

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/27/2026</b>
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**RECEIVED**  
**FEB 17 2026**

NAME OF PROVIDER OR SUPPLIER  <b>VIRGIE BURGESS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>633 HAWTHORNE STREET HUDSON, NC 28638</b>
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**DHSR-MH Licensure Sect**

(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on January 27, 2026. The complaint was unsubstantiated (intake #NC00235019). 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 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>Issues noted: #1(V112)27G .0205 (C-D) Assessment/Treatment/Habilitation Plan: The facility failed to develop and implement treatment goals and strategies to address the needs of 1 of 3 audited clients (Client #2).</b></p> <p><b>Correction Action:</b> A revision to the Person-Centered Plan (PCP) was completed and new goals and support strategies were implemented to address the client's identified needs. Updated PCP will be implemented effective 2/15/2026 for Client #2. These goals include John will be working on increasing his independence and daily living skills through a structured set of routines and visual supports. He will practice using the correct amounts of toilet paper, paper towels, and hygiene products during his bathroom and shower routines by following posted visual cues. He will also learn to make healthier, appropriate alternate meal choices when he refuses the scheduled group home meal. To support organization and predictability, John will use picture visuals to create his daily schedule on the whiteboard each evening, including chores and activities. He will also expand his leisure engagement by selecting and participating in new or previously underused activities several times per week. Additionally, John will focus on emotional regulation by using coping strategies instead of scratching his head when anxious or upset. Together, these goals support increased independence, healthier routines, and improved coping skills in John's daily life. In addition to the newly added goals, Abound Health has implemented individualized visual cue cards to support the client with tasks in which he has experienced difficulty. These visual tools provide clear, step-by-step guidance for using the appropriate amounts of toilet paper, paper towels, and hygiene products for hair and body. They also include visual supports for selecting appropriate alternative meals and individualized cue cards that Client #2 can use on his whiteboard to help schedule and organize his daily activities. All Group Home staff who support this client have been informed of these updates through a client-specific training on 2/11/2026 and have been trained on the new goals to consistently review and prompt the client to use the visual cards during daily routines to promote consistency, independence, and skill-building. This intervention was implemented to ensure the client receives structured support while also reducing waste and reinforcing proper hygiene practices.</p>	All items associated with V112 have been confirmed completed on 2/12/2026
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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>	V 112	<p><b>Preventative Measures:</b> To prevent recurrence of this issue, the client's Person-Centered Plan (PCP) will be updated any time the client's needs change or when the level of support required changes. As part of this process, the QP will develop and implement treatment goals and support strategies that directly address the client's updated needs. All Group Home staff who support the client were informed of these changes through a client-specific training on 2/11/2026 to ensure consistent understanding and implementation of the revised goals and strategies.</p> <p><b>Audit Feedback Loop/Quality Assurance:</b> To ensure ongoing compliance, the QP will review each client's status during quarterly supervisory checks to determine whether the client's needs or level of support have changed and whether updates to the PCP are required. The QP will also utilize quarterly progress summaries to assess the client's ongoing goals, support needs, and any emerging behavioral or clinical changes that may require revisions to the PCP. When a change is identified, the QP will make the necessary changes and ensure that new treatment goals and support strategies have been developed and implemented as needed. All Group Home staff who support the client will be informed of these changes through client-specific training to ensure consistent understanding and implementation of the revised goals and strategies. In addition, quarterly face-to-face supervisions with the client and staff will be completed by the QP to ensure that staff understand and are consistently implementing the updated goals and strategies.</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Awley, Tony*

