

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL029-158</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/18/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARISING SUN OF NORTH CAROLINA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>213 TALLY MEADOW COURT<br/>LEXINGTON, NC 27295</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on March 18, 2026. The complaint was unsubstantiated. (intake #NC00235857). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>  | V 000         |   |                    |
| V 108              | <p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p> | V 108         |   |                    |

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

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| V 108              | <p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction.<br/>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure that 3 of 3 audited staff (Owner/Program Director/Qualified Professional (O/PD/QP), Staff #1 and Staff #2) had required training in Cardio resuscitation and First Aid (CPR/FA). The findings are:</p> <p>Review on 3/18/26 of Staff #1's personnel record revealed:<br/>-Hire date of 3/1/25.<br/>-Position: Direct Care Staff.<br/>-11/3/25 American Heart Association Heartsaver First Aid CPR Automated External Defibrillator (FA/CPR/AED) certificate had the following statements:<br/>- "This certificate constitutes completion of the exam for the American Heart Association First Aid CPR AED course."<br/>- "An American Heart Association First Aid CPR AED course completion card will be issued after successful completion of the skills component with an American Heart Association Instructor."</p> <p>Review on 3/18/26 of Staff #2's personnel record revealed:</p> | V 108         |   |                    |

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| V 108              | <p>Continued From page 2</p> <p>-Hire date of 3/1/25.<br/>-Position: Direct Care Staff.<br/>-11/3/25 American Heart Association Heartsaver First Aid CPR Automated External Defibrillator (FA/CPR/AED) certificate had the following statements:<br/>- "This certificate constitutes completion of the exam for the American Heart Association First Aid CPR AED course."<br/>- "An American Heart Association First Aid CPR AED course completion card will be issued after successful completion of the skills component with an American Heart Association Instructor."</p> <p>Review on 3/18/26 of the O/PD/QP's personnel record revealed:<br/>-Hire date of 3/1/25.<br/>-Position: Program Director/Qualified Professional.<br/>-11/3/25 American Heart Association Heartsaver First Aid CPR Automated External Defibrillator (FA/CPR/AED) certificate had the following statements:<br/>- "This certificate constitutes completion of the exam for the American Heart Association First Aid CPR AED course."<br/>- "An American Heart Association First Aid CPR AED course completion card will be issued after successful completion of the skills component with an American Heart Association Instructor."</p> <p>Interview on 3/18/26 with the FA/CPR/AED training instructor revealed:<br/>-All staff completed the skills component of the FA/CPR/AED training.<br/>-She would send the O/PD/QP a document to show staff had completed the FA/CPR/AED skills training but it would be after 5:00 pm today before the information would be sent.<br/>-The O/PD/QP had an option to receive training</p> | V 108         |   |                    |

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| V 108              | Continued From page 3<br><br>certification cards for staff for a cost.<br><br>Interview on 3/18/26 with the O/PPD/QP revealed:<br>-He was the Owner, Program Director and Qualified professional for the facility.<br>-He was aware all FA/CPR/AED training certificates for staff had the same statements and did not show the staffs' completion of the skills component of the training.<br>-"My staff had the skills training."<br>-He agreed to provide the FA/CPR/AED skills training documentation by 8:00 am on 3/19/26 which was not provided for review on 3/19/26.   | V 108         |   |                    |
| V 110              | 27G .0204 Training/Supervision Paraprofessionals<br><br>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS<br>(a) There shall be no privileging requirements for paraprofessionals.<br>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.<br>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.<br>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.<br>(e) Competence shall be demonstrated by exhibiting core skills including:<br>(1) technical knowledge;<br>(2) cultural awareness;<br>(3) analytical skills;<br>(4) decision-making;<br>(5) interpersonal skills; | V 110         |   |                    |

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| V 110              | <p>Continued From page 4</p> <p>(6) communication skills; and<br/>(7) clinical skills.<br/>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, 1 of 2 paraprofessional staff (Staff #1) failed to demonstrate the knowledge, skills and abilities required of the population served. The findings are:</p> <p>Review on 3/18/26 of Staff #1's personnel record revealed:<br/>-Hire date of 3/1/25.<br/>-Position of Direct Care Worker<br/>-Reported to the Owner/Program Director/ Qualified Professional (O/PD/QP).</p> <p>Interviews on 3/16/26 and 3/17/26 with Staff #1 revealed:<br/>-She was the Lead Direct Care staff.<br/>-She reported directly to the O/PD/QP.<br/>-In January 2026, she learned Client #1's bank card was missing when Client #1's brother called her on a Sunday about someone having used Client #1's bank card to take \$100.00 from an automated teller machine (ATM) 30 minutes away from the facility.<br/>-She called Staff #2 and the bus driver who transported Client #1 back to the facility from his</p> | V 110         |   |                    |

