

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2026
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
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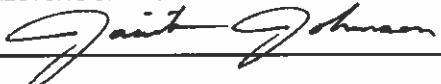
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 1/30/26. The complaint was substantiated (intake #NC00235006). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 15 and has a current census of 11. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including</p>	V 106	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 02 2026</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



EXECUTIVE DIRECTOR

2/22/2026

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V 106	<p>Continued From page 1</p> <p>nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their client fee assessment and collection practices policy for 1 of 3 former clients (FC#3). The findings are:</p> <p>Review on 1/22/26 of the facility's client fee assessment and collection practices labeled Financial Agreement revealed " ...persons receiving services must share in the cost of room and board for the program...I also understand that fees paid in advance are non-refundable ..."</p> <p>Review on 1/22/26 of FC#3 record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/17/25 and discharged 12/3/25 - Diagnosis: Substance Abuse Disorder - No documentation of a signed Financial Agreement <p>During interview on 1/23/26 the Executive Director reported:</p> <ul style="list-style-type: none"> - The Facility's Manager/Cook/Maintenance (FM/C/M) staff ensure clients signed the Financial Agreements when admitted to the facility 	V 106		
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V 106	Continued From page 2 During interview on 1/22/26 & 1/29/26 the FM/CM/M reported: - she was not able to locate FC#3's signed Financial Agreement	V 106		
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. (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.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 3 audited clients (#5)'s medications were administered on the written order of a physician, failed to keep MARs current for 3 of 3 audited current clients (#4, #5 and #9) and 1 of 3 former clients (FC#3), failed to follow up with an appointment or consultation for 1 of 3 audited clients (#4)'s physician and 3 of 6 staff (#1, #3 and Substance Abuse Technician (SAT)) failed to demonstrate competency during medication administration for 1 of 3 audited current clients (#4, #5, #9) and 1 of 3 former clients (FC#3). The findings are:</p> <p>A. Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag V121). Based on record review and interview the facility failed to obtain a drug regimen review for 1 of 3 audited clients (#9) who received psychotropic drugs for at least six months.</p> <p>B. Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag V123). Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#4)'s refusal of medications were documented.</p> <p>C. Cross Reference: 10A NCAC 27G .5603 OPERATIONS (V291). Based on record review and interview the facility failed to maintain coordination between the facility operator and the Qualified Professionals who are responsible of treatment/habilitation for 1 of 3 audited current</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>clients (#4).</p> <p>Review on 1/29/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/3/25 - Diagnoses: Cocaine Disorder and Cannabis <p>Review on 1/22/26 of FC#3 record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/17/25 and discharged 12/3/25 - Diagnosis: Substance Abuse Disorder <p>Review on 1/23/26 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Medication administration class certificate dated 6/19/25 <p>Review on 1/23/26 of the SAT's personnel record revealed:</p> <ul style="list-style-type: none"> - Medication administration class certificate dated 11/3/25 <p>D. The following is an example of how staff failed to demonstrate competency when clients MARs were not kept current:</p> <p>Review on 1/29/26 of the above-named clients' November 2025 - January 2026 MARs revealed:</p> <ul style="list-style-type: none"> - The clients' initials were documented in the MAR blocks and the staff signatures were at the bottom of the MARs <p>During interview on 1/30/26 the facility's Registered Nurse (RN) reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for almost a year - Had not been to the facility since November 2025 - The Executive Director (ED) wanted the clients to learn independent living skills regarding their medications - She (RN) requested staff educate the clients about their medications prior to the medication 	V 118		
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V 118	<p>Continued From page 5</p> <p>being administered</p> <ul style="list-style-type: none"> - Staff should take the clients' medications from the locked medication cabinet, open the medication bottle for the client, put the medication in the cup and identify the clients' medications - Staff should initial the MAR, after the clients' medications were administered - Both the client and the staff could sign the back of the MAR - This would verify clients were aware of their medications and took their medications - Was not aware the clients initialed the MAR and staff signed the bottom of the MAR - In medication administration class, staff were taught to initial and sign the MAR after medications were administered <p>During interview on 1/29/26 client #4 reported:</p> <ul style="list-style-type: none"> - Staff pulled the medications from the medication cabinet - The medication bottles were placed in front of him - Staff administered his medications - He was "familiar" with his medications - He took Aspirin, a blood pressure medication and another pill - Put his initials on the MAR after he took his medications <p>During interview on 1/29/26 client #5 reported:</p> <ul style="list-style-type: none"> - He took medications for Depression, Anxiety and Human Immunodeficiency Virus (HIV) - Staff administered his medications and he initialed the MAR - There were 2 other clients in the facility with his same first name, "I make sure my medications right" - Knew what his medications looked like - Staff "not giving me anything" (medications) 	V 118		