*Regional Manager*

*2/12/26*

STATE FORM

6899

KF9U11

If continuation sheet 1 of 8



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V 112	Continued From page 1  This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to develop and implement treatment goals and strategies to address the needs of 1 of 3 audited clients (Client #2). The findings are:  Review on 1/26/26 of Client #2's record revealed: -Date of Admission: 1/19/25. -Diagnoses: Intellectual Disability, Moderate; Autism Spectrum Disorder; Generalized Anxiety Disorder; Obsessive Compulsive Disorder. -Treatment plan dated 7/22/25 had no goals or strategies to address excessive use of toilet paper and paper towels resulting in commode overflow, nor did it include goals or strategies to address persistent refusal of prepared with repeated requests to consume only peanut butter and jelly sandwiches. -No updates to the treatment plan since 7/22/25.  Interview on 1/23/26 with Client #1 revealed: -Client #2 uses most of the toilet paper in the facility. -Client #2 overflows the commode "once in a while."  Interview on 1/23/26 with Client #2 revealed: -He flooded the commode with toilet paper and paper towels. -He made a peanut butter and jelly sandwich	V 112	<b>Issues noted: #1 Continued:</b>  <b>Timetable for Correction:</b> A revision to the Person-Centered Plan (PCP) was completed for Client #2, and new goals and support strategies were implemented to address the client's identified needs. Updates to the PCP will be implemented effective 2/15/2026. These goals include John will be working on increasing his independence and daily living skills through a structured set of routines and visual supports. He will practice using the correct amounts of toilet paper, paper towels, and hygiene products during his bathroom and shower routines by following posted visual cues. He will also learn to make healthier, appropriate alternate meal choices when he refuses the scheduled group home meal. To support organization and predictability, John will use picture visuals to create his daily schedule on the whiteboard each evening, including chores and activities. He will also expand his leisure engagement by selecting and participating in new or previously underused activities several times per week. In addition to the newly added goals, Abound Health has implemented individualized visual cue cards to support the client with tasks in which he has experienced difficulty. These visual tools provide clear, step-by-step guidance for using the appropriate amounts of toilet paper, paper towels, and hygiene products for hair and body. They also include visual supports for selecting appropriate alternative meals and individualized cue cards that Client #2 can use on his whiteboard to help schedule and organize his daily activities.  <b>Root Cause:</b> Failure to develop and implement treatment goals and strategies to address the needs of 1 of 3 audited clients (Client #2).  <b>Disciplinary Action:</b> Group Home QP and Residential Coordinator completed a live virtual SME Short Range Goal Person-Centered Training with Senior Regional Manager on 2/2/2026 and Microsoft Teams attendance was uploaded to their personnel charts. Coaching was completed with the QP on 1/29/2026 to reinforce expectations related to Person-Centered Plan (PCP) management and clinical oversight. This coaching focused on ensuring that the client's PCP is updated any time the client's needs change or when the level of support required changes. Additionally, coaching emphasized the QP's responsibility to develop and implement treatment goals and support strategies that directly address the client's needs and reflect any updates to their required supports. This coaching is intended to strengthen the QP's understanding of timely PCP revisions, alignment of goals with the client's current needs, and consistent implementation of effective support strategies across the team.	



