

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
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NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 1/15/26. The complaint was substantiated (intake #NC00235220). 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	To address V 110 27G .0204, the agency created a policy regarding the UCARD. The agency met with staff and reviewed this policy. Someone Does Care created and put in place a policy for how UnitedHealthcare (UHC) Provider Benefit Award Cards (UCard) are to be used to address concerns related to financial safeguards, documentation, and staff guidance when assisting residents. The policy makes clear that UCard funds belong to the resident and can only be used for approved health-related items under UHC guidelines. The agency cannot use or direct these funds for room and board, staffing, transportation, or any other operating expenses. The agency will review the policy annually, and the implementation of the policy and use of the UCARD will be monitored monthly. (See attached policy)	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] 02/02/2026

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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		

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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		

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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		

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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		

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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		

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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	<p>To address V 113, the agency created and completed an Emergency Medical Consent & Authorization for each member. The completed form will be placed in each member chart. The agency will review the policy annually, and the implementation of the policy and completion of the consent will be monitored by the QP.</p> <p>(See attached form)</p>	

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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		

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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>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	<p>To address V118, the agency will schedule a MAR Training (Refresher Course) for all Home staff. The QP will review the physician's orders and MAR to ensure all medications are noted and administered. The QP will monitor the MAR's monthly and document concerns.</p>	

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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		

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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		

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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	<p>To address V291, the agency created an Use Authorization, Acknowledgement & Guardian Notification Form. The form confirms that UCard funds belong solely to the resident, outlines allowable assistance, documents resident/guardian consent, and provides written notification to guardians regarding how the card may be used and safeguarded. It also establishes a documentation trail to prevent misuse, coercion, or substitution of resident benefits for agency services. The agency will review the policy and update the form annually, and the QP will monitor the completion of the form annually.</p>	
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
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NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
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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
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
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NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
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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
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NAME OF PROVIDER OR SUPPLIER SOMEONE DOES CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WALNUT STREET TARBORO, NC 27886
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V 291	<p>Continued From page 14</p> <p>didn't know where the card came from" and "think they (guardian) had to apply for it"</p> <p>Interview on 1/15/26 the Owner reported:</p> <ul style="list-style-type: none"> - 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		



SOMEONE DOES CARE, LLC

201 E. PITT STREET, Ste. 101
TARBORO, NC 27886
252-563-5237 (office/fax)

Emergency Medical Consent – Someone Does Care

Emergency Medical Consent & Authorization

Provider: Someone Does Care Group Home

Resident Information

- **Resident Full Name:** _____
 - **Date of Birth:** _____
 - **Gender:** _____
 - **Medicaid/Insurance ID (if applicable):** _____
 - **Primary Diagnosis (optional):** _____
 - **Group Home Address:** _____
-

Legal Guardian / Responsible Party

- **Name:** _____
- **Relationship to Resident:** _____
- **Phone (Primary):** _____ **Phone (Alternate):** _____
- **Email:** _____
- **Address:** _____

Parent Legal Guardian DSS / County Guardian POA Self (Resident is own guardian)



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TARBORO, NC 27886
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Emergency Medical Consent

I hereby authorize **Someone Does Care**, its administrators, supervisors, and designated staff to:

- Obtain **emergency medical, psychiatric, dental, or surgical care** for the above-named resident when immediate treatment is deemed necessary to preserve life, prevent serious harm, or address an urgent medical condition.
- Consent to diagnostic procedures, medications, anesthesia, and treatment as recommended by licensed medical professionals when I cannot be reached in a timely manner.
- Transport the resident via **EMS, law enforcement, or staff vehicle** as clinically appropriate.

This authorization applies in situations including, but not limited to:

- Medical emergencies
- Behavioral or psychiatric crises
- Injuries or accidents
- Medication reactions

Limitations or Special Instructions (if any)

Insurance Information (if applicable)

- **Insurance Provider:** _____
 - **Policy / ID Number:** _____
 - **Preferred Hospital (if any):** _____
-



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HIPAA & Information Release

I authorize the release of medical and treatment information to **Someone Does Care**, emergency responders, hospitals, and treating providers as necessary for care coordination and compliance.