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V 118	<p>Continued From page 6</p> <p>During interview on 1/29/26 the SAT reported:</p> <ul style="list-style-type: none"> - Worked at the facility for 2 months - This was the first time she worked at a facility, and the clients initialed the MAR after medications were administered - She "shadowed" staff #1 when she started at the facility - Was trained by a registered nurse for the facility but could not recall if she initialed the MAR or the client after medications were administered <p>During interview on 1/22/26 and 1/30/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Worked at the facility for 6 months - A former staff showed her the facility's process of how to administer medications - Told the SAT the following medication process: <ul style="list-style-type: none"> - Find the client's name in the MAR book - Look at the time and date the medication was to be given - Put the clients' medication in a cup, client will take the medication, the client should initial the MAR and staff would sign the bottom of the MAR - The clients' initials verified the client took their medication when they initialed the MAR - "Why would I sign my initials?" on the MAR <p>During interview on 1/29/26 staff #3 reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for 6 years - He got the clients' medications from the medication cabinet and put the pills in a cup - Sometimes the client was in front of him and sometimes the client was not - Clients knew their medications, the size and the color of the pills - The clients would ask questions about their medications, "if the medication did not look right" - The clients would call the names of their medications to him, before they took their 	V 118		
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V 118	<p>Continued From page 7</p> <p>medication</p> <ul style="list-style-type: none"> - The client initialed the MAR - Had refresher medication training yearly but could not recall who initialed the MAR, the client or staff <p>During interview on 1/30/26 staff #5 reported:</p> <ul style="list-style-type: none"> - Had worked at the facility 7 or 8 months - She placed the clients' pills in the cup - Some clients wanted to tell the names of their medications and some clients did not - The clients initialed the MAR after they took their medications <p>During interview on 1/29/26 the Clinical Director reported:</p> <ul style="list-style-type: none"> - Had worked at the facility since 2021 - Was aware staff administered the medications, and the clients initialed the MAR - Previous staff informed her of the medication administration process - However, in medication administration training, staff administered the medication, initialed and signed the MARs <p>During interview on 1/29/26 and 1/30/26 the ED reported:</p> <ul style="list-style-type: none"> - Staff were trained by an RN annually - Staff were supposed to initial the clients' MARs after medications were administered - Staff were supposed to educate clients about their medications - This would help the clients get into a routine of taking their medications - Staff should say "this is your blood pressure pill" and put the medication in the cup - The staff and clients will initial and sign the MAR - The client should be present when their medications were pulled from the medication 	V 118		
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V 118	<p>Continued From page 8</p> <p>cabinet and placed in the cup</p> <ul style="list-style-type: none"> - Medication administration was part of the clients' rehabilitation <p>E. The following is an example of how the facility did not administer a client's medication:</p> <p>Review on 1/29/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> - A physician's order dated 12/9/25: - Doxepin 25mg bedtime (sleep) - Lexapro 10mg everyday (depression) - A physician's order dated 1/7/26: Ferrous Sulfate 325mg daily (iron) - A physician's order dated 1/13/26: Abilify 5mg (milligrams) everyday (depression) - A physician's order dated 12/31/25: Biktarvy 50/200/25mg daily (HIV) <p>Review on 1/29/26 of client #5's January 2026 MAR revealed:</p> <ul style="list-style-type: none"> - The Abilify was not documented as administered by staff on 1/19/26 - There was a dot in the MAR block on the date for 1/19/26 - The above medications were not documented as administered the entire day of 1/20/26 - The Doxepin had blank spaces from 1/15/26 - 1/18/26 and 1/20/26 - 1/23/26 - No documentation on the back of the MAR for the reason the medications were not administered - No documentation on the legend regarding a "dot" on the MARs <p>During interview on 1/29/26 client #5 reported:</p> <ul style="list-style-type: none"> - Could only recall that he "missed" all his medications on 1/20/26 - Staff #5 worked the day (1/20/26) he missed his medications - blank spaces on the MAR for the Doxepin 	V 118		
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V 118	<p>Continued From page 9</p> <p>meant, he refused the medication</p> <ul style="list-style-type: none"> - he no longer needed the Doxepin for sleep <p>During interview on 1/30/26 staff #5 reported:</p> <ul style="list-style-type: none"> - She worked third shift (11pm - 7am or 8am) - If clients were up when she left, she administered their medications, if not, the next shift was notified which client needed their medications - "It must have been a miscommunication that day (1/20/26)" the reason client #5 missed all his medications <p>During interview on 1/30/26 the SAT reported:</p> <ul style="list-style-type: none"> - She will put a dot in the MAR block for the clients to initial after they took their medications - If no initial, the client "may have refused" the medication - If a client "missed" medications, it should have been documented on the back of the MAR <p>During interview on 1/22/26 and 1/23/26 the Program Manager/Qualified Professional reported:</p> <ul style="list-style-type: none"> - Checked the MARs twice a month for blank spaces and documentation errors - reviewed the clients MAR twice in December 2025 - last MAR review was 1/2/26 - found some medication errors with "missed" staff initials not documented on the MARs <p>Review on 1/23/26 of the Plan of Protection dated 1/23/26 written by the Executive Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Clients who are refusing medications and therefore jeopardizing their health will be scheduled to see the physician within 24 hours. All doctor's orders for follow up and follow through</p>	V 118		
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V 118	<p>Continued From page 10</p> <p>appointments will be completed. Staff will receive an immediate directive from the Executive Director today, 1/23/2026 that they are to complete an incident report and notify the QP (PM/QP), the RN, Clinical Director and Executive Director for any deviation of physician's orders. The Clinical Director will ensure that incident reports are completed and that the doctor and pharmacy are aware of deviations from the orders. The Executive Director will ensure that all clients have an active MAR effective today. The Clinical Director will notify the pharmacy that clients need to have pharmacy review no less than every 6 months and ensure that one is completed for any clients outstanding in no less than ASAP (as soon as possible) or at the fastest available time the pharmacy can complete them. Describe your plans to make sure the above happens. The Executive Director will communicate directly with staff today to ensure that the client goes to the doctor within 24 hours (weather permitting) and if we are unable to transport due to weather, we will contact EMS (emergency medical services)."</p> <p>Review on 1/30/26 of an addendum to the Plan of Protection dated 1/30/26 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will receive re-training on the correct documentation for the MAR when staff administer or if clients self-administer medication. The preference of the nurse is that both staff and client initial the MAR showing agreement that the medication was poured in front of staff and client, and that both are in agreement that it was taken. This training will occur immediately via an in-service and then followed up with every staff of the facility being re-trained in Medication Administration. Additionally, staff will be retrained</p>	V 118		
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V 118	<p>Continued From page 11</p> <p>on paperwork that must be completed for doctor's appointments, and paperwork that must be returned to management upon the completion of doctor's appointment. Describe your plans to make sure the above happens. The Executive Director will communicate directly with staff today to ensure that staff understand the correct way to document on the MARs for administration and for self-administration. The Executive Director and Clinical Director will also schedule a medication class with the nurse ASAP to re-train EVERY staff on the requirements and responsibilities of medication administration."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>The clients were admitted to the facility with diagnoses of Cocaine Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder, Hypertension and Hyperlipidemia. Client #4 was seen at his physician's office on 9/16/25 with a BP of 139/90. On 9/22/25 he revisited the physician's office due to numbness in his right arm. His BP was 144/97. During the 9/22/25 visit, client #4 was prescribed Amlodipine, Rosuvastatin and Aspirin and requested to check his BP three times weekly. Client #4's BP were checked only from 1/22/26 - 1/24/26. Staff could not locate client #4's December 2025 MAR but reported his refusals of all medications from December 2025 until January 24, 2026. The physician, the facility's RN nor the pharmacy were notified of client #4's medication refusals or limited BP checks. Based on the facility's RN and the primary care Medical Assistant Supervisor missed doses of Amlodipine medication could lead to stroke, heart attack, tachycardic and kidney failure. Client #5 was not administered all his medications on 1/20/26 which consisted of Doxepin, Lexapro, Abilify and Biktarvy with no clear explanation from staff. The</p>	V 118		
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V 118	Continued From page 12 MARs were not kept current after staff failed to initial the MARs when clients' medications were administered. Staff could not recall from medication administration training if staff or clients were supposed to initial the MAR. Client #9 was administered psychotropic drugs for at least 6 months, however a pharmacy drug regimen review was not completed. Based on the above information, this deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain a drug regimen review for 1 of 3 audited clients (#9) who received psychotropic drugs for at least six months. The findings are:	V 121		

