

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-472</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RES SUPPORT SVCS OF WAKE CO-MILLBROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 EAST MILLBROOK ROAD RALEIGH, NC 27609</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3/10/26. 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 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 1 of 3 audited clients ( #5) MAR was kept current. The findings are:</p> <p>Review on 3/6/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/1/98</li> <li>- Diagnoses: Severe Intellectual Developmental Disorder, Depressive Disorder, Anxiety Disorder and Prediabetes</li> <li>- A FL2 dated 10/30/25 with the following medications: <ul style="list-style-type: none"> <li>- Citalopram 20mg (milligrams) everyday (Depressive Disorder)</li> <li>- Citalopram 40mg (mg) everyday</li> <li>- Fexofenadine 180mg everyday (Allergy)</li> <li>- Vitamin D 3 everyday (Bones)</li> </ul> </li> </ul> <p>Review on 3/6/26 of client #5's medications revealed:</p> <ul style="list-style-type: none"> <li>- No documentation of staff initials on 2/28/26 the above medications were administered</li> </ul> <p>During interview on 3/6/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- She was sure the medications were administered to client #5 because the medications were dispensed in individualized medication packets to be given daily</li> </ul>	V 118		

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V 118	Continued From page 2  - She reviewed the MARs on a monthly basis, however, the medication documentation error was an oversight  "Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician"	V 118		
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. 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	V 291		

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V 291	<p>Continued From page 3</p> <p>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 observation, record review and interview the facility failed to maintain coordination between Qualified Professionals (QP) who are responsible for treatment/habilitation for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 3/6/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/11/21</li> <li>- Diagnoses: Down Syndrome, Moderate Intellectual Developmental Disorder, Hypothyroidism and Chronic Kidney disease</li> <li>- A FL2 dated 10/30/25: Docusate Sodium 100 milligram daily (stool softener)</li> </ul> <p>Review on 3/6/26 of an unsigned physician's summary from client #1's nephrology office revealed:</p> <ul style="list-style-type: none"> <li>- "2/4/26 - stop taking the Docusate Sodium"</li> </ul> <p>Review on 3/6/26 of client #1's February 2026 - March 2026 MAR revealed:</p> <ul style="list-style-type: none"> <li>- The Docusate was initialed as administered by staff from 2/4/26 - 3/6/26</li> </ul> <p>Observation on 3/6/26 at 12pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>- An empty pack of Docusate Sodium</li> </ul> <p>During continued observation on 3/6/26 at 1:54pm revealed the following:</p> <ul style="list-style-type: none"> <li>- The QP reached out to the pharmacy</li> <li>- The pharmacy informed the QP the Docusate</li> </ul>	V 291		

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V 291	<p>Continued From page 4</p> <p>Sodium could not be refilled without a prescription from the physician</p> <p>During interview on 3/6/26 the QP reported:</p> <ul style="list-style-type: none"> <li>- Client #1 took the last Docusate Sodium pill this morning</li> <li>- She (QP) took client #1 to her physician appointments</li> <li>- Missed in the 2/4/26 physician summary to discontinue the Docusate Sodium</li> <li>- Will follow up with the pharmacy and client #1's physician's office regarding the discontinue of Docusate Sodium</li> </ul>	V 291		