

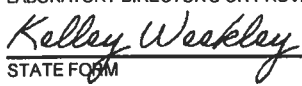
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/09/2026
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NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 2/9/26. The complaint was substantiated (intake #NC00234762). 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center; color: blue; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; color: red; font-size: 1.2em;">MAR 20 2026</p> <p style="text-align: center; color: blue; font-size: 1.2em;">DHSR-MH Licensure Sect</p>	
V 106	<p>27G .0202 (F-I) Personnel Requirements</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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Quality Assurance Manager	(X6) DATE 3/9/26
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V 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(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: Based on record review and interview, the facility failed to ensure 8 of 8 direct care staff (Staff #1, #2, #4, #6, #7, #8, #9, and Former Staff (FS) #3), received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 1/23/26 of Staff #1's personnel file revealed: -Hire date of 7/21/25. -Title of Residential Team Leader. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 1/23/26 of Staff #2's personnel file revealed: -Hire date of 10/6/25. -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 1/20/26 of FS #3's personnel file revealed: -Hire date of 6/24/25. -Termination date of 11/21/25. -Title of Direct Support Professional. -No documentation of training of client specific</p>	V 108	<p>V108-</p> <p>The Regional Manager will complete the Individual Specific Competencies for all staff.</p> <p>QM will email all Group Home Managers the DSP Checklist to use with onboarding staff. The DSP checklist will include Individual Specific Competencies and this will be reviewed at the next GH Managers meeting.</p>	<p>3/13/26</p> <p>3/18/26</p>

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V 108	<p>Continued From page 2</p> <p>MH/DD/SA needs.</p> <p>Review on 2/6/26 of Staff #4's personnel file revealed: -Hire date of 3/11/16. -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 2/6/26 of Staff #6's personnel file revealed: -Hire date of 10/6/25. -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 2/6/26 of Staff #7's personnel file revealed: -Hire date of 10/16/25 -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 2/6/26 of Staff #8's personnel file revealed: -Hire date of 8/11/25. -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Review on 2/6/26 of Staff #9's personnel file revealed: -Hire date of 8/7/25. -Title of Direct Support Professional. -No documentation of training of client specific MH/DD/SA needs.</p> <p>Interview on 2/2/26 with Staff #1 revealed: -Did not receive client specific training. -"You were supposed to read books (client files)</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>and they were not available because the books were outdated."</p> <p>-Was not trained on how to use Client #3's glucometer.</p> <p>Interview on 1/23/26 with Staff #2 revealed: -Did not receive client specific training. -Learned about the needs of the clients from other staff.</p> <p>Interview on 2/2/26 with FS #3 revealed: -Did not receive client specific training. -"I was told one time how to pick up [Client #1]." -Did not know the goal range of Client #3's blood sugar level. -"I watched other staff members" to learn about the needs of the clients.</p> <p>Interview on 1/21/26 with Staff #4 revealed: -Did not receive client specific training.</p> <p>Attempted interview on 2/9/26 with Staff #6, #7, #8, #9 was unsuccessful due to failure to return phone messages prior to survey exit.</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former Qualified Professional (QP) was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/2/26 with the Acting QP revealed: -The Former QP was responsible for providing client specific training for all staff when they were hired. -The Former QP was supposed to fill out a form that was signed by staff to indicate training was completed. -Was unable to locate the client specific training forms that should have been completed by the Former QP.</p>	V 108		

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V 108	Continued From page 4 -Was in the process of providing client specific training to all staff because "I don't know if it has been done." Interview on 2/4/26 with the Regional Manager revealed: -Was unable to locate documentation of the client specific training for all staff working in the facility. -The Former QP was responsible for providing person specific training. -Did not know if the Former QP had provided person specific training since there was no documentation. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109).	V 108			
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge;	V 109			