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V 121	<p>Continued From page 13</p> <p>Review on 1/22/26 of client #9's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/6/24 - Diagnoses: Stimulant Use and Alcohol Use Disorder - Physician's orders dated: <ul style="list-style-type: none"> - 3/18/25: Trazodone 150 milligrams (mg) bedtime (antidepressant) - 6/24/25: Escitalopram 20 mg daily (depression) - No documentation of a drug regimen review <p>During interview on 1/23/26 the Executive Director reported:</p> <ul style="list-style-type: none"> - A drug regimen review was not completed - This program was like "a revolving door" - Most clients do not stay more than 6 months <p>This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 121		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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 in the drug record. A client's refusal of a drug shall be charted.</p>	V 123		

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V 123	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#4)'s refusal of medications were documented. The findings are:</p> <p>Review on 1/22/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/9/25 - Diagnoses: Cocaine Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder, Hypertension and Hyperlipidemia - Physician orders dated: <ul style="list-style-type: none"> - 9/22/25: Amlodipine 10mg daily (blood pressure) - 9/22/25 - Rosuvastatin Calcium 10mg (milligram) daily (cholesterol) - 9/22/25: Aspirin 81mg daily (blood thinner) <p>Review on 1/22/26 of client #4's Medication Administration Record (MARs) revealed:</p> <ul style="list-style-type: none"> - No December 2025 MAR - January MAR: <ul style="list-style-type: none"> - Amlodipine - he refused 18 times - Rosuvastatin - refused 18 times - Aspirin - refused 4 times <p>During interview on 1/22/26 client #4 reported:</p> <ul style="list-style-type: none"> - Had refused all his medications since December 2025 - The medications caused heartburn <p>During interview on 1/22/26 and 1/23/26 the Program Manager/Qualified Professional reported:</p> <ul style="list-style-type: none"> - He was not aware client #4 had refused all his medications until the Clinical Director made him aware today (1/22/26) - was not aware he was supposed to contact the physician and pharmacy for medication 	V 123		
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V 123	<p>Continued From page 15</p> <p>refusals</p> <p>During interview on 1/23/26 the Executive Director reported:</p> <ul style="list-style-type: none"> - She had reviewed MARs turned into the office for client #4 - She was not able to locate the December 2025 MAR to verify documentation of refusals <p>This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 123		
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 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>	V 291		