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V 112	<p>Continued From page 2</p> <p>whenever he didn't like the meals cooked at the facility. -He loved peanut butter and jelly.</p> <p>Interview on 1/23/26 with Client #3 revealed: -"The commode stops up all the time. [Client #2] does that, stuff it up ...staff get on to him, they tell him to quit doing it ..."</p> <p>Interview on 1/27/26 with Staff #1 revealed: -"[Client #2] likes to use a lot of toilet paper and it's very consistent. He is always asking for rolls of toilet paper, and it gets gone very quickly. He is using a lot more than he should and we have taught him multiple times how much he should use and it's still continuing to be a problem ...He has gone through four rolls in two days, and sometimes clients have to take an extra roll into their room because he uses all of it." -Client #2 "floods the commode and has caused it (water) to flow out into the hallway." -Client #2 "always wants peanut butter and jelly, or something else in the afternoons that is not a cooked meal ... There is always a meal cooked, but there's times he doesn't want what is cooked, and we can't just feed him a peanut butter and jelly (sandwich) for dinner." -There have been no discussions of solutions to "deter" Client #2's behaviors.</p> <p>Interview on 1/27/26 with the Residential Manager revealed: -Clients "have to keep toilet paper in their room because [Client #2] takes it and stuffs it all in the toilet and we end up with a flood." -When Client #2 goes in the bathroom, "he uses the whole roll ...it's been going on for quite some time ...He has even got up in the and overflowed the toilet and not told anyone and it required a steam cleaner and shop vacuums to clean up the</p>	V 112	<p>Issues noted: #2(V118)27G .0209 (C) Medication Requirements: The facility failed to ensure MARs were kept current for 2 of 3 audited clients (Client #1 and Client #2).</p> <p><b>Client #1</b> -No documentation of a physician's order for Olanzapine prior to 12/10/25. -Olanzapine was initialed as administered 11/1/25-12/9/25 (without documentation of a physician's order on record).</p> <p><b>Correction Action:</b> Abound Health acknowledges the deficiency related to the absence of documented physician's orders for Olanzapine prior to 12/10/25 and the medication being initialed as administered from 11/1/25-12/9/25 without an order available in the client's record at the time of review. The physician's order dated 8/26/25 had not been uploaded into the client's OTC chart, resulting in it not being available during the review. The 8/26/25 medication order has since been obtained and uploaded into the client record on 2/6/2026. The physician's order dated 12/10/25 was already present in the client's record at the home and has been uploaded to the client's electronic medical record on 2/6/2026. Coaching has been provided to the House Manager, DSPs, and QP on the requirement to obtain all medication orders at the time they are written and to ensure they are promptly uploaded into the client's profile. This coaching reinforces the importance of timely and accurate documentation to prevent recurrence of this issue.</p> <p>-Topiramate (seizures) 100 milligrams tablet by mouth (PO) twice a day (BID) 8/19/25. -Topiramate 200mg 1 and 1/2 tablets PO BID dated 12/12/25. -Topiramate 200mg 1 and 1/2 tablets (instead of 100mg 1 tablet) PO BID was documented from 11/1/25-12/11/25.</p> <p><b>Correction Action:</b> Abound Health acknowledges the deficiency related to incorrect documentation of physician's orders for Topiramate. A discontinuation order for Topiramate 100mg, 1 tablet twice daily, dated 1/24/25 was located in the Group Home record but was not provided to the reviewer during the audit and was not uploaded into the client's electronic medical record OTC. This D/C order was uploaded into OTC on 2/11/2026. A new physician's order dated 1/23/25 for Topiramate 200mg, take 1½ tablets by mouth in the morning and at night, was also not uploaded into the client's chart at the time of the review; this order has since been obtained and was uploaded into the client's chart on 2/11/2026. A correct pharmacy generated medication list signed by the physician on 5/22/25 existed; however, it was not available in the client's chart during the review. This medication list has been obtained and was uploaded in the client's record on 2/11/2026. On 8/19/25, an inaccurate medication list was written by the House Manager and sent to the physician for signature, and we acknowledge that this list was not compared to the current medications or the MAR prior to being submitted. The most current physician's order for Topiramate reads Topiramate 200mg, 1½ tablets by mouth twice daily, as written on 12/12/25. Coaching has been provided to the House Manager, DSPs, and QP on the requirement to obtain all medication orders at the time the physician writes them and ensure they are promptly uploaded into the client's electronic profile. Additionally, the House Manager and QP were coached on the importance of reviewing all current medications and the MAR before completing any medication list that is sent to a physician for review and signature. This coaching reinforces accurate transcription, thorough verification practices, and timely documentation to prevent recurrence of this issue.</p>	All items associated with V118 have been confirmed completed on 2/12/2026



