Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-406	A. BUILDING: _____ B. WING _____	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW YORK HOMES RESIDENTIAL CARE CENTER #5	646 OLIVETTE ROAD ASHEVILLE, NC 28804

(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	INITIAL COMMENTS An annual survey was completed on January 16, 2026. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V 118 Provider will ensure licensee and the AFL maintain accurate medication records for all clients per 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Licensee and staff will ensure all MARs are accurate ant that all prescribed medications are maintained in a secure location. All medications prescribed will be accurately listed on the MAR and initialed by staff when administered. If a medication is discontinued, the medication will be DC'd and it will no longer be listed on the current MAR. Staff will sign the MAR to establish initials and name. Medication administration and MARs will be monitored monthly by a QP. The provider will continue to train and support staff in accurate medication administration. The provider will continue to work with the licensee to cooperate with surveyors and local MCO care managers. This ensures needed communication and client safety/well-being.	1/29/2026
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118	V 119 Provider will ensure that all medications are dispensed and disposed of as required by 27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Any medication that is out of date or that has been discontinued, will be disposed of as required. Staff and licensee will document the discontinuation and disposal of these medications and the MAR for each client will be kept up to date. The provdier will ensure AFL licensee and staff are following all medication requirements with monthly in-home reviews by a QP.	1/29/2026

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Derek Poteat

TITLE: Regional Director

(X6) DATE: 1/29/2026

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure MARs were kept current affecting 1 of 3 clients (Client #3). The findings are: Review on 1/14/26 and 1/15/26 of Client #3's record revealed: -Admission date of 12/20/11; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Impulse Disorder, Post Traumatic Stress Disorder, Anxiety Disorder, Unspecified Mood Disorder, Atrophy of Thyroid, Generalized Anxiety Disorder, History of Suicidal Ideation. Review on 1/13/25 of Client #3's MARs for period 10/1/25-1/13/26 revealed: -Listing for Mesalamine suppositories (anti-inflammatory) 100mg 1 suppository rectally at hour of sleep for 2 weeks and then every other night for two weeks then ongoing 2 nights per week. There were no initials to document that the suppositories were administered. Interview on 1/15/26 with the dispensing pharmacy for Client #3's medications revealed: -Client #3's suppositories were discontinued by the physician on 11/3/25 and should no longer be listed on the MARs.	V 118	V 366 The provider will ensure that the licensee and staff follow all incident reporting requirements according to 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS Provider will ensure that the licensee and staff will continue to receive training in documentation requirements and documentation protocols. Staff will use a T Log or General Event Report in Therap to document incidents of behavior or injury. These incidents will be reported to the legal guardian, the MCO, and anywhere else the information needs to be reported. The provider will continue to work with the licensee to be more cooperative with surveyors and local MCO care managers to ensure communication and the best care for all clients. The provider will monitor the AFL monthly to ensure accurate incident reporting. A QP will monitor this every month. A QP will monitor incident reporting daily and weekly in the clients' electronic records.	1/29/2026

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V 118	Continued From page 2 Attempted interview on 1/14/26 with the Alternative Family Living (AFL) Provider/Licensee regarding the medications listed on Client #3's MARs was unsuccessful as the AFL Provider/Licensee did not want to discuss the MARs.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	Continued From page 3 This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure the disposal of expired medications affecting 2 of 3 clients (Clients #1 and #3). The findings are: Observation on 1/13/26 at approximately 3:45pm of Client #1's medications revealed: -Container of Earwax Removal Solution with manufacturer's expiration date of 8/2024. Review on 1/14/26 and 1/15/26 of Client #1's record revealed: -Admission date: 11/1/14; -Diagnoses of Mild Intellectual Developmental Disability, Cerebral Palsy, Bipolar Disorder, Major Depressive Disorder, Anxiety Disorder, Post Traumatic Stress Disorder, Encephalopathy; -Physician's orders dated 5/14/25 and 11/3/25 for Earwax Removal Solution 5 drops in each ear for the first 5 days of each month. Review on 1/13/25 of Client #1's Medication Administration Records for period 10/1/25-1/13/26 revealed: -Client #1 was administered Earwax Removal Solution for the first 5 days of each month. Observation on 1/13/26 at approximately 3:20pm of Client #3's medications revealed: -Tube of 100 Sodium Fluoride 5000 parts per million toothpaste with a pharmacy dispensed label with an expiration date of 8/24/25. Review on 1/14/26 and 1/15/26 of Client #3's	V 119		

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V 119	Continued From page 4 record revealed: -Admission date of 12/20/11; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Impulse Disorder, Post Traumatic Stress Disorder, Anxiety Disorder, Unspecified Mood Disorder, Atrophy of Thyroid, Generalized Anxiety Disorder, History of Suicidal Ideation. Review on 1/13/25 of Client #3's Medication Administration Records for period 10/1/25-1/13/26 revealed: -No listing of 100 Sodium Fluoride 5000 parts per million toothpaste. Interview on 1/15/26 with the dispensing pharmacy for Client #1 and Client #3's medications revealed: -Client #1's Earwax Removal Solution was last dispensed on 10/24/24. -Client #3's toothpaste was discontinued on 8/20/25. Interview on 1/14/26 with the Alternative Family Living Provider/Licensee revealed: -The dispensing pharmacy was responsible for dispensing the correct medications with current labels.	V 119		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs	V 366		

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V 366	Continued From page 5 of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The	V 366		

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V 366	Continued From page 6 internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility	V 366		

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V 366	Continued From page 7 for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies regarding documentation of Level I incidents. The findings are: Review on 1/14/26 and 1/15/26 of Client #3's record revealed: -Admission date of 12/20/11; -Diagnoses of Moderate Intellectual Developmental Disability, Autism, Impulse Disorder, Post Traumatic Stress Disorder, Anxiety Disorder, Unspecified Mood Disorder, Atrophy of Thyroid, Generalized Anxiety Disorder, History of Suicidal Ideation; -Discharge paperwork from local urgent care center dated 11/2/25 revealed Client #3 was seen for an animal bite and was treated with antibiotic and tetanus shots. Attempted review on 1/14/26-1/16/26 of the facility's documentation revealed: -No incident report regarding Client #3 being bitten by a dog. Interview on 1/13/26 with Client #3 revealed:	V 366		

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V 366	Continued From page 8 -The Alternative Family Living (AFL) Provider/Licensee's dog bit him and he was taken to urgent care for medical attention where he received injections. Attempted interview on 1/14/26 with the AFL Provider/Licensee regarding the incident of a dog bite sustained by Client #3 at the facility was unsuccessful as the AFL Provider/Licensee did not answer any questions regarding the incident.	V 366		