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V 291	<p>Continued From page 16</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 and interview the facility failed to maintain coordination between the facility operator and the Qualified Professionals who are responsible of treatment/habilitation for 1 of 3 audited current clients (#4). The findings are:</p> <p>Review on 1/23/26 of the Program Manager's/Qualified Professional (PM/QP) job description revealed:</p> <ul style="list-style-type: none"> - Signed 10/10/24 - "coordinate services necessary for the client to successfully meet his goals. Make referral of the client for services. Assist clients with appointments.." - "assure that the basic medical...needs of the clients are met" - "be familiar with the needs of each client and be prepared to intervene when medical problems occur..." - "meet regularly with Substance Abuse Tech (SAT)...overnight staff to answer questions, provide support..." <p>I. The following is an example of how client #4's BP (blood pressure) was not monitored:</p> <p>Review on 1/22/26 of a physician's summary dated 9/16/25 for client #4 revealed:</p>	V 291		
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V 291	<p>Continued From page 17</p> <ul style="list-style-type: none"> - Admitted 9/9/25 - Diagnoses: Cocaine Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder, Hypertension and Hyperlipidemia - "present for well man exam" - "blood pressure (BP) 139/90" - Follow up in 2 weeks <p>Review on 1/22/26 of a physician's summary dated 9/22/25 for client #4 revealed:</p> <ul style="list-style-type: none"> - "reason for appointment: follow up on Hypertension" - "...blood pressure continues to fluctuate. He experienced numbness in right arm twice this morningthe episode lasted after 2 minutes ..." - "BP - 144/97" - "...self-monitor blood pressure at least three times weekly" <p>Review on 1/29/26 of a physician's summary dated 1/24/25 for client #4 revealed:</p> <ul style="list-style-type: none"> - "...BP 139/92" - "discontinue blood pressure medicine as patient refused" - "the discontinuation notice is needed by group home operator..." - "follow up prn (as needed)" <p>Review on 1/22/26, 1/23/26 and 1/29/26 of BP checks for client #4 revealed:</p> <ul style="list-style-type: none"> - On 1/22/26 and 1/23/26 - no documentation of BP checks from September 22, 2025 - January 22, 2026 - On 1/29/26 - the facility presented a form labeled "My Blood Pressure Log" which included columns for the date, am (morning) and pm (evening) readings - At the top of the My Blood Pressure Log was handwritten: "D/C (discontinue) per [primary physician's office] BP meds (medications)" 	V 291		
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V 291	<p>Continued From page 18</p> <ul style="list-style-type: none"> - Dates from 1/22/26 - 1/24/26 of BP checks: - 1/22/26 - am: no documentation; pm - 165/77 - 1/23/26 - am: 154/81; pm - no documentation - 1/24/26 - am: 135/97; pm - no documentation - no further documentation of BP checks <p>During interview on 1/22/26 client #4 reported:</p> <ul style="list-style-type: none"> - he had numbness in right arm when he was admitted to the facility - "Coming off a crack cocaine high probably caused BP to be high" - He checked his BP "regularly" but did not write it down - BP had been "120/80" - Checked his BP a couple of times a week <p>During interview on 1/22/26 staff #4 reported:</p> <ul style="list-style-type: none"> - Client #4 checked his BP three times a week - Client #4's BP was "130/80 or 120/80" - He monitored client #4 check his BP, but did not write the BP down - Was not told to write the BP down <p>During interview on 1/22/26 the SAT reported:</p> <ul style="list-style-type: none"> - Monitored client #4 check his BP once or twice a week - His BP was "120/60 or 120/70" - Did not document the BP checks <p>During interview on 1/27/26 the Medical Assistant Supervisor at client #4's primary care physician's office reported:</p> <ul style="list-style-type: none"> - It was requested client #4 check his BP three times a week during a September 2025 visit - His BP on 1/24/26 was "elevated," however, client #4 requested his BP medication be d/c - BP should be below 140/90 <p>II. The following is an example of how the facility's staff failed to notify client #4's physician's office</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>and facility's Registered Nurse (RN) of his medication refusals:</p> <p>Review on 1/22/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Physician orders dated: - 9/22/25: Amlodipine 10mg daily (BP) - 9/22/25 - Rosuvastatin Calcium 10mg daily (Cholesterol) - 9/22/25: Aspirin 81mg daily (blood thinner) <p>Review on 1/22/26 of client #4's January 2026 MAR revealed:</p> <ul style="list-style-type: none"> - The coding system on the MARs: R or 4 was for medication refusals - From 1/1/26 - 1/22/26 the MAR had a "R," "4" or blank space - Amlodipine: 16 Rs, 2 (4)s and 5 blank spaces - Rosuvastatin: 16 Rs, 2 (4)s and 5 blank spaces - Aspirin: four (4)s and 19 blank spaces <p>During interview on 1/22/26 client #4 reported:</p> <ul style="list-style-type: none"> - Every time he took his medications it caused "bad heartburn" - Had not contacted the physician about the heartburn - Did not take any of his medications in the months of December 2025 and January 2026 <p>During interview on 1/22/26 staff #4 reported:</p> <ul style="list-style-type: none"> - Client #4 refused his medications December 2025 and January 2026 - Last month (December 2025) (not sure of date) before his shift ended, he left a note on the staff's table, for client #4 to be taken to his physician's office to discontinue his medications - Was not sure if any staff received the note - Did not notify the PM/QP or the Clinical Director 	V 291		
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V 291	<p>Continued From page 20</p> <p>During interview on 1/30/26 staff #5 reported:</p> <ul style="list-style-type: none"> - Client #4 had refused his medication for the last 2 months - She texted (no time frame given), the Clinical Director and the PM/QP regarding client #5's medication refusals - Both text back client #4 had a right to refuse his medications - She sent a text 1 time after the response, she did not send another text <p>During interview on 1/22/26 the SAT reported:</p> <ul style="list-style-type: none"> - She informed client #4 in December 2025, he needed to follow up with his physician, but he refused - Client #4 requested she keep the medications in case he decided to take the medications later - Made the PM/QP aware in December 2025 of client #4's refusal of his medications - He requested she document the refusals <p>During interview on 1/22/26 the facility's RN reported:</p> <ul style="list-style-type: none"> - Staff did not contact her regarding client #4's medication refusals - Would have requested staff to contact client #4's physician - It was not her (RN) responsibility to contact client #4's physician for the medication refusals - If client #4 missed one dose of his BP medication, staff should have notified the physician - BP medication was an "important" medication - High BP could lead to "stroke or heart attack" - "this was not a miss dose of Tylenol" <p>During interview on 1/27/26 the Medical Assistant Supervisor at client #4's primary physician's office reported:</p>	V 291		
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V 291	<p>Continued From page 21</p> <ul style="list-style-type: none"> - Client #4 came to the physician's office on 1/24/26 to discontinue all medications - Was not aware client #4 had refused all his medications for the last 2 months - High BP could cause a stroke, "Tachycardia (rapid heart beat)", Kidney failure and headaches - Client #4 had not been to the physician's office since 9/22/25 <p>During interview on 1/22/26 and 1/23/26 the PM/QP reported:</p> <ul style="list-style-type: none"> - He was not aware client #4 had refused all his medications until the Clinical Director informed him today (1/22/26) - During further interview, if the SAT said she told me in December 2025 "she could have" "if she said she did, she did" - Reviewed the clients' MARs twice monthly, but "only" to make sure there were no medication errors and for staff signatures - was not aware he was supposed to contact the physician and pharmacy for medication refusals <p>During interview on 1/22/26 the Clinical Director reported:</p> <ul style="list-style-type: none"> - The clients' MARs needed to be reviewed weekly by the PM/QP - Part of the PM's/QP review of the MARs, was to review for medication refusals - Found out last week (week of 1/12/26 - 1/26/26) by a staff (could not recall which staff) of client #4's refusals of medications - The PM/QP reviewed the physician summaries after the clients' appointments - The PM/QP should have followed up with staff regarding documentation BP checks - Was not sure if the physician or facility's RN was aware of client #5's medication refusals 	V 291		
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V 291	<p>Continued From page 22</p> <p>During interview on 1/22/26 the Executive Director (ED) reported:</p> <ul style="list-style-type: none"> - Was not aware client #4 had refused his medications for the last 2 months - Staff should notify the PM/QP, and the PM/QP will notify the Clinical Director - She (ED) will be notified by either the Clinical Director or an incident report <p>This deficiency is cross referenced into This deficiency is cross referenced into 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs 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 	V 366		

