STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-282	A. BUILDING: _____ B. WING _____	R-C 02/24/2026

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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	INITIAL COMMENTS A complaint and follow up survey was completed on February 24, 2026. One complaint was substantiated (intake #235898) and one complaint was unsubstantiated (intake #235663). Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 4 current client and 1 former client.	V 000		
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;	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to administer medications on the written order of the physician and to ensure the MAR was kept current affecting 1 of 4 clients (#2). The findings are: Review on 2/17/26 of client #2's record revealed: - 62 year old male. - Admitted 2/2016. - Diagnoses of Schizophrenia-Bipolar Type, Hypertension, Hyperlipidemia, Diabetes, Gastroesophageal Reflux Disease, Chronic Pulmonary Disease. - Signed physician order dated 12/17/25- Ozempic 8 milligrams (mg) (diabetes)- inject 2mg every 7 days subcutaneously. - Signed physician order dated 7/24/25 Miralax (Polyethylene Glycol) (laxative) 317 gram (gm) oral packet- Use one packet once a day with a glass of water in 16 ounce water daily PRN. - Signed physician order dated 1/7/26 Miralax (laxative) 17gm oral powder packet- 1 packet 2 times weekly. - No physician orders to discontinue the Ozempic or either Miralax medications.	V 118		

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V 118	Continued From page 2 Review on 2/17/26 of client #2's MARs from 1/1/26 - 2/17/26 revealed: - Healthlax Powder (Miralax), mix 1 packet in 16 ounce water and drink once daily PRN transcribed on the January and February 2026 MAR. - Polyethylene Glycol Powder 17gms into suitable liquid and drink twice weekly- transcribed on the with "PRN" written on the January and February 2026 MAR. - Miralax 17grams oral powder packet- 1 packet by mouth 2x weekly PRN on the January and February 2026 MAR. - Ozempic documented as Refused on 1/15/26, 1/22/26, 1/29/26, 2/5/26 and 2/12/26. - Polyethylene not documented as being refused from 1/7/26 - 2/17/26 as ordered by the physician on 1/7/26. - No documentation of Polyethylene Glycol administered as ordered by the physician on 1/7/26. Observation on 2/17/26 of client #2's medications revealed: - A bottle of Polyethylene Glycol- take 17 grams by mouth twice weekly- dispensed on 1/7/26. - A bottle of Polyethylene Glycol- mix 17 grams and drink twice daily dispensed on 9/15/25. - Both bottles were approximately 3/4 full. Interview on 2/17/26 client #2 stated: - He refused his Ozempic medication after a conversation with his brother and because of a potential side effect of blindness and cancer. - He refused the Polyethylene Glycol because it gave him diarrhea. Interview on 2/18/26 staff #1 stated: - No clients had refused medications with her.	V 118		

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V 118	Continued From page 3 Interview on 2/18/26 the Home Manager stated: - She had tried to get client #2 seen by the physician to discuss the Ozempic medication but he could not be seen until 3/8/26. - Client #2 refused his Polyethylene Glycol because he said it gave him diarrhea. - She had written "PRN" on client #2's MAR for January and February 2026 MAR for the Polyethylene Glycol. Interview on 2/18/26 the Qualified Professional stated: - Client #2 took his medication as ordered as far as she knew. Interview on 2/23/26 the Director/Licensee stated: - She understood the MAR was required to be kept current. - Client #2's Polyethylene Glycol was supposed to be PRN but the pharmacy kept putting it on the MAR to be administered daily. - She thought client #2's Polyethylene was PRN. - The Home Manager was trying to get an appointment to correct Client #2' Polyethylene Glycol order. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 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	V 123		

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V 123	Continued From page 4 and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for 1 of 4 audited clients (#9). The findings are: Review on 2/17/26 of client #2's record revealed: - 62 year old male. - Admitted 2/2016. - Diagnoses of Schizophrenia-Bipolar Type, Hypertension, Hyperlipidemia, Diabetes, Gastroesophageal Reflux Disease, Chronic Pulmonary Disease. Review on 2/17/26 of client #2's MARs for January 2026 - February 17, 2026 revealed the following dates and times of medications refusals: - No documentation the physician was notfied of client #2's refusal of the Polyethylene Glycol from 1/7/26 - 2/17/26 as ordered to be administered twice weekly at 8am on 1/7/26. - No documentation the physician was notfied of client #2's refusal of the Ozempic Injection on 1/15/26, 1/22/26, 1/29/26, 2/5/26 and 2/12/26 as ordered every 7 days by the physician on 12/17/25. Interview on 2/17/26 client #2 stated: - He refused his Ozempic medication after a	V 123		