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V 112	<p>Continued From page 3</p> <p>water."</p> <p>-"[Client #2] refuses meals all the time. If we cook chicken today, he might eat two plates of it, but when it's cooked again, he will say he doesn't like it ...[Client #2] would eat peanut butter and jelly all day long if you let him. He has numerous amounts of other items he can have and he chooses not to eat them ...There's always plenty of other options."</p> <p>-"We (staff) had discussions about [Client #2's] behaviors ...I took (reported) it to [Residential Coordinator] and [Qualified Professional (QP)]. [Client #2's] mother had been updated about what is going on and that it is a problem."</p> <p>Interview on 1/27/26 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-She had been a QP for "a little over one year."</li> <li>-She was responsible for developing and updating client treatment plans.</li> <li>-There was an ongoing issue with Client #2 flooding the commode with toilet paper.</li> <li>-Client #2's excessive use of toilet paper and flooding the commode was "brought up at staff meetings." She didn't know how many times the issue had been brought up. She did not have staff meeting notes. "Honestly, I do not remember what was discussed."</li> <li>-She had been aware of Client #2's behaviors of overflowing the commode for one year.</li> <li>-The "reason it took so long to update the goal on toilet paper, it's my inexperience, plus other things happened."</li> <li>-Client #2 refused a lot of the nutritious meals cooked at the facility. "We are exploring ...healthy choices ...that [Client #2] likes in case he doesn't like the meal which has been fixed. We try to encourage him to try new foods."</li> <li>-She was "not sure how to word to make a smart goal" on Client #2's treatment plan.</li> </ul>	V 112	<p><b>Issues noted: #2 Continued:</b></p> <ul style="list-style-type: none"> <li>-<i>Gabapentin (seizures) 300mg 2 capsules PO at bedtime (HS) dated 8/19/25.</i></li> <li>-<i>Gabapentin 300mg 1 capsule PO at HS date 12/10/25 and 12/12/25.</i></li> <li>-<i>Gabapentin 300 mg 1 capsule (instead of 2 capsules) PO at HS was documented from 11/1/25-12/9/25.</i></li> </ul> <p><b>Correction Action:</b> Abound Health acknowledges the deficiency related to incorrect documentation of physician's orders for Gabapentin. A physician signed pharmacy medication list dated 5/22/25 accurately reflected the dosage as Gabapentin 300mg, take 1 capsule by mouth at bedtime, but this document was not uploaded into the client's electronic record and therefore was not available to the reviewer during the audit. On 8/19/25, an inaccurate medication list was typed by the House Manager indicating Gabapentin 300mg, 2 capsules at bedtime; this list contained incorrect dosage information and was not compared to the client's current medications or MAR prior to being sent to the physician for signature. Subsequent orders dated 12/10/25 and 12/12/25 correctly listed Gabapentin 300mg, 1 capsule at bedtime. The correct pharmacy generated order dated 5/22/25 has since been obtained and uploaded into the client's electronic chart on 2/11/2026. Coaching has been provided to the House Manager, DSPs, and QP on the requirement to obtain all medication orders at the time the physician writes them and ensure they are promptly uploaded into the client's electronic profile. Additionally, the House Manager and QP were coached on the importance of reviewing all current medications and the MAR before completing any medication list that is sent to a physician for review and signature. This coaching reinforces accurate transcription, thorough verification practices, and timely documentation to prevent recurrence of this issue.</p> <p><b>Client #2</b></p> <ul style="list-style-type: none"> <li>-<i>Physician's orders included Oxcarbazepine (anxiety) 150mg as follows:</i></li> <li>-<i>1 tablet PO BID dated 9/8/25.</i></li> <li>-<i>2 tablets PO BID dated 11/4/25.</i></li> <li>-<i>1 tablet PO BID dated 12/2/25.</i></li> <li>-<i>MARs dated 11/1/25-1/23/26 revealed: Oxcarbazepine 150 mg continued to be documented as 1 tablet (instead of 2 tablets) POC BID from 11/5/25-12/2/25.</i></li> </ul> <p><b>Correction Action:</b> Abound Health has reviewed all physician's orders and documentation for Oxcarbazepine 150mg to correct discrepancies identified during the audit. Physician's orders reflected the following titrations: 1 tablet PO BID dated 9/8/25; 2 tablets PO BID dated 11/4/25; and 1 tablet PO BID dated 12/2/25. A physician's order dated 10/7/25 for Oxcarbazepine 150mg QD for 14 days, then discontinue. John took his final dose of Oxcarbazepine on 10/21/25 per the physician's directive. This D/C order was uploaded into John's chart, however it was not presented to the reviewer during the review. On 11/4/25, the House Manager submitted a typed medication list for a medication review that did not accurately reflect active medications, as Oxcarbazepine QD had been discontinued. Abound Health acknowledges this discrepancy. A new order dated 11/10/25 for Oxcarbazepine 150mg, 1 tablet PO BID, which John began on 11/12/25 following pharmacy delivery, was also not uploaded at the time of the review; this order has now been obtained and uploaded on 2/11/2026. The current order dated 12/2/25 was present and provided to the reviewer. All physician's orders have now been uploaded, reconciled, and cross verified to ensure accuracy and completeness. Additionally, the QP and House Manager have been coached on reviewing current MARs and comparing them to any typed medication lists prior to submitting those lists to the physician for signature, as well as ensuring that all medication orders are promptly uploaded into the client's chart upon receipt from the doctor's office. Staff responsible for medication documentation and uploads have been re-educated on timely submission and verification procedures to prevent recurrence.</p>	