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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
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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
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V 366	<p>Continued From page 23</p> <p>164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The 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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The</p>	V 366		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/30/2026
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
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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
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V 366	<p>Continued From page 24</p> <p>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</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:</p>	V 366		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2026
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
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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
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V 366	<p>Continued From page 25</p> <p>Based on record review and interview the facility failed to implement their written policy governing their response to level I incidents. The findings are:</p> <p>Review on 1/23/26 of the facility's incident reporting policy revealed:</p> <ul style="list-style-type: none"> - "...in the event of an incident staff immediately report all incidents ...the Executive Director ensures that Level I ...incidents are responded to ..." - continued review of the incident report policy revealed no documentation of what consisted of level I incidents <p>Review on 1/22/26 of client #4's January 2026 MAR revealed:</p> <ul style="list-style-type: none"> - Client #4 had refused all medications from 1/1/26 - 1/22/26 <p>During interviews on 1/22/26 and 1/23/26 staff #1, staff #2 and the Substance Abuse Technician reported:</p> <ul style="list-style-type: none"> - Was not aware an incident report was supposed to be completed for medication refusals <p>During interview on 1/22/26 and 1/23/26 the Executive Director reported:</p> <ul style="list-style-type: none"> - Was not aware client #4 had refused his medications - Staff had not completed a level I incident report - She was supposed to be notified of all incidents - Would update the incident report policy which will include medication refusals 	V 366		
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Plan of Correction – ARC-Men

Date of Correction: February 22, 2026

Deficiency Cited: V106: 27G.0201 Governing Body Policies. The governing body is responsible for each facility or service and implements policies for all items listed.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that the ARC-Men Financial Agreement is signed upon admission by each resident of the Addiction Recovery Center for Men. The Facility Manager and the Administrative Assistant will ensure that the Financial Agreement is signed prior to paying Room and Board at admission and properly filed in the Chart for the client and copied into WELLSKY Electronic Record.

Responsible Parties: Facility Manager, Administrative Assistant, Program Manager / LCAS-A / QP, Clinical Director, and Executive Director

Correction Date: 2/22/2026 and ongoing

Deficiency Cited: V118: 27G. 0209. Medication Requirements. Medications must be administered as described in the regulations.