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| V 110              | <p>Continued From page 5</p> <p>day program about the missing bank card and the card could not be located.</p> <p>-Client #1's brother said there was a police report about the money having been withdrawn from the ATM but she had not seen a police report.</p> <p>-She did not complete an incident report about the missing bank card or about the brother's report of someone having taken money from Client #1's bank card.</p> <p>-She did not report the incident to the O/PP/QP because, "so much was going on in [another city] during that time. I got a call from [Client #1]'s brother that someone took money out from [Client #1]'s account. One hundred dollars was missing from his account. I was trying to handle it with the brother. I don't know if [a former employee] took it (bank card and money) or someone else."</p> <p>Interview on 3/16/26 with Staff #2 revealed:</p> <p>-Staff #1 notified her that Client #1's brother called about Client #1's bank card having been used at a ATM and \$100.00 was withdrawn from his account.</p> <p>-"[Client #1] didn't know his PIN (personal identification number) and his brother called up here (to facility) and gave his PIN to whoever was working and that was the last time I seen the card."</p> <p>-Client #1's bank card was stored in his medication bin which was locked up in a cabinet in the office which was also kept locked.</p> <p>-She was aware a former staff "pulled [Client #1] into the office because he wanted something for his head hurting .... He (Client #1) said he didn't pick it (bank card) up while in the office."</p> <p>-The former staff worked at the facility for "2 or 3 weeks, didn't show up for her shift, and went back home [out of state]."</p> <p>-"I saw his (Client #1)'s card that Tuesday (1/6/26) and Wednesday morning the card was</p> | V 110         |   |                    |

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| V 110              | <p>Continued From page 6</p> <p>gone."</p> <p>Interviews on 3/17/26 and 3/18/26 with Client #1's brother revealed:</p> <ul style="list-style-type: none"> <li>-1/6/26, he received a bank alert on his phone that Client #1's bank card had been "inserted" into an ATM at a gas station located in another county and \$102.50 had been withdrawn from Client #1's account.</li> <li>-He called Staff #1 "that same day" and reported Client #1's bank card had been used and \$102.50 was withdrawn from the account.</li> <li>-"[Client #1] would not have known how to use an ATM to withdrawal money."</li> <li>-He did not know how anyone would have known the PIN to the bank card.</li> <li>-He denied he provided Client #1's PIN to staff.</li> <li>-When he notified Staff #1 about the withdrawn money, Staff #1 denied anyone had stolen Client #1's bank card and money.</li> <li>-He made a police report and a detective followed up with him, but he had not learned of any additional information.</li> </ul> <p>Interviews on 3/17/26 and 3/18/26 with the O/PD/QP revealed:</p> <ul style="list-style-type: none"> <li>-"This is the first time I'm hearing about this (incident with Client #1's bank card and missing money)."</li> <li>-"I can't believe I'm just hearing about this. If someone did something they shouldn't have and I was told, I would press charges. I wish I had known about this so I could have dealt with it on my end."</li> <li>-He held staff meetings "once a month ....we talk about current needs of the residents (clients), financial, hygiene, we discuss any current issues. I need to know what's going on in the house (facility) ..."</li> <li>-"My staff should have already told me so I could</li> </ul> | V 110         |   |                    |

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| V 110              | Continued From page 7<br><br>have looked into it. I would have done an internal investigation because there was an allegation."   | V 110         |   |                    |
| V 111              | 27G .0205 (A-B)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:<br>(1) the client's presenting problem;<br>(2) the client's needs and strengths;<br>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;<br>(4) a pertinent social, family, and medical history; and<br>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.<br>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. | V 111         |   |                    |

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| V 111              | <p>Continued From page 8</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure an assessment was completed prior to admission for 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 3/17/26 of Client #1's record revealed:<br/>-Admission date of 12/12/25.<br/>-Diagnoses of Post Traumatic Stress Disorder, Depression, Traumatic Brain Injury, and Thyroid Disorder.<br/>-No admission assessment to the facility.</p> <p>Interview on 3/16/26 with Client #1 revealed:<br/>-He had been living at the facility for 3 or 4 months.<br/>-He lived with his brother before his admission.<br/>-He did not think he needed to be in a group home.</p> <p>Review on 3/17/26 of Client #2's record revealed:<br/>-Admission date of 5/23/25.<br/>-Diagnoses of Schizophrenia and Gender Dysphoria.<br/>-No admission assessment to the facility.</p> <p>Interview on 3/16/26 with Client #2 revealed:<br/>-He had been living at the group home since April or May of last year (2025).<br/>-This was his first group home admission.<br/>-He was hospitalized prior to his admission.</p> <p>Review on 3/17/26 of Client #3's record revealed:<br/>-Admission date of 1/23/26.<br/>-Diagnoses of Schizophrenia, Mild Intellectual Developmental Disability, History of multiple</p> | V 111         |   |                    |