Acknowledgment & Signature

I understand that every effort will be made to contact me prior to treatment when feasible. This consent remains in effect **unless revoked in writing**.

- **Signature of Guardian / Responsible Party:** _____
 - **Printed Name:** _____
 - **Date:** _____
-

Witness / Staff Verification

- **Staff Name:** _____
 - **Title:** _____
 - **Signature:** _____
 - **Date:** _____
-

This form should be maintained in the resident record and be readily available for emergency response situations, and reviewed annually.

Date	Resident	Purpose	Items Purchased	Amount (\$)	Staff	Receipt Attached (Yes/No)	Resident/Guardian Acknowledgment (Yes/N/A)
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SOMEONE DOES CARE, LLC

201 E. PITT STREET, Ste. 101
TARBORO, NC 27886
252-563-5237 (office/fax)

Policy: Use of UnitedHealthcare (UHC) Provider Benefit Award Card (UCard)

Effective Date

01/15/2026

Applies To

All residents, guardians, direct care staff, supervisors, and administrative staff of Someone Does Care Group Home

Governing Entity

UnitedHealthcare (Medicare Advantage / UHC Dual Complete Plans)

1. Purpose

The purpose of this policy is to establish clear guidelines for the **appropriate, ethical, and compliant use** of the UnitedHealthcare Provider Benefit Award Card (also known as the **UCard**) by residents of Someone Does Care Group Home. This policy ensures that **UCard funds remain the property of the member**, are used solely for **eligible health-related purposes**, and are **not misused, diverted, or commingled** with agency funds.

2. Policy Statement

The UHC Provider Benefit Award Card is a **member-owned prepaid benefit** issued by UnitedHealthcare to eligible members, typically under Medicare Advantage plans. Funds loaded onto the card are **earned by the member** through approved wellness activities (e.g., PCP visits, health screenings, healthy habit programs) and may only be used for **UHC-approved categories**, such as:

- Over-the-counter (OTC) health items
- Approved groceries and nutrition items
- Certain utilities or transportation (when applicable by plan)

Someone Does Care Group Home does not own, control, claim, or bill against UCard funds. The agency may only assist with access or use **when permitted and documented**, and always **in the best interest of the resident.**

3. Definitions

- **UCard / Provider Benefit Award Card:** A prepaid Visa card issued by UnitedHealthcare that functions as a member ID and benefit rewards card.
- **Member / Resident:** An individual residing in the group home who is the eligible UHC plan member.
- **Eligible Items:** Items or services approved by UHC and identifiable through the UHC mobile app, online portal, or participating retailers.

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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- **Agency Assistance:** Limited, documented support provided by staff to help a resident use their card appropriately.
-

4. Ownership and Control

1. The UCard and all associated funds are the **sole property of the resident/member**.
 2. The card **shall not be treated as agency income**, petty cash, or reimbursement.
 3. The agency **may not require** residents to surrender their UCard or benefits as a condition of placement, services, or continued residence.
 4. Any assistance provided must respect the resident's **rights, autonomy, and plan rules**.
-

5. Permissible Resident Use

Residents may use their UCard for:

- OTC medications and health supplies approved by UHC
- Groceries and nutrition items eligible under the plan
- Approved utilities or services if allowed by the resident's specific plan
- Purchases at participating retailers or approved online vendors

Residents are encouraged to use the **UnitedHealthcare mobile app or scanner tool** to confirm item eligibility before purchase.

6. Agency Assistance Guidelines

Staff **may assist** with UCard use only under the following conditions:

1. The resident requests assistance **or** has a documented need due to disability, cognitive limitation, or guardianship status.
 2. Assistance is limited to:
 - Helping locate eligible items
 - Transporting the resident to a retailer
 - Completing a purchase **on behalf of the resident** with the resident present or with documented consent
 3. **Written consent** (or guardian authorization) must be on file if staff handle the card.
 4. **Receipts must be retained** and documented in the resident's financial or case record.
-

7. Prohibited Agency Use

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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The following actions are **strictly prohibited**:

- Using UCard funds to:
 - Pay agency operating costs
 - Offset room, board, staffing, or service fees
 - Purchase items for other residents or staff
- Requiring residents to pool or share UCard funds
- Withholding access to the card as punishment or leverage
- Substituting UCard benefits for services the agency is contractually obligated to provide

Violation of this section may result in **disciplinary action**, up to and including termination, and potential **reporting to oversight entities**.