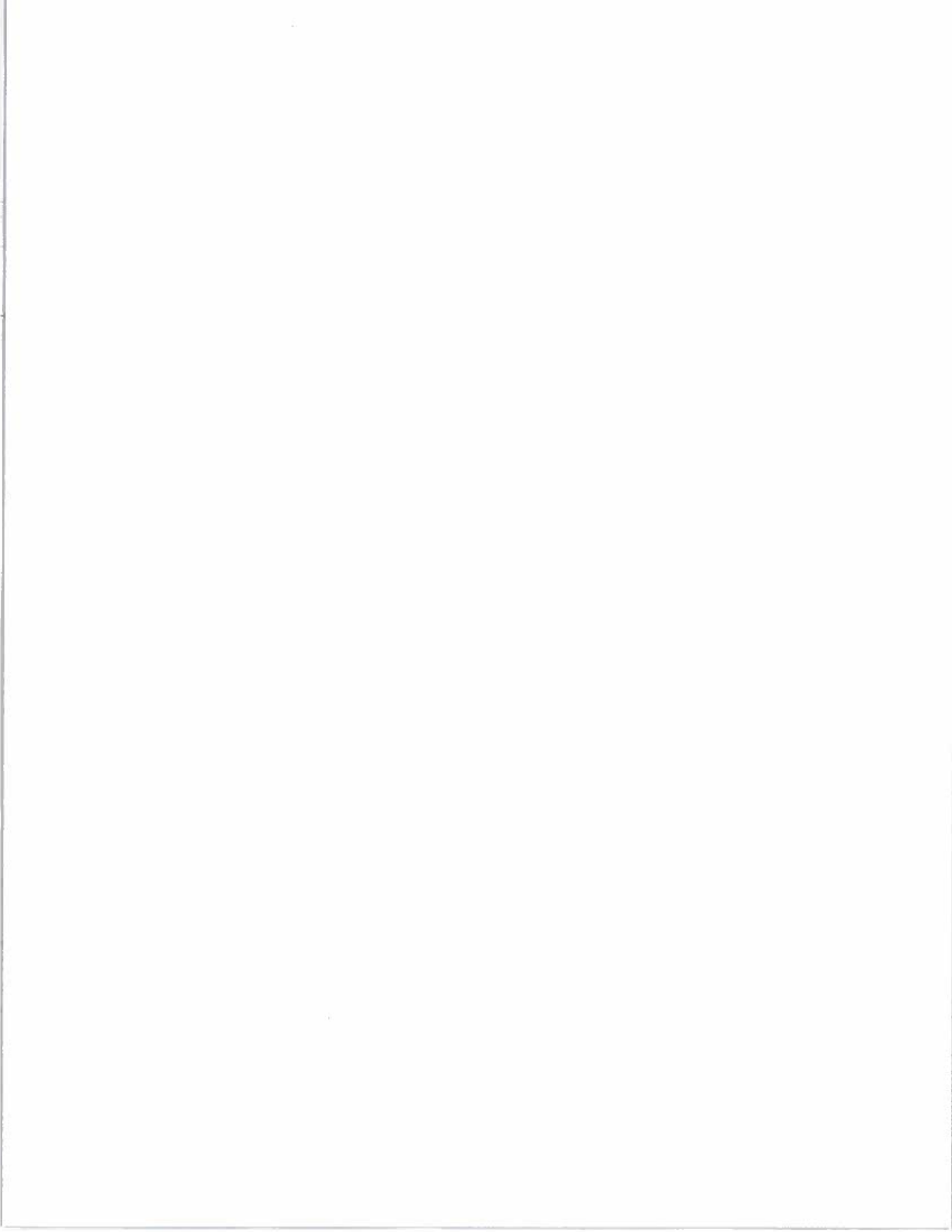
Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that Medications are administered on the written order of a physician, keep MARs current, and follow up with consultation with clients' physician if an error or refusal occurred. Staff will demonstrate competency during medication administration.

- A. The agency will ensure that a doctor or pharmacist reviews clients' medications at least every 6 months if they take psychotropic medications.
- B. The agency will ensure that staff are professionally trained in how to document a medication refusal on the back of the MAR, then on an incident report and to the proper authorities. All staff will renew their medication administration training with the RN no later than 2/16/2026 and adhere to the teachings and practices of documentation provided by the RN. Failure to do so will result in corrective action.
- C. The agency will ensure proper coordination between the QP, the Facility Manager, the Health Services Coordinator, and all paraprofessional staff. The QP will implement Supervision Plans with each staff and schedule monthly staff meetings to ensure adequate training and supervision of paraprofessional staff when administering

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medications. The QP will receive an In-Service on the job requirements of coordination of care and the responsibilities of ongoing training and monitoring of staff performance.

- D. Staff will demonstrate competency in administering medications and documenting the MAR. The agency will require the client to be present when medication is pulled and both the staff and client initial the box on MAR to indicate the medications were administered by staff and the client agreed those were his medications. Staff will receive Medication Administration renewal training on 2/16/2026. Failure to abide by proper documentation will result in corrective action.
- E. When a client refuses their medication, it will be documented according to the legend on the back of the MAR, and initialed by staff. An incident report will be completed for any medication refusal and all proper agency authorities are notified. The physician will be notified within 24 hours to determine any directions or orders regarding the refusal. Staff will complete a Buddy System at every shift change to ensure that medications are administered and documented, and there are no missing documentations. The QP will check the MAR on a weekly basis and follow up on missed documentations with corrective actions. Staff will receive re-training on medication administration and be held accountable for documentation properly by 2/16/2026. Staff will be retrained on the type of paperwork that must be completed at doctor's visits and how to report and file the orders upon return.

