

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/19/2026
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NAME OF PROVIDER OR SUPPLIER NEWGATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 455 NEWGATE STREET LUMBERTON, NC 28358
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 19, 2026. 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 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 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>	V 118		

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

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V 118	<p>Continued From page 1</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 record review and interview, the facility failed to ensure medications were administered as ordered, and MARs were kept current, affecting 2 of 3 audited clients (#2, #5). The findings are:</p> <p>Finding #1: Review on 2/19/26 of client #5's record revealed: - Admission date of 11/01/10. - Diagnoses included schizoaffective disorder, mild- intellectual disability, asthma, hyperlipidemia, coronary artery disease, tardive dyskinesia, and genetic hemochromatosis.</p> <p>Review on 2/19/26 of client #5's FL2 Form dated 9/17/25 revealed: - Abilify (antipsychotic) 10 milligrams (mg) - 1 tablet (tab) daily. - Benztropine (treats tremors) 0.5mg - 1 tab twice daily. - Namenda (treats dementia) 10mg - 1 tab twice daily. - Seroquel (antipsychotic) 100mg - 1 tab twice daily.</p> <p>Review on 2/19/26 of client #5's MARs for December, 2025 - February, 2025 revealed the following blanks:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Abilify 10mg- 1/2/26 -at 8am. - Bzotropine - 0.5mg - 12/31/25 at 8am. - Namenda 10mg - 12/31/25 at 8am. - Seroquel - 100mg - 12/31/25 at 8am. <p>Finding #2: Review on 2/19/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 3/24/16. - Diagnoses included anxiety disorder, severe intellectual disability, and cerebral palsy. <p>Review on 2/19/26 of client #2's medication orders revealed:</p> <ul style="list-style-type: none"> - No medication order documented to clarify the dosage, frequency, or instructions for when to start or finish Clotrimazole Beta 1-0.05%. <p>Review on 2/19/26 of client #2's MARs for December, 2025 - February, 2025 revealed:</p> <ul style="list-style-type: none"> - Clotrimazole-Beta 1-0.05% was documented as applied to affected area twice daily from 12/01/25 - 2/18/26, and at 8am on 2/19/26. <p>Observation on 2/19/26 at approximately 12:15pm of client #2's medications on hand revealed there was no Clotrimazole-Beta 1-0.05% on hand.</p> <p>Interview on 2/19/26 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - The Clotrimazole-Beta 1-0.05% was ordered to be given to client #2 for 14 days and was discontinued after 14 days of use. - The medication was not administered beyond the 14 days and staff may have made error in continuing to transcribe the medication as given on MARs. <p>Interview on 2/19/26 the Qualified Professional stated:</p>	V 118		

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V 118	Continued From page 3 - Management would review with staff to ensure staff followed proper documentation protocol. - Management would obtain clarification from the physician on the order for Clotrimazole-Beta 1-0.05%. Due to the failure to accurately document medication administration it could not be determined if client #2 and client #5 received their medications as ordered by the physician.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 4</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>Based on record review and interviews, the facility failed to ensure one of three audited clients (#2) met the scope for which facility is licensed for. The findings are:</p> <p>Review on 2/19/26 of Division of Health Service Regulation records revealed the facility was licensed for six ambulatory clients.</p> <p>Review on 2/19/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 3/24/16. - Diagnoses included anxiety disorder, severe intellectual disability, and cerebral palsy. <p>Review on 2/19/26 of client #2's Admission Assessment Sheet dated 3/24/16 revealed:</p> <ul style="list-style-type: none"> - "Client is in a wheelchair." - "She is Non Ambulatory, a wheelchair is needed." <p>Review on 2/19/26 of client #2's Individual Support Plan dated 3/01/25 revealed:</p> <ul style="list-style-type: none"> - My Choices and Supports: "[Client #2] requires total assistance and is non-ambulatory." - Medical Supports: "...Non-Ambulatory and Non-Weight-Bearing - [Client #2] cannot bear weight or walk wheelchair is used in all environments." <p>Observation on 2/19/26 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> - Client #2 utilized a wheelchair for mobility. <p>Interview on 2/19/26 Group Home Manager stated:</p> <ul style="list-style-type: none"> - Client #2 utilized a wheelchair for mobility. - Client #2 was non-ambulatory and required total care. - Client #2 was unable to get out of the wheelchair on her own. 	V 289		

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V 289	<p>Continued From page 6</p> <p>Interview on 2/19/26 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2 utilized a wheelchair for mobility. - Client #2 was non-ambulatory and required total care. - Client #2 was unable to get out of the wheelchair on her own. <p>Interview on 2/19/26 staff #2 stated:</p> <ul style="list-style-type: none"> - Client #2 utilized a wheelchair for mobility. - Client #2 was non-ambulatory and required total care. - Client #2 required assistance when transitioning from chair or bed. <p>Interview on 2/19/26 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She would follow up with licensee regarding the facility license and non-ambulatory status of client #2. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		