8. Documentation and Recordkeeping

When staff assist with UCard use, the following must be documented:

- Date and purpose of purchase
- Items purchased (general description)
- Amount spent
- Receipt copy
- Resident or guardian acknowledgment (when applicable)

Records must be maintained in accordance with **NC DHHS record retention standards** and be available for audit or review.

9. Safeguards and Compliance

- Staff shall receive training on **benefit protection and financial exploitation prevention**.
- Supervisors will periodically review documentation to ensure compliance.
- Any suspected misuse or exploitation must be reported immediately to:
 - Agency leadership
 - The resident's care coordinator or guardian
 - Appropriate regulatory or protective services, if indicated

10. Resident Rights

Residents retain the right to:



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- Full access to their UCard and benefits
 - Make independent purchasing decisions within UHC guidelines
 - Decline agency assistance
 - File complaints regarding misuse or interference without retaliation
-

11. Policy Review

This policy shall be reviewed:

- Annually
 - Upon changes to UHC benefit structures
 - Following audit findings or regulatory updates
-

12. References (Informational)

- UnitedHealthcare Medicare Advantage Member Handbook
- UnitedHealthcare UCard Program Guidelines
- NC DHHS Adult Care and Financial Exploitation Standards

UHC UCARD COMPLIANCE PACKAGE

Someone Does Care Group Home – North Carolina

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



SOMEONE DOES CARE, LLC

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1. Core Policy

Policy Title

Use of UnitedHealthcare (UHC) Provider Benefit Award Card (UCard)

Policy Number

SDC-FIN-BC-001

Purpose

To protect resident financial benefits, prevent misuse or exploitation, and ensure all assistance with UCard benefits is ethical, compliant, and member-directed.

Policy Statement

The UHC Provider Benefit Award Card (“UCard”) is a **member-owned prepaid benefit** earned through approved health and wellness activities. Funds on the UCard **remain the exclusive property of the resident** and shall not be considered income, reimbursement, or payment to Someone Does Care Group Home.

The agency **may assist** residents with UCard use only when permitted, documented, and in the resident’s best interest.

Permitted Uses

- OTC health items approved by UHC
- Approved groceries/nutrition items
- Approved utilities or services (if applicable by plan)
- Participating retailers or approved online vendors

Prohibited Uses

- Paying room and board, staffing, transportation, or agency expenses
- Pooling or redistributing resident funds
- Replacing services the agency is contractually obligated to provide
- Staff purchases for themselves or other residents

Safeguards

- Written consent required if staff handle the card
 - Receipts required for all assisted purchases
 - Supervisor review and monitoring
 - Immediate reporting of suspected misuse
-

2. UCard Assistance & Consent Form

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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(Fillable-PDF ready language)

Resident Name: _____

UHC Member ID: _____

UCard Last 4 Digits: _____

Authorization

I authorize Someone Does Care Group Home staff to assist me with the use of my UnitedHealthcare UCard for eligible purchases when requested or necessary due to my support needs.

Assistance in locating eligible items - Initials: _____

Transportation support - Initials: _____

Staff completing purchases on my behalf - Initials: _____

Safekeeping of card (if applicable) - Initials: _____

I understand:

- My UCard funds belong to me
- Assistance is voluntary
- Receipts will be provided and retained
-

Resident / Guardian Signature: _____

Date: _____

Staff Witness: _____

Supervisor Approval: _____

3. UCard Purchase & Receipt Log

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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(Audit-defensible financial tracking)

Date Resident Purpose Items Purchased Amount Staff Receipt Attached Resident/Guardian Ack

Yes No Yes N/A

Retention: Maintain minimum 5 years with resident financial records.

4. Staff Training One-Pager

(Required onboarding + annual refresher)

UHC UCard – Staff Compliance Rules

- UCard funds are not agency funds
- Never request, require, or pressure residents to use benefits
- Never substitute UCard purchases for agency obligations
- Always verify eligibility using the UHC app or retailer system
- Always obtain receipts
- Always document assistance
- Report concerns immediately

Red Flags

- Missing receipts
- Repeated staff-only purchases
- Resident confusion or coercion
- Card held without consent

Failure to comply may result in disciplinary action or termination.