Responsible Parties: All Staff, LCAS-A/QP, Clinical Director, RN, and Executive Director.

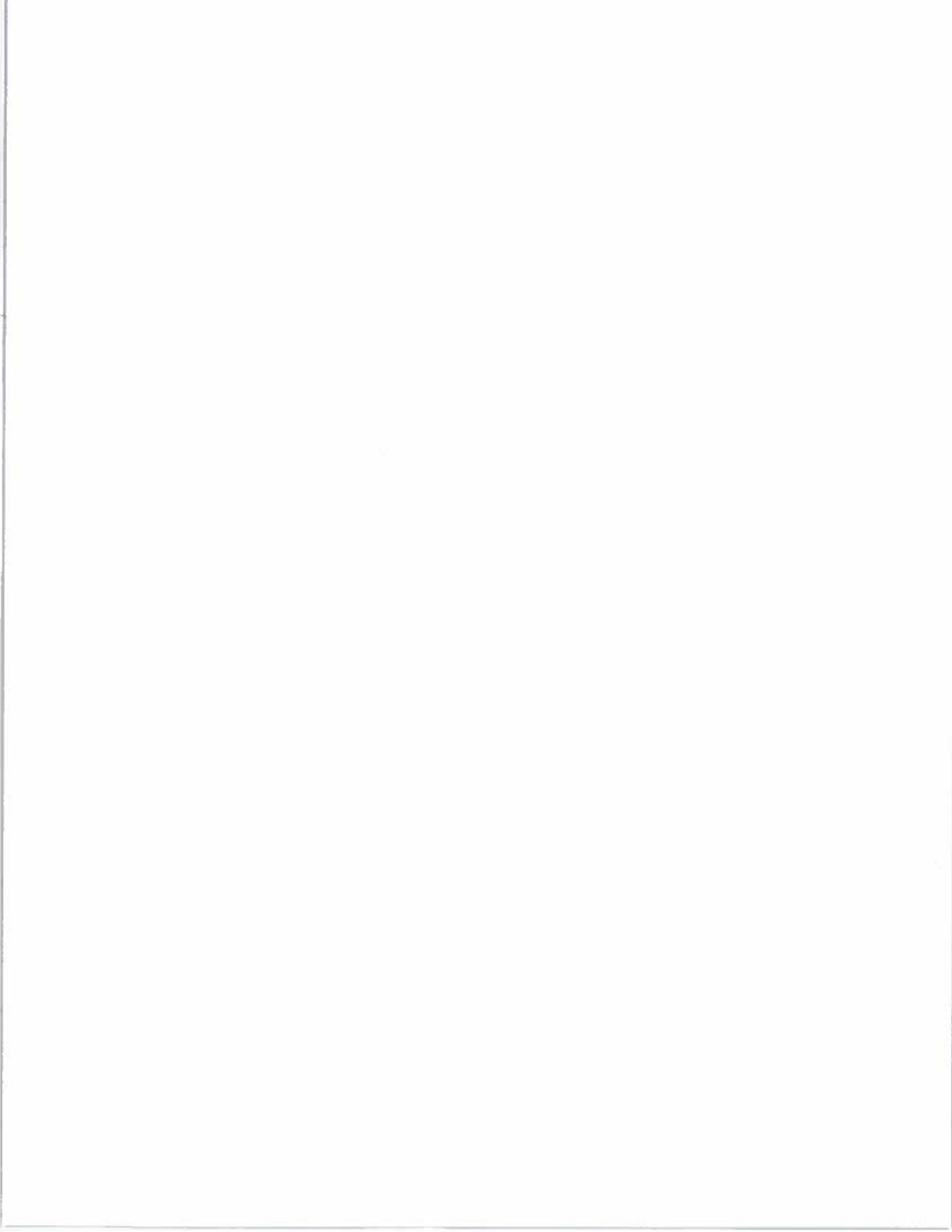
Correction Date: 2/22/2026 and ongoing

Deficiency Cited: V121: 27G .0209. Medication Requirements. If a client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months.

Provider's Plan of Correction: The agency will ensure that a doctor or pharmacist reviews clients' medications at least every 6 months if they take psychotropic medications. Dr. Alan Cook has agreed to perform pharmacy review for the clients at ARC-Men, as the current pharmacy does not perform this service.

Responsible Parties: Administrative Assistant, Health Services Coordinator, QP / LCAS-A, Clinical Director, and Executive Director

Correction Date: 2/22/2026 and ongoing



Deficiency Cited: V123 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 in the drug record. A client's refusal of a drug shall be charted.

Provider's Plan of Correction: When a client refuses their medication, it will be documented according to the legend on the back of the MAR, and initialed by staff. An incident report will be completed for any medication refusal and all proper agency authorities are notified. The physician will be notified within 24 hours to determine any directions or orders regarding the refusal. Staff will complete a Buddy System at every shift change to ensure that medications are administered and documented, and there are no missing documentations. The QP will check the MAR on a weekly basis and follow up on missed documentations with corrective actions. Staff will receive re-training on medication administration on 2/16/2026 and be held accountable for documentation properly. Staff will be retrained on the type of paperwork that must be completed at doctor's visits and how to report and file the orders upon return.

