

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2026
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NAME OF PROVIDER OR SUPPLIER TRISTON DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 4201 TRISTON DRIVE GREENSBORO, NC 27407
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/23/26. 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 3 and has a current census of 1. The survey sample consisted of audits of 1 current clients.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(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.</p> <p>(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</p>	V 119		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to dispose of all prescription medication in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Observation on 2/23/26 at 1:11 pm of client #1's medication storage box revealed: - Four small, round, cream-colored medication tablets and one larger, round, cream-colored tablet were observed lying in the bottom of client #1's medication box.</p> <p>Interview on 2/23/26 with the Co-Owner #2 revealed: - He did not know why there were loose medication tablets lying at the bottom of client #1's medication box. - "It (loose pills in the medication box) shouldn't have been like that. I haven't had a chance to talk to staff about that."</p>	V 119		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded</p>	V 123		

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V 123	<p>Continued From page 2</p> <p>in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 1 client (Client #1). The findings are:</p> <p>Reviews on 2/20/26 and 2/23/26 of client #1's record revealed: Admission Date: 6/25/25 Diagnoses: Moderate Intellectual and Developmental Disabilities; History of Traumatic Brain Disorder; Dementia; Unspecified Psychosis; Epilepsy, Intractable, Without Status Epilepticus; Type 2 Diabetes; and Essential (primary) Hypertension</p> <ul style="list-style-type: none"> - Review of client #1's January 2026 MARs revealed: Client #1 had refused the following medications - Clobazam 10 milligrams (mg): take 0.5 tablet (5 mg total) by mouth at bedtime; refused the 8 pm dose on 1/18/26 and 1/30/26 - Divalproex 500 mg: take 2 tablets by mouth two times daily; refused the 8 pm dose on 1/18/26 and 1/30/26. - Glycopyrrolate 2 mg: take 1 tablet 3 times a day; refused the 8 pm dose on 1/18/26 and 1/30/26. - Haloperidol 5 mg: take 1 tablet by mouth twice a day; refused the 8 pm dose on 1/18/26 and 1/30/26. - Lacosamide 100 mg: take 1 tablet by mouth 2 times day; refused the 8 pm dose on 1/18/26 and 	V 123		

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V 123	<p>Continued From page 3</p> <p>1/30/26.</p> <ul style="list-style-type: none"> - Lorazepam 2 mg; take 1 tablet by mouth 3 times a day; refused the 8 pm dose on 1/18/26 and 1/30/26. - Melatonin 3 mg; take 3 tablets every evening; refused the 8 pm dose on 1/18/26 and 1/30/26. - Phenobarbital 16.2 mg; take 2 tablets by mouth every morning and 6 tablets at bedtime; refused the 8 pm dose on 1/18/26 and 1/30/26. - Senna 8.6 mg; take 1 tablet by mouth twice a day; refused the 8 pm dose on 1/18/26 and 1/30/26. - Tamsulosin 0.4 mg; take 1 capsule; refused the 8 pm dose on 1/18/26 and 1/30/26. - Trazodone 100 mg; take 1 tablet at bedtime; refused the 8 pm dose on 1/18/26 and 1/30/26. <p>Review on 2/23/26 of incident reports revealed:</p> <ul style="list-style-type: none"> - No documentation that the pharmacist or client #1's physician was notified of the medication refusals on 1/18/26 and 1/30/26. <p>Interview on 2/23/26 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 1/18/24 and 1/30/26, when client #1 refused to take his medication, she would have contacted either the House Manager or the Assistant House Manger. <p>Interview on 2/23/26 with the Assistant House Manager revealed:</p> <ul style="list-style-type: none"> - "I am not the one who is usually calls the doctor or pharmacist when [client #1] refused medications." <p>Interview on 2/23/26 with the House Manager revealed:</p> <ul style="list-style-type: none"> - She was unable to provide documentation demonstrating that the pharmacist or client #1's physician had been contacted regarding the medication refusals on 1/18/26 and 1/30/26. 	V 123		

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V 123	Continued From page 4 Interview on 2/23/26 with client #1 revealed: - Denied that he refused to take his medications. Interview on 2/23/26 with the Co-Owner #2 revealed: - He was unsure whether he had contacted the pharmacist or client #1's physician on 1/30/26 when client #1 refused his medications.	V 123		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a safe, clean and attractive manner. The findings are: Observation on 1/23/26 between 12:31 pm-1:57pm of the facility revealed: - A kitchen cabinet drawer beside the stove was missing. - The kitchen cabinets were peeling, and the wood was cracked. - The seal around the kitchen sink faucet was broken and was pulling away from the base. Interview on 2/23/26 with the Co-Owner #2 revealed: - He was unaware of how long the kitchen cabinets had been peeling and cracking. - The faucet seal had been broken for "at least a month or two."	V 736		

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V 736	Continued From page 5 - "It is hard to say how long it (kitchen cabinet drawer) was missing."	V 736		