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| V 111              | <p>Continued From page 9</p> <p>medical problems including hyponatremia, dyslipidemia, hypertension, and Type 2 Diabetes.<br/>-No admission assessment to the facility.</p> <p>Interview on 3/16/26 with Client #3 revealed:<br/>-She lived with a family member prior to her admission.<br/>-The facility was her 3rd group home admission.<br/>-She did not know the reason(s) for her group home admission.</p> <p>Interview on 3/17/26 with the Owner/Program Director/ Qualified Professional revealed:<br/>-He and his staff (Staff #1) took notes during interviews with Clients #1, #2 and #3 and their family members, guardians, and others (hospital staff and case managers) prior to their admissions and in his decision-making whether to admit the clients.<br/>-He and Staff #1 did not retain their notes to use as Clients #1, #2 and #3's admission assessments.<br/>-He planned to retain admission assessment notes on all new admissions moving forward.</p> | V 111         |   |                    |
| V 112              | <p>27G .0205 (C-D)<br/>Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:<br/>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a</p>   | V 112         |   |                    |

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| V 112              | <p>Continued From page 10</p> <p>projected date of achievement;<br/>(2) strategies;<br/>(3) staff responsible;<br/>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br/>(5) basis for evaluation or assessment of outcome achievement; and<br/>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to develop and implement treatment plans with goals and strategies to address the needs of 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 3/17/26 of Client #1's record revealed:<br/>-Admission date of 12/12/25.<br/>-Diagnoses of Post Traumatic Stress Disorder, Depression, Traumatic Brain Injury, and Thyroid Disorder.<br/>-No treatment plan for Client #1.</p> <p>Interview on 3/16/26 with Client #1 revealed:<br/>-"My goal is I want to move out of here."<br/>-"I do chores but I don't know if they're goals."</p> | V 112         |   |                    |

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| V 112              | <p>Continued From page 11</p> <p>Review on 3/17/26 of Client #2's record revealed:<br/>-Admission date of 5/23/25.<br/>-Diagnoses of Schizophrenia and Gender Dysphoria.<br/>-No treatment plan for Client #2.</p> <p>Interview on 3/16/26 with Client #2 revealed:<br/>-"I want to learn how to make deviled eggs and grow my hair long" in response to what goals he was working on at the facility.</p> <p>Review on 3/17/26 of Client #3's record revealed:<br/>-Admission date of 1/23/26.<br/>-Diagnoses of Schizophrenia, Mild Intellectual Developmental Disability, History of multiple medical problems including hyponatremia, dyslipidemia, hypertension, and Type 2 Diabetes.<br/>-No treatment plan for Client #3.</p> <p>Interview on 3/16/26 with Client #3 revealed:<br/>-"Clean my room and be good" in response to what goals she was working on at the facility.</p> <p>Interview on 3/16/26 with Staff #1 revealed:<br/>-Client #1 needed help with ensuring he completed his hygiene daily and received his daily medications.<br/>-Client #2 needed help with his Activities of Daily Living (ADLs).<br/>-Client #3 needed help with ensuring her ADLs were completed daily.</p> <p>Interview on 3/16/26 with Staff #2 revealed:<br/>-Client #1 needed reminders to ensure he completed his daily bathing and teeth-brushing.<br/>-"At home, [Client #1] wasn't use to bathing. First thing now, he wants to bathe. He's the first one to take a shower."<br/>-"He wants to leave from here (facility), says he doesn't like it."</p> | V 112         |   |                    |

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| V 112              | Continued From page 12<br><br>-Clients #2 and #3 were independent with their bathing and dressing but needed help with medication management.<br><br>Interview on 3/17/26 with the Owner/Program Director/Qualified Professional revealed:<br>-"I'm trying to get in contact with [Client #1]'s caseworker to get a treatment plan completed. I have no excuse. I just have not done it."<br>-"A PCP (Person-Centered Plan) was started on 4/23/25 and I didn't get through with it" in response to no treatment plan for Client #2.<br>-"Acknowledged no PCP for Client #3. "She is the newest to us."<br>-"I will definitely work to get the treatments in place."   | V 112         |   |                    |
| V 114              | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use. | V 114         |   |                    |