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V 112	Continued From page 4  Interview on 1/27/26 with the Residential Coordinator revealed: -She supervised the QP. -She was aware of Client #2's behaviors related to the toilet paper and meal refusals. "We have worked on that for a few months now." -"My intent was to come down (to the facility) last week to hang a cabinet on the wall (of the bathroom) and put extra toilet paper in it." -"We are trying to work with [Client #2] on the proper amount (of toilet paper) to use and he was also putting paper towels in the toilet." -Client #2 had this issue at the sister facility. -Planned to have a treatment team meeting to update goals.	V 112	<b>Issues noted: #2 Continued:</b>  <b>Preventative Measures:</b> To prevent recurrence of medication documentation errors, Abound Health has strengthened oversight and reinforced existing medication documentation procedures to ensure accuracy and compliance. All physician's orders must be uploaded into the client's electronic chart promptly when received, and the House Manager, QP, and DSPs have been coached and re-educated on this requirement. Prior to submitting any typed medication lists to a physician for signature, the QP and House Manager will thoroughly review the current MAR to ensure that all medications, dosages, and frequencies match the most current physician's orders. The QP will also complete a secondary accuracy check on all typed medication lists before sending them to the physician for signatures. The existing workflow for reviewing, verifying, documenting, and uploading medication orders is being reinforced to ensure all staff consistently follow each step as required. Staff have been coached and re-educated on proper medication documentation practices, including reviewing orders for accuracy and ensuring alignment between physician's orders, MARs, and typed medication lists. All coaching and re-education confirmed completed on 2/12/2026.  <b>Audit Feedback Loop/Quality Assurance:</b> To ensure ongoing compliance and reinforce consistent adherence to existing medication documentation procedures, Abound Health will continue its established quality assurance practices. The QP will conduct monthly medication documentation audits to verify that physician's orders, MARs, and medication records remain complete, accurate, and up-to-date. As part of this process, the QP will complete a monthly MAR Review using the MAR Review Checklist Tool to document findings and ensure thorough oversight. The QP will also review MARs, medications, and physician's orders during quarterly supervisions to ensure continued accuracy and alignment. In addition, the Residential Coordinator and Regional Manager will complete quarterly medication reviews for the next six months to provide additional oversight and ensure that all corrective and preventative measures are being consistently followed and maintained.  <b>Timetable for Correction:</b> The Residential Coordinator has provided coaching and re-education to the House Manager, QP, and DSPs on all key areas of medication documentation. Staff were coached and re-educated on the requirement to upload all physician's orders promptly once received, the process for thoroughly reviewing MARs before submitting typed medication lists for physician signatures, and the expectation that the QP will perform a secondary accuracy check prior to sending any medication lists for provider review. Staff also received coaching and re-education on proper medication documentation practices, including ensuring accurate alignment between physician's orders, MARs, and typed medication lists. Additionally, staff were coached on reviewing current MARs and comparing them to typed medication lists before sending them for signatures, and on ensuring that all orders obtained from providers are uploaded promptly and accurately. These coaching and re-education efforts reinforce existing procedures and ensure that all team members consistently follow required steps to maintain accuracy and compliance in medication documentation. All coaching and re-education confirmed completed on 2/12/2026.  <b>Root Cause:</b> Failure to ensure MARs were kept current for 2 of 3 audited clients (Client #1 and Client #2).	
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;	V 118		