Responsible Parties: All Staff, LCAS-A/QP, Clinical Director, RN, and Executive Director.

Correction Date: 2/22/2026 and ongoing

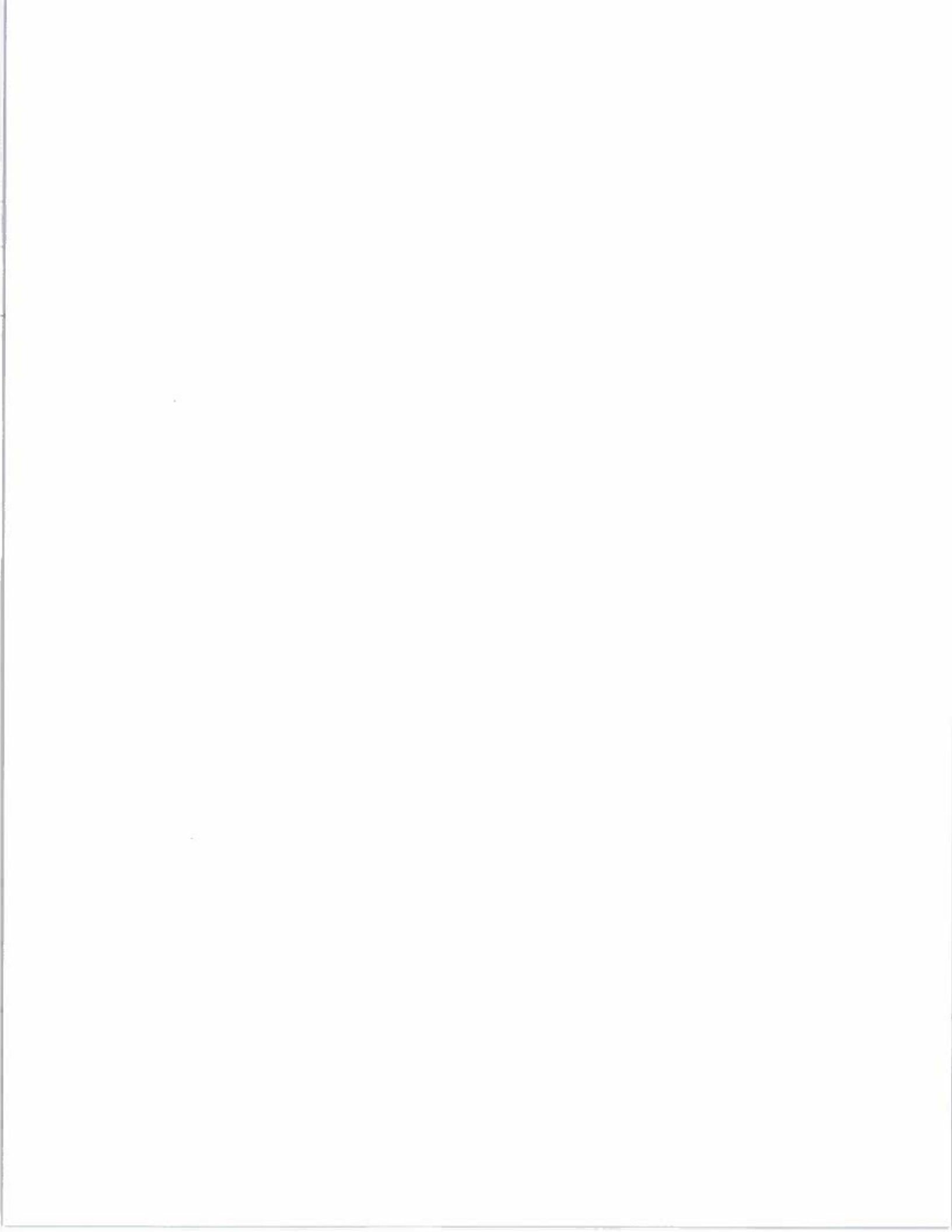
Deficiency Cited: V 291 27G.5603 Supervised Living – Operations. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment / habilitation or case management.

Provider's Plan of Correction: The Qualified Professional will maintain coordination between the facility operator and himself. He will implement a supervision plan for each employee, have monthly staff meetings, and review the MARs on a weekly basis looking for medication errors, refusals, and ensuring the proper follow through to physicians is completed. He will hold staff accountable for implementing the MARs as trained. The QP will have supervision plans and documentation to show that he is providing ongoing guidance and clarification for operations.

Responsible Parties: QP / LCAS-A, Clinical Director and Executive Director

Correction Date: 2/22/2026

Deficiency Cited: V366 27G.0603 Incident Response Requirements: The agency must implement its own policies for incident reporting.



Provider's Plan of Correction: When a client refuses their medication, it will be documented according to the legend on the back of the MAR, and initialed by staff. An incident report will be completed for any medication refusal and all proper agency authorities are notified. The physician will be notified within 24 hours to determine any directions or orders regarding the refusal. Staff will complete a Buddy System at every shift change to ensure that medications are administered and documented, and there are no missing documentations. The QP will check the MAR on a weekly basis and follow up on missed documentations with corrective actions. Staff will receive re-training on medication administration and be held accountable for documentation properly.

Responsible Parties: All Staff, QP / LCAS-A, Clinical Director, RN, and Executive Director

Correction Date: 2/22/2026

Provider Signature: _____

