

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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(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>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. 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	<p style="text-align: center;">RECEIVED MAR 17 2026 DHHS-MH Licensure Sect</p>	

JM Curtis BAQP 3/2/26

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

TITLE

(X6) DATE

STATE FORM

6899

R27M11

If continuation sheet 1 of 6

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V 119	<p>Continued From page 1 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:</p> <ul style="list-style-type: none"> - 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>Interview on 2/23/26 with the Co-Owner #2 revealed:</p> <ul style="list-style-type: none"> - 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." 	V 119	<p>Tag V119 27G .0209(d) Medication Requirements – Medication Disposal Corrective Action All loose medication tablets discovered in the medication storage box were immediately removed and disposed of in accordance with agency medication disposal procedures. The medication box was cleaned and inspected to ensure no remaining loose medication was present. Staff responsible for medication administration were retrained on proper medication storage and disposal procedures, including ensuring that medications remain in their original packaging or blister packs and that any loose or discontinued medication is immediately disposed of according to agency policy.</p> <p>Measures to Prevent Recurrence The agency has reviewed and reinforced the Medication Administration and Medication Disposal policies with all staff responsible for medication administration. Staff will be re-educated on maintaining secure medication storage and ensuring medications are stored and disposed of in a manner that prevents diversion or accidental ingestion. Medication storage checks will be incorporated into routine medication monitoring procedures.</p> <p>Monitoring The House Manager will conduct weekly medication storage checks to ensure medications are stored properly and that no loose or unsecured medications are present.</p> <p>Frequency of Monitoring Medication storage and disposal compliance will be reviewed weekly by the House Manager and monthly by the Program Director to ensure continued compliance.</p>	3/26/2026 Ongoing
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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 and the drug reaction shall be properly recorded	V 123	
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<p>V 123</p>	<p>Continued From page 2</p> <p>in the drug record. A client's refusal of a drug shall be charted.</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 	<p>V 123</p>	<p>Tag V123 27G .0209(h) Medication Requirements – Medication Errors and Refusals Corrective Action Staff responsible for medication administration were retrained on medication refusal procedures, including the requirement that medication refusals be reported immediately to the prescribing physician or pharmacist and documented appropriately. Documentation procedures for medication refusals were reviewed with staff to ensure proper reporting and follow-up occurs. Measures to Prevent Recurrence The agency updated internal medication administration procedures to reinforce that all medication refusals must be reported to the physician or pharmacist immediately and documented accordingly. Staff will receive additional training on recognizing medication administration events and ensuring proper documentation in the client record and incident reporting system when applicable. This will include re-education (training) on Incident Reporting. Monitoring The House Manager will review Medication Administration Records (MARs) and medication documentation to ensure that medication refusals are documented appropriately and that physician or pharmacist notification occurs when required. Frequency of Monitoring Medication records will be reviewed weekly by the House Manager and monthly by the Program Director.</p>	<p>4/1/2026</p> <p>Ongoing</p>
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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: - 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> <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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<p>V 123</p>	<p>Continued From page 4</p> <p>Interview on 2/23/26 with client #1 revealed: - Denied that he refused to take his medications.</p> <p>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.</p>	<p>V 123</p>	<p>Tag V736 27G .0303(c) Facility and Grounds Maintenance</p> <p>Corrective Action Maintenance issues identified during the survey have been addressed. The missing kitchen drawer has been replaced, damaged kitchen cabinets have been repaired or scheduled for repair, and the seal around the kitchen sink faucet has been repaired to ensure the sink area is properly sealed.</p> <p>Measures to Prevent Recurrence The agency has implemented a routine facility inspection process to identify maintenance concerns before they become safety or environmental issues. Staff have been instructed to report maintenance issues immediately so repairs can be addressed promptly.</p> <p>Monitoring The House Manager will complete routine environmental checks of the facility to ensure the home remains safe, clean, and properly maintained.</p> <p>Frequency of Monitoring Environmental safety checks will be conducted weekly by the House Manager and reviewed monthly by the Program Director.</p>	<p>3/20/26</p> <p>Ongoing</p>
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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>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:</p> <p>Observation on 1/23/26 between 12:31 pm-1:57pm of the facility revealed:</p> <ul style="list-style-type: none"> - 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. <p>Interview on 2/23/26 with the Co-Owner #2 revealed:</p> <ul style="list-style-type: none"> - 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		
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W. M. G. [Signature] 3/2/2026