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V 118	<p>Continued From page 5</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</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 reviews and interviews, the facility failed to ensure MARs were kept current for 2 of 3 audited clients (Client #1 and Client #2). The findings are:</p> <p>Review on 1/26/26 of Client #1's record revealed: -Date of Admission: 1/30/23. -Diagnoses: Intellectual Disability, Moderate; Seizures; Bi-Polar Affective Disorder; Mood Disorder, Not Otherwise Specified; Sarcoidosis; Edema. -Physician's orders included:     -Topiramate (seizures) 100 milligrams (mg) 1 tablet by mouth (PO) twice a day (BID) dated 8/19/25.     -Topiramate 200 mg 1 and 1/2 tablets PO BID dated 12/12/25.     -Gabapentin (seizures) 300 mg 2 capsules PO at bedtime (HS) dated 8/19/25.     -Gabapentin 300 mg 1 capsule PO at HS dated 12/10/25 and 12/12/25.     -Olanzapine (mood) 20 mg 1 tablet PO at HS dated 12/10/25.</p>	V 118	<p><b>Issues noted: #2 Continued:</b></p> <p><b>Disciplinary Action:</b> Coaching and re-education were completed with the House Manager, DSPs, and QP regarding proper medication management requirements and documentation procedures. Staff were instructed on the mandatory process of obtaining all physician-written medication orders at the time they are issued and ensuring that each order is promptly uploaded into the client's electronic profile. Additional coaching was provided to the House Manager and QP on the importance of reviewing all current medications and the MAR before preparing any typed medication list for physician review and signature, reinforcing accurate transcription, thorough verification, and timely documentation. Staff responsible for medication documentation and uploads were re-educated on the importance of promptly uploading all physician's orders once received into the client's chart and on verifying alignment between MARs, physician orders, and typed medication lists. The QP will complete a secondary accuracy check prior to submitting medication lists to physicians to prevent errors. These disciplinary actions reinforce adherence to established workflow processes and ensure all team members consistently follow each step required to prevent recurrence of documentation errors. All coaching and re-education confirmed completed on 2/12/2026.</p> <p><b>Issues noted: #3(V118)27G .0209 (C) Medication Requirements: The facility failed to ensure MARs were kept current for 2 of 3 audited clients (Client #1 and Client #2). -Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</b></p> <p><b>Corrective Action:</b> Abound Health acknowledges that due to failures in accurately documenting medication administration, the reviewer was unable to determine with certainty whether medications were administered as ordered by the physicians. Errors included typed Abound Health medication lists being submitted and signed with incorrect dosages, as well as physician's orders not being uploaded into client charts upon receipt, resulting in incomplete documentation available during the review. These deficiencies made it difficult for the reviewer to verify adherence to prescribed medication regimens. All missing physician's orders for Client #1 were obtained and uploaded to the client's chart, and this was confirmed completed on 2/12/2026. All missing physician's orders for Client #2 were also obtained and uploaded to the client's chart, and this was confirmed completed on 2/12/2026. A full reconciliation of all orders with corresponding MARs confirmed that the documented medications and dosages matched the physicians' intended orders and that clients did, in fact, receive the correct medications and dosages. Staff responsible for medication documentation have been re-educated on accurate transcription, verification, and the requirement to promptly upload all physician's orders upon receipt to ensure complete and reliable medication records moving forward. All coaching and re-educations were confirmed completed on 2/12/2026.</p>	<p><b>All items associated with V118 have been confirmed completed on 2/12/2026</b></p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/27/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIRGIE BURGESS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>633 HAWTHORNE STREET HUDSON, NC 28638</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
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V 118	<p>Continued From page 6</p> <p>-No documentation of a physician's order for olanzapine prior to 12/10/25.</p> <p>Review on 1/23/26 and 1/26/26 of Client #1's MARs dated 11/1/25-1/23/26 revealed:</p> <ul style="list-style-type: none"> <li>-Topiramate 200 mg 1 and ½ tablets (instead of 100 mg 1 tablet) PO BID was documented from 11/1/25-12/11/25.</li> <li>-Gabapentin 300 mg 1 capsule (instead of 2 capsules) PO at HS was documented from 11/1/25-12/9/25.</li> <li>- Olanzapine was initialed as administered 11/1/25-12/9/25 (without documentation of a physician's order on record).</li> </ul> <p>Review on 1/26/26 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Admission: 1/19/25.</li> <li>-Diagnoses: Intellectual Disability, Moderate; Autism Spectrum Disorder; Generalized Anxiety Disorder; Obsessive Compulsive Disorder.</li> <li>-Physician's orders included oxcarbazepine (anxiety) 150 mg as follows: <ul style="list-style-type: none"> <li>-1 tablet PO BID dated 9/8/25.</li> <li>-2 tablets PO BID dated 11/4/25.</li> <li>-1 tablet PO BID dated 12/2/25.</li> </ul> </li> </ul> <p>Review on 1/23/26 and 1/26/26 of Client #2's MARs dated 11/1/25-1/23/26 revealed:</p> <ul style="list-style-type: none"> <li>-Oxcarbazepine 150 mg continued to be documented as 1 tablet (instead of 2 tablets) PO BID from 11/5/25-12/2/25.</li> </ul> <p>Interview on 1/27/26 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>-"MARs are printed off by the pharmacy."</li> <li>-"When MARs first come in (to the facility), usually I review it, if not, then [Qualified Professional (QP)] or [R review]" the MARs prior care staff for monthly use.