

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/12/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAIN ST UNIVERSAL GROUP HOME 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>904 NATIONAL DRIVE GOLDSBORO, NC 27534</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on February 12, 2026. A Deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 120	<p><b>27G .0209 (E) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120		

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

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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to store medications in a refrigerator and in a locked container for 2 of 5 audited clients (#2, #3). The findings are:</p> <p>Review on 2/11/26 of client #2's record revealed: -Date of Admission: 7/1/16. -Diagnoses: Schizophrenia-Paranoid Type, Acid Reflux, Hypertension, Diabetes and Heart murmur. -Physician's order dated 4/10/25: Lantus Solostar 100 units Insulin Pen (Diabetes) Give 35 units subcutaneously twice a day; Ozempic 0.25 mg (milligrams) injection pen (Diabetes) Inject 0.25 mg subcutaneously weekly.</p> <p>Review on 2/11/26 of client #3's record revealed: -Date of Admission: 6/12/22. -Diagnoses: Schizoaffective Disorder, Depressive Type, Intellectual Developmental Disability-Mild, Diabetes, Obesity, Dyslipidemia, Hyperprolactinemia and Hirsutism. -Physician's order dated 12/30/25: Ozempic 1 mg injection pen (Diabetes) Inject 1 mg subcutaneously weekly.</p> <p>Observation of the contents in the facility's kitchen refrigerator on 2/11/26 at approximately 10:00 am revealed: - An unlocked metal box contained 1 box of Lantus insulin pens and 2 boxes of Ozempic injection pens all with pharmacy labels for client #2 and 2 boxes of Ozempic injection pens both with pharmacy labels for client #3.</p> <p>During interview on 2/11/26 the Director stated the key to the lock box was lost "about two weeks ago" and she would purchase another metal box on 2/11/26 to store client #2 and #3 refrigerated</p>	V 120		

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V 120	Continued From page 2  medications.  This deficiency has been cited 2 times since the original cite on April 22, 2022 and must be corrected within 30 days.	V 120		