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| V 114              | <p>Continued From page 13</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to accurately document fire and disaster drills for each quarter and for each shift. The findings are:</p> <p>Review on 3/18/26 of the Fire and Disaster Drill Log revealed:<br/>-1st quarter (January 1, 2026- March 16, 2026) had both fire and disaster drills documented at the same time and it could not be determined which drill was a fire drill and which drill was a disaster drill.<br/>-2nd quarter (May 15, 2025-June 17, 2025) had both fire and disaster drills documented at the same time and it could not be determined which drill was a fire drill and which drill was a disaster drill.<br/>-3rd quarter (July 15, 2025-September 15, 2025) had both fire and disaster drills documented at the same time and it could not be determined which drill was a fire drill and which drill was a disaster drill.<br/>-4th quarter (October 15, 2025-December 15, 2025) had both fire and disaster drills documented at the same time and it could not be determined which drill was a fire drill and which drill was a disaster drill.</p> <p>Interview on 3/16/26 with Client #1 revealed:<br/>-"No" to whether he practiced fire drills at the facility.<br/>-He did not remember if disaster drills were practiced at the facility.</p> <p>Interview on 3/16/26 with Client #2 revealed:<br/>-"I don't think we have done that yet" in response to whether he practiced fire drills at the facility.<br/>-A tornado drill was practiced today at 10:00 am.</p> | V 114         |   |                    |

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| V 114              | <p>Continued From page 14</p> <p>Interview on 3/16/26 with Client #3 revealed:<br/>-"Yes" to whether she practiced fire drills at the facility. "They put us in the garage" when asked about where she goes during a fire drill.<br/>-A tornado drill was practiced today and she went into the bathroom and got down on her knees.</p> <p>Interview on 3/16/26 with Staff #1 revealed:<br/>-Fire drills were held around the 1st and 16th of each month.<br/>-Confirmed a tornado drill was practiced today, 3/16/26, due to current weather conditions.</p> <p>Interview on 3/18/26 with the Owner/Program Director/Qualified Professional revealed:<br/>-Fire and disaster drills had been practiced at the same time but the drills were not documented to show they occurred separately .<br/>-He would ensure the drills were conducted at separate times and documented accurately.</p> | V 114         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:<br/>(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.<br/>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br/>(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>  | V 118         |   |                    |