</li> </ul>	V 118	<p><b>Issues noted: #3 Continued:</b></p> <p><b>Preventative Measures:</b> To prevent recurrence of medication documentation errors, Abound Health has strengthened oversight and reinforced existing medication documentation procedures to ensure accuracy and compliance. All physician's orders must be uploaded into the client's electronic chart promptly when received, and the House Manager, QP, and DSPs have been coached and re-educated on this requirement. Prior to submitting any typed medication lists to a physician for signature, the QP and House Manager will thoroughly review the current MAR to ensure that all medications, dosages, and frequencies match the most current physician's orders. The QP will also complete a secondary accuracy check on all typed medication lists before sending them to the physician for signatures. The existing workflow for reviewing, verifying, documenting, and uploading medication orders is being reinforced to ensure all staff consistently follow each step as required. Staff have been coached and re-educated on proper medication documentation practices, including reviewing orders for accuracy and ensuring alignment between physician's orders, MARs, and typed medication lists. Confirmed coaching and re-education completed on 2/12/2026.</p> <p><b>Audit Feedback Loop/Quality Assurance:</b> To ensure ongoing compliance and reinforce consistent adherence to existing medication documentation procedures, Abound Health will continue its established quality assurance practices. The QP will conduct monthly medication documentation audits to verify that physician's orders, MARs, and medication records remain complete, accurate, and up-to-date. As part of this process, the QP will complete a monthly MAR Review using the MAR Review Checklist Tool to document findings and ensure thorough oversight. The QP will also review MARs, medications, and physician's orders during quarterly supervisions to ensure continued accuracy and alignment. In addition, the Residential Coordinator and Regional Manager will complete quarterly medication reviews for the next six months to provide additional oversight and ensure that all corrective and preventative measures are being consistently followed and maintained.</p> <p><b>Timetable for Correction:</b> The Residential Coordinator has provided coaching and re-education to the House Manager, QP, and DSPs on all key areas of medication documentation. Staff were coached and re-educated on the requirement to upload all physician's orders promptly once received, the process for thoroughly reviewing MARs before submitting typed medication lists for physician signatures, and the expectation that the QP will perform a secondary accuracy check prior to sending any medication lists for provider review. Staff also received coaching and re-education on proper medication documentation practices, including ensuring accurate alignment between physician's orders, MARs, and typed medication lists. Additionally, staff were coached on reviewing current MARs and comparing them to typed medication lists before sending them for signatures, and on ensuring that all orders obtained from providers are uploaded promptly and accurately. These coaching and re-education efforts reinforce existing procedures and ensure that all team members consistently follow required steps to maintain accuracy and compliance in medication documentation. All coaching and re-education were confirmed completed on 2/12/2026.</p> <p><b>Root Cause:</b> Failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/27/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>VIRGIE BURGESS HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>633 HAWTHORNE STREET HUDSON, NC 28638</b>		
(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 118	<p>Continued From page 7</p> <p>- "I review MARs and sign off on them at the end of the month."</p> <p>Interview on 1/27/26 with the QP revealed: - "MARs are usually pre-printed from [local pharmacy]. The managers and I review the MARs at the end of each month."</p> <p>Interview on 1/27/26 with the Residential Coordinator revealed: - "Sometimes the pharmacy doesn't update the MAR, even if the medications is discontinued. It is still on the MAR again the next month." - Direct care staff were supposed to verify the MAR and medication label match, prior to administering medications. Protocol is posted on the medication cart. - "Staff don't always look (ensure medications match the MAR). The MARs are supposed to be reviewed prior to DSP's (Direct Support Professionals) even using them." - "We review all the MARs and medication orders ... we are supposed to do that each quarter and the QP is supposed to do it each time they are at the facility. The QP is supposed to call the pharmacy to reprint the MARs if they are not right."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118	<p><b>Issues noted: #3 Continued:</b></p> <p><b>Disciplinary Action:</b> Coaching and re-education were completed with the House Manager, DSPs, and QP regarding proper medication management requirements and documentation procedures. Staff were instructed on the mandatory process of obtaining all physician-written medication orders at the time they are issued and ensuring that each order is promptly uploaded into the client's electronic profile. Additional coaching was provided to the House Manager and QP on the importance of reviewing all current medications and the MAR before preparing any typed medication list for physician review and signature, reinforcing accurate transcription, thorough verification, and timely documentation. Staff responsible for medication documentation and uploads were re-educated on the importance of promptly uploading all physician's orders once received into the client's chart and on verifying alignment between MARs, physician orders, and typed medication lists. The QP will complete a secondary accuracy check prior to submitting medication lists to physicians to prevent errors. These disciplinary actions reinforce adherence to established workflow processes and ensure all team members consistently follow each step required to prevent recurrence of documentation errors. All coaching and re-education confirmed completed on 2/12/2026.</p>	