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V 109	<p>Continued From page 5</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 Qualified Professionals (QP) (Former QP) failed to demonstrate the knowledge, skills and abilities to meet the needs of clients. The findings are:</p> <p> </p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to ensure 8 of 8 direct care staff (Staff #1, #2, #4, #6, #7, #8, #9, and Former Staff (FS) #3, received training to meet the MH/DD/SA needs of the clients.</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112).</p> <p>Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the individual needs of the clients affecting 1 of 3 audited clients (Client #3).</p> <p>Review on 2/5/26 of the Former QP's personnel file revealed: -Hire Date of 12/17/24. -Separation date of 1/8/26. -Job title of QP. -Job Description signed on 12/17/24 by the Former QP: -"Coordinates services and assures person-centeredness in all aspects of the service planning process. -Develops holistic, integrated, goals and interventions relevant to each Resident's need. -Responsible for updating and maintaining medical record specific to all clinical components of Residents needs/services. -Reviews and approves documentation submitted by direct support staff. -Works collectively with group home manager, agency supports, and program director to ensure Residents needs are met in compliance with agency and regulator standards. -Supports and assists the Residential manager in emergency or crisis situations ... -Supports and assists the Residential manager in clinically relevant communications to guardians, direct support staff, care manager, community partners, and other agencies serving the Resident."</p> <p>Interview on 2/2/26 with Staff #1 revealed: -The Former QP "was not a good supervisor and did not stay on top of staff and make sure things</p>	V 109	<p>V109- The Regional Manager will complete the Individual Specific Competencies for all staff.</p> <p>QM will email all Group Home Managers the DSP Checklist to use with onboarding staff. The DSP checklist will include Individual Specific Competencies and this will be reviewed at the next GH Managers meeting.</p> <p>The Regional Manager will update Client #3s PCP to reflect strategies for each goal. A goal and strategy will be implemented for blood sugar checks as well.</p>	<p>3/13/26</p> <p>3/18/26</p> <p>3/5/26</p>

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V 109	<p>Continued From page 7</p> <p>are being documented the way they are supposed to."</p> <p>-The Former QP did not check to ensure that staff were properly documenting medication administration and blood sugar checks and did not follow up with staff when there was no documentation.</p> <p>-Told the Former QP that Client #3's glucometer was not working "for a long while" (date unknown), but the Former QP did not ensure a glucometer was available.</p> <p>Interview on 1/23/26 with Staff #2 revealed:</p> <p>-The Former QP was "unorganized."</p> <p>-The Former QP did not ensure the client records were complete and contained current physician's orders.</p> <p>-The Former QP did not ensure updated paper Medication Administration Records (MARs) were available when the electronic MAR was not working.</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former QP was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/2/26 with the Acting QP revealed:</p> <p>-The Former QP was responsible for ensuring paper MARs were available each month in case the electronic MAR was not working.</p> <p>-The Former QP was responsible for ensuring staff completed all documentation.</p> <p>Interview on 2/4/26 with the Regional Manager revealed:</p> <p>-The Former QP served in a dual role acting as the facility's QP and Residential Manager.</p> <p>-The Former QP was responsible for monitoring the MARs.</p> <p>-"Assumed" the Former QP was reviewing staff</p>	V 109		

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V 109	Continued From page 8 documentation for completeness. -Was in the process of "trying to fix stuff (ensuring staff completed all documentation) going forward." -The Former QP was responsible for ensuring equipment such as glucometers and medications were available in the facility as needed. -Client #1 ran out of Boost (nutritional supplement) because the Former QP failed to order it from the pharmacy. -Had to purchase a glucometer for Client #3 because the Former QP had not ensured a working glucometer was available. -The former QP was disorganized, and she was unable to locate documentation that should have been completed by him.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and	V 112		

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V 112	<p>Continued From page 9</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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies to meet the individual needs of the clients affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 1/20/26 of Client #3's record revealed: -Admission date of: 5/2/24. -Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy, Diabetes. -Treatment Plan dated 8/1/25: -Goals for dressing, education activities, wiping mouth and completing arm exercises, but no strategies for the goals. -Did not include a goal or strategy to address completing blood sugar checks. -Physician's Order dated 5/5/25: "Please check [Client #3's] blood sugar fasting daily in the mornings prior to eating breakfast for his diabetes. Goal blood sugar is to have this under 130."</p> <p>Review on 1/23/26 of Client #3's blood sugar log from 10/25/25 to 1/20/26 revealed:</p>	V 112	<p>V112- The Regional Manager will update Client #3s PCP to reflect strategies for each goal. A goal and strategy will be implemented for blood sugar checks as well.</p>	3/5/26