5. Guardian / Representative Notification Letter

(Use on admission or benefit activation)

Subject: Use of UnitedHealthcare (UHC) UCard Benefits

Someone Does Care Group Home recognizes that UHC UCard benefits belong solely to the member. Our agency does not claim, bill, or control these funds.

With proper authorization, staff may assist residents with eligible purchases. All assistance is documented and receipts are retained.

If you have questions or concerns regarding benefit use, please contact agency leadership immediately.

6. NC DHHS / Audit Crosswalk (Summary)

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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Requirement	How Addressed
Financial exploitation prevention	Written policy, consent, logs
Resident rights	Ownership clearly preserved
Third-party funds	No commingling
Documentation	Receipts + logs
Staff accountability	Training + supervision

7. Policy Insert for Resident Handbook (Plain-language version)

Your UHC UCard belongs to you. You decide how it is used within UHC rules. Staff can help if you ask or if you need support, but no one may take or use your card for agency purposes.

8. Implementation Checklist (Internal Use)

- Policy approved and signed
- Consent forms added to resident files
- Logs created and stored
- Staff trained
- Supervisory review scheduled
- Guardian notifications sent

Regulatory Authority & North Carolina Compliance References

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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252-563-5237 (office/fax)

This policy is established in accordance with applicable North Carolina General Statutes, North Carolina Administrative Code, and guidance issued by North Carolina Department of Health and Human Services (NC DHHS) governing resident rights, financial protections, and prevention of exploitation in licensed residential settings.

Primary Statutory Authority

N.C. General Statute § 108A-102 – Protection of Abused, Neglected, or Exploited Disabled Adults

Requires licensed providers to safeguard adults from financial exploitation, including the misuse of personal funds or benefits by caregivers or service providers.

N.C. General Statute § 131D-21 – Residents’ Rights

Affirms the right of residents in licensed facilities to retain control over personal property and finances and prohibits coercion, misuse, or deprivation of personal benefits.

Administrative Code Authority

10A NCAC 13F .0901 – Resident Rights (Adult Care Homes)

Requires facilities to:

- Protect residents from financial exploitation
- Allow residents control over personal funds and benefits
- Ensure funds are not used for facility obligations

10A NCAC 13F .0902 – Safekeeping of Resident Funds

Permits staff assistance with resident funds only when:

- Authorized by the resident or legally responsible person
- Properly documented
- Maintained separately from facility operating accounts

10A NCAC 13F .0503 – Staff Training Requirements

Requires staff training on resident rights, abuse prevention, and exploitation safeguards, including financial protections.

Medicaid / Managed Care Alignment

This policy is maintained in compliance with NC General Statutes, NC Administrative Code Title 10A, NC DHHS licensing standards, and applicable Medicaid Managed Care requirements. It is subject to revision upon regulatory or benefit program changes



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201 E. PITT STREET, Ste. 101
TARBORO, NC 27886
252-563-5237 (office/fax)

NC Medicaid Managed Care – Member Rights and Responsibilities

Requires providers to:

- **Protect member benefits**
- **Prevent misuse of non-Medicaid benefits**
- **Avoid substitution of member benefits for covered services**

NC DHHS Division of Aging and Adult Services (DAAS)

Guidance on financial exploitation prevention and mandatory reporting obligations for suspected misuse of resident funds or benefits.

UnitedHealthcare Benefit Compliance (Informational Alignment)

This policy is also aligned with UnitedHealthcare Medicare Advantage Member Benefit Rules, which establish that:

- **UCard funds are member-earned and member-owned**
 - **Benefits may not be reassigned, redirected, or used to offset provider costs**
 - **Providers may assist only with member consent and documentation**
-

Enforcement and Reporting

Failure to comply with these requirements may result in:

- **Licensing citations**
 - **Medicaid/MCO corrective action**
 - **Mandatory reporting to Adult Protective Services**
 - **Employment disciplinary action up to and including termination**
-

Record Retention

All documentation related to resident benefit assistance shall be retained in accordance with NC DHHS record retention standards and made available upon request during licensing, Medicaid, or investigative reviews.

