

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/07/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKE AREA COUNSELING HALFWAY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>519 WALKER STREET NORLINA, NC 27563</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on January 7, 2026. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) and 10A NCAC 27G .5603 Supervised Living for Adults with Substance Abuse Dependency-Operations (V291) were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V118). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 13 and has a current census of 9. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 117	<p><b>27G .0209 (B) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p>	V 117	<p style="text-align: center;"><b>RECEIVED</b> <b>JAN 30 2026</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Teresa E. Powell, RSW, LCMHA</i>	<i>Senior Director Residential Services</i>	

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V 117	<p>Continued From page 1</p> <p>(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 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 observation, record review and interview the facility failed to ensure 1 of 3 audited clients (#1) medication had packaging labels. The findings are:</p> <p>Review on 1/6/26 of client #1's record revealed: - Admitted 7/23/25 - Diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia - A physician's order dated 11/24/25: Lantus-Inject 80 units (u) everyday (40 morning (am) &amp; 40 evening (pm))</p> <p>Observation on 1/6/26 at 1:23pm of the Lantus medication label for client #1 revealed: - Inject 25u subcutaneously twice a day - Filled 12/16/25 - prescriber: primary care Physician Assistant (PA)</p> <p>During interview on 1/6/26 a representative with</p>	V 117	<p>Corrective Action:</p> <p>The improperly labeled medication was immediately corrected to ensure the packaging label contained all required elements per 10A NCAC 27G .0209(b). Compliance was verified by the Residential Supervisor.</p> <p>All client medications were reviewed to ensure proper packaging and labeling requirements. Proper medication labeling and packaging requirements were reviewed with the Residential staff.</p> <p>A medication label review will be completed upon receipt of all medications</p> <p>The Program Manager and Residential Supervisor will conduct monthly medication audits for the next 3 months. Any discrepancies will be corrected immediately and addressed through staff coaching or retraining as needed. Audit findings will be recorded on the MAR audit form.</p>	<p>1/9/2026</p> <p>1/9/2026</p> <p>ongoing</p> <p>ongoing</p>

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V 117	<p>Continued From page 2</p> <p>the facility's pharmacy reported:</p> <ul style="list-style-type: none"> <li>- Received a prescription dated 12/16/25 for Lantus 25u twice a day from client #1's PA</li> </ul> <p>During interview on 1/6/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- He injected 40u twice a day</li> </ul> <p>During interview on 1/6/26 client #1's PA reported:</p> <ul style="list-style-type: none"> <li>- Client #1's Lantus prescription was 40u am &amp; 40u pm)</li> <li>- She would contact the facility's pharmacy</li> </ul> <p>During interview on 1/6/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #1 administered 40u twice a day</li> <li>- she was not sure why the Lantus medication label had 25u twice a day</li> </ul> <p>During interview on 1/6/26 &amp; 1/7/26 the Residential Supervisor reported:</p> <ul style="list-style-type: none"> <li>- Client #1's medication label was an oversight by staff</li> <li>- On 1/7/26, the facility's pharmacy will send the corrected label</li> </ul>	V 117		
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 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</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>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 and interview the facility failed to coordinate with other qualified professionals who are responsible for 1 of 3 audited clients (#1) treatment/habilitation. The findings are:</p> <p>Review on 1/6/26 of client #1's record revealed: - Admitted 7/23/25 - Diagnoses: Alcohol Abuse, Cocaine Abuse, Cannabis Abuse and uncontrolled Diabetes with Hyperglycemia</p> <p>Review on 1/6/26 of client #1's primary care visits revealed: - 11/5/25 - Referral podiatry: reason: patient has onychomycosis on bilateral feet ...neuropathy ...would benefit from nail and possible oral antifungal</p>	V 291	<p>Corrective action:</p> <p>On 1/7/2026 Residential services staff met with client to emphasize the importance of addressing his medical needs and scheduling his needed appointments prior to his discharge. Residential staff assisted client with scheduling an appointment with the Cardiologist for 1-19-2026. Staff also assisted client with establishing a new client appointment with the Foot and Ankle clinic for 1/20/2026.</p> <p>Preventive Measures</p> <p>Residential staff will meet with clients regularly to follow-up on and discuss medical issues and report to Treatment team as needed. A contact notes will be created by Residential staff to document follow-up information in the EHR.</p>	<p>1-7-2026</p> <p>ongoing</p>

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V 291	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- 11/25/25 - ...Pre-visit planning: glucose, foot check, A1C ...no further concerns notated</li> </ul> <p>During interview on 1/6/26 client #1 reported:</p> <ul style="list-style-type: none"> <li>- Thought he was supposed to have a follow up with the cardiologist</li> <li>- Was not aware of the referral to the podiatrist</li> <li>- He spoke with the pharmacy and was informed his insurance did not cover diabetic shoes</li> </ul> <p>During interview on 1/6/26 client #1's primary care Physician Assistant (PA) reported:</p> <ul style="list-style-type: none"> <li>- Client #1 visited with the cardiologist on 10/10/25, was supposed to follow up in 4 weeks</li> <li>- She (PA) had not received documentation he followed up with the cardiologist</li> <li>- In November 2025 she referred client #1 to a podiatrist</li> <li>- The podiatrist "maybe" beneficial for the neuropathy</li> <li>- She had not received documentation he followed up with the podiatrist</li> </ul> <p>During interview on 1/6/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Client #1 had a sore on his foot, and she took him to the primary care office since he was a diabetic</li> <li>- She and client #1 requested a referral to see a podiatrist</li> <li>- She (staff #1) contacted the podiatrist at least twice since the November 2025 visit but the appointments were scheduled out for several months</li> <li>- Client #1 had signed a lease for a new apartment &amp; maybe discharged soon, therefore an appointment was not scheduled</li> <li>- The podiatrist office representative reported client #1 would be contacted if someone canceled</li> <li>- Client #1 followed up with the primary care PA</li> </ul>	V 291	<p>Program manager will meet with clients regularly to ensure medical needs are being addressed.</p> <p>Program Manager will review contact notes weekly to ensure they are complete and accurate information is being reported</p> <p>Residential Supervisor will conduct a sample size chart review monthly to ensure the implementation of new process and protocols are being carried out correctly.</p>	<p>ongoing</p> <p>ongoing</p> <p>ongoing</p>

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V 291	<p>Continued From page 5</p> <p>after the 10/10/25 visit with the cardiologist</p> <p>During interview on 1/6/26 the Residential Supervisor reported:</p> <ul style="list-style-type: none"> <li>- Staff have a calendar with the clients' appointments</li> <li>- She visited the facility once a week and discussed the appointments with staff #1</li> <li>- The former house manager informed her client #1 did not want to return to the cardiologist due to some incorrect information in the 10/10/25 cardiologist report</li> <li>- Client #1 followed up with the primary care PA after the 10/10/25 cardiologist visit</li> <li>- Aware client #1 had a sore on his foot that was being treated by the primary care PA</li> <li>- Staff #1 planned to reach out to a podiatrist</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 291		