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V 123	Continued From page 5 conversation with his brother and because of a potential side effect of blindness and cancer. - He refused the Polyethylene Glycol because it gave him diarrhea. Interview on 2/18/26 the Home Manager stated: - She had tried to get client #2 seen by the physician to discuss the Ozempic medication but he could not be seen until 3/8/26. - Client #2 refused his Polyethylene Glycol because he said it gave him diarrhea. Interview on 2/23/26 the Director/Licensee stated: - Client #2 had refused his Ozempic because of side effects. - Client #2's Polyethylene Glycol was supposed to be PRN but the pharmacy kept putting it on the MAR to be administered daily. - She thought client #2's Polyethylene was PRN. - The Home Manager had tried to get an appointment to correct Client #2' Polyethylene Glycol order.	V 123		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in	V 290		

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V 290	Continued From page 6 the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 4 of 5 audited clients (#1, #2, #3 and #4) were assessed and deemed capable of being in the facility or	V 290		

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V 290	Continued From page 7 community at least annually without staff supervision. The findings are: Observation on 2/17/26 at approximately 11:05am client #1 and #4 were at the facility alone. The Home Manager arrived at the facility at approximately 11:24am. Review on 2/24/26 client #1's record revealed: - Admitted 7/21/17. - Diagnoses of Schizoaffective Disorder-Depressive Type, Hypertension, Hyperlipidemia, Hypothyroidism, Chronic Kidney Disease. - No documentation of an unsupervised time assessment being completed Review on 2/17/26 client #2's record revealed: - Admitted 2/2016. - Diagnoses of Schizophrenia-Bipolar Type; Chronic Obstructive Pulmonary Disease; Diabetes; Gastroesophageal Reflux Disease; Hypertension and Hyperlipidemia - No documentation of an unsupervised time assessment being completed Review on 2/24/26 client #3's record revealed: - Admitted 12/3/24. - Diagnoses of Schizophrenia. - No documentation of an unsupervised time assessment being completed. Review on 2/24/26 of client #4's record revealed: - Admitted 8/1995. - Diagnoses of Schizoaffective Disorder-Bipolar Type; Chronic Kidney Disease; Type 2 Diabetes Mellitus. - No documentation of an unsupervised time assessment being completed.	V 290		

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V 290	Continued From page 8 Interview on 2/24/26 client #1, #3 and #4 stated: - They utilized 2-3 hours of unsupervised time in the facility without a staff. Interview on 2/17/26 client #1 and #4 stated: - They had been at the facility that morning without a staff for approximately 20 minutes. - They would sometimes be at the facility alone when the staff took another client somewhere. Interview on 2/17/26 client #2 stated: - He used 4-5 hours of unsupervised time in the community and the facility without a staff. Interview on 2/17/26 the Home Manager stated: - She had taken client #3 to the PSR program. - Clients would utilize unsupervised time if she had taken a client to a PSR program or to the doctor. - Client #1 and #4 had 2 hours of unsupervised time. Client #2 had 4 hours of unsupervised. - She was not sure if client #3 had unsupervised. - Unsupervised time was "dependent on how they do things, if they knew how to go out in the community, they try to teach them money management, discuss with them the emergency numbers and tell them not to answer the doors at the facility and they went over safety things." Interview on 2/23/26 staff #1 stated - She thought Client #1, #2, #3 and #4 had unsupervised time but she did not know the exact hours. Interview on 2/23/26 the Qualified Professional stated: - No clients at facility had unsupervised time. - She felt [Client #3] was "capable of being home alone." - She was not aware of clients being in the facility	V 290		

