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
	MHL014-093	A. BUILDING: ______ B. WING ______	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGIE BURGESS HOME	633 HAWTHORNE STREET HUDSON, NC 28638

(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 and complaint survey was completed on January 27, 2026. The complaint was unsubstantiated (intake #NC00235019). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on record reviews, and interviews, the facility failed to develop and implement treatment goals and strategies to address the needs of 1 of 3 audited clients (Client #2). The findings are:

Review on 1/26/26 of Client #2's record revealed:
-Date of Admission: 1/19/25.
-Diagnoses: Intellectual Disability, Moderate; Autism Spectrum Disorder; Generalized Anxiety Disorder; Obsessive Compulsive Disorder.
-Treatment plan dated 7/22/25 had no goals or strategies to address excessive use of toilet paper and paper towels resulting in commode overflow, nor did it include goals or strategies to address persistent refusal of prepared with repeated requests to consume only peanut butter and jelly sandwiches.
-No updates to the treatment plan since 7/22/25.

Interview on 1/23/26 with Client #1 revealed:
-Client #2 uses most of the toilet paper in the facility.
-Client #2 overflows the commode "once in a while."

Interview on 1/23/26 with Client #2 revealed:
-He flooded the commode with toilet paper and paper towels.
-He made a peanut butter and jelly sandwich

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whenever he didn't like the meals cooked at the facility.
-He loved peanut butter and jelly.

Interview on 1/23/26 with Client #3 revealed:
-"The commode stops up all the time. [Client #2] does that, stuff it up ...staff get on to him, they tell him to quit doing it ..."

Interview on 1/27/26 with Staff #1 revealed:
-"[Client #2] likes to use a lot of toilet paper and it's very consistent. He is always asking for rolls of toilet paper, and it gets gone very quickly. He is using a lot more than he should and we have taught him multiple times how much he should use and it's still continuing to be a problem ...He has gone through four rolls in two days, and sometimes clients have to take an extra roll into their room because he uses all of it."
-Client #2 "floods the commode and has caused it (water) to flow out into the hallway."
-Client #2 "always wants peanut butter and jelly, or something else in the afternoons that is not a cooked meal ...There is always a meal cooked, but there's times he doesn't want what is cooked, and we can't just feed him a peanut butter and jelly (sandwich) for dinner."
-There have been no discussions of solutions to "deter" Client #2's behaviors.

Interview on 1/27/26 with the Residential Manager revealed:
-Clients "have to keep toilet paper in their room because [Client #2] takes it and stuffs it all in the toilet and we end up with a flood."
-When Client #2 goes in the bathroom, "he uses the whole roll ...it's been going on for quite some time ...He has even got up in the and overflowed the toilet and not told anyone and it required a steam cleaner and shop vacuums to clean up the

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water."
-"[Client #2] refuses meals all the time. If we cook chicken today, he might eat two plates of it, but when it's cooked again, he will say he doesn't like it ...[Client #2] would eat peanut butter and jelly all day long if you let him. He has numerous amounts of other items he can have and he chooses not to eat them ...There's always plenty of other options."
-"We (staff) had discussions about [Client #2's] behaviors ...I took (reported) it to [Residential Coordinator] and [Qualified Professional (QP)]. [Client #2's] mother had been updated about what is going on and that it is a problem."

Interview on 1/27/26 with the QP revealed:
-She had been a QP for "a little over one year."
-She was responsible for developing and updating client treatment plans.
-There was an ongoing issue with Client #2 flooding the commode with toilet paper.
-Client #2's excessive use of toilet paper and flooding the commode was "brought up at staff meetings." She didn't know how many times the issue had been brought up. She did not have staff meeting notes. "Honestly, I do not remember what was discussed."
-She had been aware of Client #2's behaviors of overflowing the commode for one year.
-The "reason it took so long to update the goal on toilet paper, it's my inexperience, plus other things happened."
-Client #2 refused a lot of the nutritious meals cooked at the facility. "We are exploring ...healthy choices ...that [Client #2] likes in case he doesn't like the meal which has been fixed. We try to encourage him to try new foods."
-She was "not sure how to word to make a smart goal" on Client #2's treatment plan.