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| V 118              | <p>Continued From page 15</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> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <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:<br/>Based on record review and interview, the facility failed to administer medication on the written order of a person authorized to prescribe drugs, and failed to keep each client MAR current for 2 of 3 audited clients (Clients #1 and #2 ) The findings are:</p> <p>Review on 3/17/26 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 12/12/25.</li> <li>-Diagnoses of Post Traumatic Stress Disorder, Depression, Traumatic Brain Injury, and Thyroid Disorder.</li> <li>-Physician-prescribed medications: <ul style="list-style-type: none"> <li>-9/14/25, Fenofibric Acid (high cholesterol)135 milligrams (mg),1 capsule (cap) daily.</li> <li>-9/15/25, Duloxetine Hydrochloride (depression) 30 mg,1 cap daily.</li> </ul> </li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-12/3/25, Prazosin (high blood pressure)-2 mg, 1 cap daily at bedtime.</li> <li>-12/5/25, Aripiprazole (depression) 10 mg-1 tablet (tab) daily at bedtime.</li> <li>-12/15/25, Mirtazapine (depression) 30 mg, 1 tab before bedtime.</li> <li>-1/16/26, Levothyroxine (thyroid) .1mg, 1 tab daily at 6 am.</li> <li>-1/21/26, Amlodipine besylate 10 mg, 1 tab daily.</li> </ul> <p>Review on 3/17/26 of Client #1's January 2026 MAR revealed:</p> <ul style="list-style-type: none"> <li>-No documentation on 1/14/26 of the following medications: <ul style="list-style-type: none"> <li>-Aripiprazole and Prazosin and at the bedtime dose time.</li> <li>- Mirtazapine at or before bedtime dose time.</li> <li>- Fenofibric and Duloxetine at the morning dose time.</li> </ul> </li> <li>-Levothyroxine and Amlodipine besylate were not listed on the MAR and there was no documentation these two medications were administered to Client #1.</li> </ul> <p>Interview on 3/16/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He took "4 pills in the morning."</li> <li>-"I don't remember how many (medications) I take at night."</li> <li>-His medications were for his stomach, thyroid and high blood pressure.</li> <li>-He had not refused or missed taking his medications.</li> </ul> <p>Review on 3/17/26 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 5/23/25.</li> <li>-Diagnoses of Schizophrenia and Gender Dysphoria.</li> <li>-Physician-prescribed medications: <ul style="list-style-type: none"> <li>-10/14/25, Cetirizine (allergies) 10 mg, 1 tab</li> </ul> </li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 17</p> <p>daily; take 1 tab at 8 pm.<br/>-2/18/26, Trazodone (sleep) 50 mg, 1 tab at bedtime. This medication was filled by the pharmacy on 2/20/26.</p> <p>Review on 3/17/26 of Client #2's February 2026 MAR revealed:<br/>-Cetirizine transcription had "Take 1 tablet (10 mg total) by mouth daily as needed for allergies. Take 1 tablet by mouth at bedtime at (8 PM)."<br/>-Trazodone was not listed on the MAR.</p> <p>Review on 3/17/26 of Client #2's March 2026 MAR revealed:<br/>-Trazodone was shown to have started 3/1/26.<br/>-Client #2 missed his Trazodone administration for 9 days (2/20/26-2/28/26).</p> <p>Interview on 3/16/26 with Client #2 revealed:<br/>-He took medication for psychosis related to his schizophrenia diagnosis and medication to help him sleep at night.</p> <p>Interview on 3/17/26 with Staff #1 revealed:<br/>-Client #1's January MAR charting was from 12/15/25 through 1/13/26.<br/>-"We're missing a January (2026) MAR" as the reason there was no documentation on 1/14/26 of Client #1's medication administration.<br/>-She believed Client #1 received his medication from staff on 1/14/26.<br/>-"We (staff) pick up the client medications from the pharmacy and we check the medicine with the MAR that is printed out for us by the pharmacy."<br/>-Medications not listed on the MAR could be written in or the pharmacy could provide another MAR with the medication added.<br/>-She believed Client #2's Cetirizine was "switched" from PRN (as needed) to daily</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 18</p> <p>administration.</p> <p>-Client #2's doctor put the Cetirizine prescription in as a "dual script" and she needed to get clarification on this medication.</p> <p>-Client #2's Trazodone was not picked up at the pharmacy when it was filled because "[Client #2] was saying okay for right now with not having this medicine."</p> <p>Interviews on 3/17/26 and 3/18/26 with the Owner/Program Director/ Qualified Professional revealed:</p> <p>-He was at the facility "every couple of weeks."</p> <p>-His QP responsibilities included quarterly audits of the medication management at the facility which included looking at the medications, the doctor prescriptions and the MARs.</p> <p>-He had a 3/17/26 staff meeting about the medication errors and staff not picking up client medications timely from the pharmacy for administration.</p> <p>-"We should not have medication errors. Staff should be documenting everything appropriately."</p> <p>-He planned to closely monitor the medication management at the facility.</p> | V 118         |   |                    |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>   | V 131         |   |                    |

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| V 131              | <p>Continued From page 19</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to the date of hire for 1 of 3 audited staff (Staff #2) The findings are:</p> <p>Review on 3/18/26 of Staff #2's personnel record revealed:<br/>-Hire date of 3/1/25.<br/>-HCPR was accessed on 4/22/25.</p> <p>Interview on 3/18/26 with the Owner/Program Director/ Qualified Professional revealed:<br/>-He was responsible for the Human Resources functions which included accessing the HCPR.<br/>-He would ensure in the future the HCPR was accessed prior to hire of new staff.</p>                           | V 131         |   |                    |
| V 133              | <p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br/>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.<br/>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 20</p> <p>the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to</p> | V 133         |   |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARISING SUN OF NORTH CAROLINA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>213 TALLY MEADOW COURT<br/>LEXINGTON, NC 27295</b> |
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| V 133              | <p>Continued From page 21</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 22</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 23</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 24</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure a criminal history background check was requested within 5 business days of making a conditional offer of employment for 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Review on 3/18/26 of Staff #2's personnel record revealed:<br/>-Hire date of 3/1/25.<br/>-A criminal history background check document dated 3/17/26.</p> <p>Interview on 3/18/26 with the Owner/Program Director/ Qualified Professional revealed:<br/>-He was responsible for the Human Resources functions which included requesting criminal background record checks for staff.<br/>-He had requested Staff #2's criminal history background check around the date of hire but the document could not be located.<br/>-He would ensure all criminal background record checks for new staff at the time of hire would be retained in each staff's personnel record.</p> | V 133         |   |                    |