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V 290	Continued From page 9 alone. Interview on 2/23/26 and 2/24/26 the Director/Licensee stated: - Client #1, #2 #4 had 2-3 hours of unsupervised time. - Client #2 had 5 hours and sometimes is in the community because he attends AA meetings. - Client #2's AA meetings were taken into consideration when he was assigned unsupervised time. - Client #2 had a phone, he signed out and they know who he's going with. - Client #1 and #3 had emergency numbers. - She understood clients had to be assessed and be capable of utilizing unsupervised time.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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.	V 291		

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V 291	Continued From page 10 Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals responsible for the client's treatment affecting 1 of 4 audited current clients (#Former Client (FC) #6). The findings are: Review on 2/17/26 of FC #6's record revealed: -Admission date of 2/2006. -Diagnoses of Schizophrenia, Intellectual Developmental Disability- Mild, Cerebral Palsy. - After visit form dated 1/8/26- "Reason for visit- fell on ankle that had been broken. Complaining of pain. Physician orders- Go to ED (emergency Department) for possible transfer to [local hospital] for surgical intervention for tibia fracture." Review on 2/24/26 of an after visit summary dated 1/8/26 for client #6 revealed: - Seen for evaluation of right ankle/leg/foot pain. She is 7 months out from ankle fracture fixation and had a syncopal episode approximately a week ago. Unable to put weight on leg. Brusing	V 291		

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V 291	Continued From page 11 noted. Attempted Interview on 2/24/26 with FC #6 was unsuccessful. Interview on 2/17/26 the Home Manager stated: - FC #6 had fallen- she could not remember the exact day. She had worked the day FC #6 fell. - FC #6 said she was dizzy, she told FC #6 to stay seated and watch tv while she assisted the other clients with fixing their plates. - She noticed FC #6 was standing at the corner of the sitting room and when she started to walk towards FC #6, FC #6 fell. - She gave FC #6 ice ting, so she gave her ice wrapped up in a towel. - She had not noticed anything wrong with FC #6's ankle and there were no complaints from Susan throughout the night. - The next morning FC #6 complained bout the screw in her ankle- no other complaints that day. - Days after she called FC #6's orthopedic doctor because they knew about her ankle previously and an appointment was made- they tried to get her in earlier but they said they were booked and it was around holiday time. 1/8/26 at 8:50 am was the earliest they could get her in. - It was not 7 days between the fall and FC #6 seeing the orthopedic doctor. - She could not remember exactly what day FC #6 fell. Interview on 2/23/26 the Director/Licensee stated: - FC #6 maybe fell a couple days before 1/8/26. - FC #6 was "walking and everything. - The Home Manager called orthopedics office the next day after FC #6 fell. - The orthopedics office then gave an appointment for 1/8/26 and kept them on the list in case there was a call out.	V 291		

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V 291	Continued From page 12 - She does not know why they did not take her to the local emergency room instead instead of wafting on the appointment. - FC #6 was fine after the fall, there was no visible swelling when she saw FC #6 about 1 hour after she ell. - FC #6 had cerebral palsy so limping was not an indication of a fracture. - FC #6 told her she did not want to go to the hospital.	V 291		
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 was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 2/17/26 at approximately 12:09pm revealed: - The hall bathroom's toilet tissue ring holder was missing. - Vacant bedroom had various light colored spots in the carpet through out the bedroom. - There were dark stains in various sizes and shapes in the carpet at the entrance of FC #6's bedroom. - Client #2's 6 drawer dresser was missing the top left drawer missing a knob and the bottom right drawer was missing the left knob. - Client #1's carpet under the window had yellowish stains about 2 foot in size, 3 dead	V 736		

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V 736	Continued From page 13 spiders by the closet. - The hall bathroom across from client #4's bedroom had a ceiling light that was blinking, the toilet was continuously running, dark residue was around the soap holder and under the soap holder in the caulking about 3 inches and various areas in between the tile wall. - Carpet throughout the facility was heavily dark and stained. Interview on 2/24/26 the Licensee/Director stated: - She would have to wait on the landlord to clean the carpet. She had previously cleaned the carpet on her own - She had fixed many things on her own. Landlord came in July and September of previous year. - The landlord only did a general inspection and said they will see what they can get done. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		