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V 112	Continued From page 4 Interview on 1/27/26 with the Residential Coordinator revealed: -She supervised the QP. -She was aware of Client #2's behaviors related to the toilet paper and meal refusals. "We have worked on that for a few months now." -"My intent was to come down (to the facility) last week to hang a cabinet on the wall (of the bathroom) and put extra toilet paper in it." -"We are trying to work with [Client #2] on the proper amount (of toilet paper) to use and he was also putting paper towels in the toilet." -Client #2 had this issue at the sister facility. -Planned to have a treatment team meeting to update goals.	V 112		
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;	V 118		

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(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.
(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 reviews and interviews, the facility failed to ensure MARs were kept current for 2 of 3 audited clients (Client #1 and Client #2). The findings are:

Review on 1/26/26 of Client #1's record revealed:
-Date of Admission: 1/30/23.
-Diagnoses: Intellectual Disability, Moderate; Seizures; Bi-Polar Affective Disorder; Mood Disorder, Not Otherwise Specified; Sarcoidosis; Edema.
-Physician's orders included:
-Topiramate (seizures) 100 milligrams (mg) 1 tablet by mouth (PO) twice a day (BID) dated 8/19/25.
-Topiramate 200 mg 1 and 1/2 tablets PO BID dated 12/12/25.
-Gabapentin (seizures) 300 mg 2 capsules PO at bedtime (HS) dated 8/19/25.
-Gabapentin 300 mg 1 capsule PO at HS dated 12/10/25 and 12/12/25.
-Olanzapine (mood) 20 mg 1 tablet PO at HS dated 12/10/25.

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V 118	Continued From page 6 -No documentation of a physician's order for olanzapine prior to 12/10/25. Review on 1/23/26 and 1/26/26 of Client #1's MARs dated 11/1/25-1/23/26 revealed: -Topiramate 200 mg 1 and ½ tablets (instead of 100 mg 1 tablet) PO BID was documented from 11/1/25-12/11/25. -Gabapentin 300 mg 1 capsule (instead of 2 capsules) PO at HS was documented from 11/1/25-12/9/25. - Olanzapine was initialed as administered 11/1/25-12/9/25 (without documentation of a physician's order on record). Review on 1/26/26 of Client #2's record revealed: -Date of Admission: 1/19/25. -Diagnoses: Intellectual Disability, Moderate; Autism Spectrum Disorder; Generalized Anxiety Disorder; Obsessive Compulsive Disorder. -Physician's orders included oxcarbazepine (anxiety) 150 mg as follows: -1 tablet PO BID dated 9/8/25. -2 tablets PO BID dated 11/4/25. -1 tablet PO BID dated 12/2/25. Review on 1/23/26 and 1/26/26 of Client #2's MARs dated 11/1/25-1/23/26 revealed: -Oxcarbazepine 150 mg continued to be documented as 1 tablet (instead of 2 tablets) PO BID from 11/5/25-12/2/25. Interview on 1/27/26 with the Residential Manager revealed: -"MARs are printed off by the pharmacy." -"When MARs first come in (to the facility), usually I review it, if not, then [Qualified Professional (QP)] or [Residential Coordinator] review" the MARs prior to distribution to direct care staff for monthly use.	V 118		

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-"I review MARs and sign off on them at the end of the month."

Interview on 1/27/26 with the QP revealed:
-"MARs are usually pre-printed from [local pharmacy]. The managers and I review the MARs at the end of each month."

Interview on 1/27/26 with the Residential Coordinator revealed:
-"Sometimes the pharmacy doesn't update the MAR, even if the medications is discontinued. It is still on the MAR again the next month."
-Direct care staff were supposed to verify the MAR and medication label match, prior to administering medications. Protocol is posted on the medication cart.
-"Staff don't always look (ensure medications match the MAR). The MARs are supposed to be reviewed prior to DSP's (Direct Support Professionals) even using them."
-"We review all the MARs and medication orders ...we are supposed to do that each quarter and the QP is supposed to do it each time they are at the facility. The QP is supposed to call the pharmacy to reprint the MARs if they are not right."

Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.