> - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Interview on 1/15/26 the Associate Professional reported:</p> <ul style="list-style-type: none"> - Had responsibility for obtaining consent from the guardians of the clients - The facility did not currently have a signed form granting permission to seek emergency care for clients <p>Interview on 1/14/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The forms to grant permission to seek emergency care "was in our old packet but we took it out cause it was too wordy" - The facility had a new form to grant permission to seek emergency care but was "not using it yet" <p>Interview on 1/15/26 the Owner reported:</p> <ul style="list-style-type: none"> - Was responsible for ensuring all documents and consents were signed and in the client charts - The facility did not currently have permission to seek emergency care for clients but "we are working on it now" 	V 113		
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</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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	<p>Continued From page 8</p> <p>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> <p>(E) name or initials of person administering the drug.</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that medications were administered on the written order of a physician and failed to keep the MAR current for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 1/14/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/14/12 - Diagnoses: Hyperlipidemia; Hypertension; 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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	<p>Continued From page 9</p> <p>Seizure Disorder; Major Depressive Disorder; Moderate Intellectual and Developmental Disability; Alcohol Abuse</p> <ul style="list-style-type: none"> - Order signed by physician dated 11/12/25 to discontinue Flonase 50 micrograms (mcg) (allergies) <p>Review on 1/14/26 of client #4's MARs for 11/1/25 through 1/14/26 revealed:</p> <ul style="list-style-type: none"> - Flonase 50 mcg instill 2 sprays in each nostril every morning - Flonase was initialed as administered for all dates reviewed <p>Observation on 1/14/26 at approximately 12:30PM of client #4's medications revealed:</p> <ul style="list-style-type: none"> - Flonase was not in the facility <p>Interview on 1/14/26 client #4 reported:</p> <ul style="list-style-type: none"> - Had used his "nose spray" last "this week I think...day before yesterday...I don't know" <p>Interview on 1/14/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Administered medications for clients - Client #4's Flonase "ran out, but I think it's been DC'd (discontinued) now" but "I ain't for sure" and did not know when it had been discontinued - "I can't think" of when the Flonase ran out and "this week" because "I don't think I gave (administered) meds (medications) this week" because the House Manager (HM) administered all medications this week <p>Interview on 1/14/26 the HM reported:</p> <ul style="list-style-type: none"> - Was responsible for the medications at the facility - Reviewed the MARs and medications for accuracy "when the meds come in" - The facility had "a nurse that come in and go 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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	<p>Continued From page 10</p> <p>over them after I go over them"</p> <ul style="list-style-type: none"> - Knew that client #3's Flonase was not at the facility because it had run out "about 2 days ago" - Client #3's Flonase "was supposed to have been discontinued but it's not" <p>Further interview on 1/14/26 the HM reported:</p> <ul style="list-style-type: none"> - "Flonase has not been here for the last month" - She and staff "should not have signed the MAR for the Flonase" - The Licensed Practical Nurse (LPN) should have marked the Flonase as discontinued on the MAR <p>Interview on 1/15/26 the LPN reported:</p> <ul style="list-style-type: none"> - Was responsible for checking medications at the facility and ensuring medications and MARs were accurate - Visited the facility "once a month" and "I came on December 30th (2025) and he (client #4) was still on it (Flonase), to my knowledge" and client #4's Flonase was still at the facility - When a medication was discontinued the staff "know they got to send it (discontinue order) to the pharmacy" if the discontinued medication still showed up on the MAR - "I wasn't told" that client #4's Flonase was discontinued <p>Interview on 1/15/26 the Associate Professional reported:</p> <ul style="list-style-type: none"> - The HM was responsible for ensuring all medications were at the facility and MARs were completed - Did not have any responsibility for the medications and only ensured the MARS were "turned in on time, the initials are on them" <p>Interview on 1/4/26 the Qualified Professional</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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	<p>Continued From page 11</p> <p>(QP) reported:</p> <ul style="list-style-type: none"> - The HM was responsible for the medications at the facility - The LPN was responsible for reviewing medications, medication orders, and MARs - The QP would check the MARs to make sure medications were given but had no responsibility for medications - Did not know that client #4 did not have Flonase at the facility or that it had been discontinued <p>Interview on 1/15/26 the Owner reported:</p> <ul style="list-style-type: none"> - The LPN came to the facility once a month and should catch the medication errors - The LPN, staff, and herself were responsible for catching medication errors - Staff were responsible for writing "discontinued" on the MAR for any discontinued medications to prevent it from being administered - "No one had said anything to me about" client #4's Flonase being discontinued or continued documentation of administration "until yesterday" - When a medication was discontinued "we (staff) all are" responsible and "we request the order from the doctor that DC'd it, we profile it with our records, we note it (discontinued) on the MAR" - "If it's (medication) been DC'd and it's still on the MAR, we notify the pharmacy" and the HM sent the pharmacy the discontinue order - Did not know why the discontinue order was not sent to the pharmacy 	V 118		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 291	<p>Continued From page 12</p> <p>developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to coordinate with other qualified professionals (QP) who are responsible for the treatment/habilitation for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 1/14/26 of client #3's record revealed: - Admitted: 1/25/23</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 291	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Diagnoses: Oppositional Defiance Disorder; Moderate Intellectual/Developmental Disability (IDD); Attention-Deficit/Hyperactivity Disorder; Bipolar Disorder - Local Department of Social Services Legal Guardian (DSS LG) <p>Observation on 1/14/26 at approximately 5:37PM of client #3's insurance benefit card revealed:</p> <ul style="list-style-type: none"> - Insurance benefit card with client #3's name on the front <p>Interview on 1/15/26 client #3's DSS LG reported:</p> <ul style="list-style-type: none"> - Client #3 did not have an insurance benefit card "that I'm aware of" - The facility had never informed her that client #3 had an insurance benefit card or to coordinate the use of the insurance benefit card <p>Interview on 1/14/26 the House Manager reported:</p> <ul style="list-style-type: none"> - Client #3 had received the insurance benefit card "probably around July" 2025 <p>Interview on 1/15/26 the Associate Professional reported:</p> <ul style="list-style-type: none"> - "I know that [client #3] get" an insurance benefit card - Was not responsible for coordinating with guardians except "to come sign consent forms or if there was a medical emergency" <p>Interviews on 1/14/26 and 1/15/26 the QP reported:</p> <ul style="list-style-type: none"> - Client #3 had an insurance benefit card - "I don't know" if the guardian knew client #3 had an insurance benefit card - Was responsible for notifying guardians "in case of emergencies" - "I did not notify the guardian" because "I 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
--	--

(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 291	Continued From page 14 didn't know where the card came from" and "think they (guardian) had to apply for it" Interview on 1/15/26 the Owner reported: - Knew client #3 had an insurance benefit card - The QP would have been responsible for coordinating with the guardian regarding client #3's insurance benefit card	V 291		