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V 112	<p>Continued From page 10</p> <p>-Blood sugar was recorded on only 10 days: 11/21/25, 11/22/25, 12/10/25, 12/11/25, 1/3/26, 1/6/26, 1/10/26, 1/11/26, 1/16/26, 1/23/26.</p> <p>Interview on 1/20/26 with Client #3 revealed: -Did not know what his goals and strategies were. -Staff "sometimes" assisted with blood sugar checks.</p> <p>Interview on 2/2/26 with Staff #1 revealed: -Staff were not assisting Client #3 with checking his blood sugar daily. -Client #3 required assistance to prick his finger. -Staff were not trained how to use Client #3's glucometer. -Blood sugar checks were supposed to be completed before breakfast which would be on 3rd shift. -"Some staff said that he (Client #3) will fight you, other staff has had no problem." -Had not ever checked Client #3's blood sugar. -"I'm not sure (if Client #3 had goals regarding checking his blood sugar). [Staff #4] does most of his (Client #3) notes (goals)."</p> <p>Interview on 1/23/26 with Staff #2 revealed: -Client #3 did not like to get his blood sugar checked. -Sometimes Client #3 refused to have his blood sugar checked. -Client #3's blood sugar was supposed to be checked after breakfast and recorded on the blood sugar log. -Was not familiar with Client #3's goals and strategies since Staff #4 usually worked with him.</p> <p>Interview on 2/2/26 with FS #3 revealed: -Worked 11pm to 7am from July 2025 to October 2025 and then worked 7am to 2pm until 11/21/25. -Did not know if blood sugar level checks were</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>completed for client #3.</p> <ul style="list-style-type: none"> -Did not know when Client #3's blood sugar was supposed to be checked. -Never checked Client #3's blood sugar. -"I have never seen them (staff) check it (Client #3's blood sugar level). If they did, I was not around." -Client #3 did not have goals or strategies related to diabetes or his blood sugar level checks. <p>Interview on 1/21/26 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -Typically worked with Client #3 and Client #5. -Client #3 had "physical" goals such as completing arm stretches. -Did not know if there were strategies for the goals. -Client #3 did not like to have his finger pricked for blood sugar checks. -Did not know if blood sugar was completed daily. -Did not know if Client #3 had a goal and strategies related to checking his blood sugar. <p>Attempted interview on 2/2/26 and 2/5/26 with the Former Qualified Professional (QP) was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/2/26 with the Acting QP revealed:</p> <ul style="list-style-type: none"> -Had been acting as the QP for the facility for about 2 to 3 weeks. -The Former QP was responsible for completing the treatment plan. -Did not know why Client #3's goals did not have strategies. -Did not know why Client #3 did not have a goal and strategies to address blood sugar. <p>Interview on 2/4/26 with the Regional Manager revealed:</p> <ul style="list-style-type: none"> -There should have been strategies in Client #3's 	V 112		

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NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 112	Continued From page 12 treatment plan for each of his goals. -Staff were not checking and documenting Client #3's blood sugar daily. -Client #3 did not like to have his finger pricked to check his blood sugar. -Goals and strategies to address Client #3's diabetes and blood sugar checks "should have been in the treatment plan." -The Former QP was responsible for developing the treatment plan. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109).	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (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: Based on record review and interview, the facility failed to complete fire and disaster drills at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 1/20/26 of the facility's records revealed: -1st quarter (January, February, March) 2025: There were no fire or disaster drills conducted during the quarter. -2nd quarter (April, May, June) 2025: There were no disaster drills conducted and no 2nd or 3rd shift fire drills conducted. -4th quarter (October, November, December) 2025: There was no disaster drill conducted on 3rd shift.</p> <p>Interview on 1/20/26 with Client #1 was unsuccessful because she refused to answer questions related to fire drills.</p> <p>Interview on 1/20/26 with Client #2 revealed: -Participated in fire and disaster drills. -Did not know how often drills were conducted. -The meeting space for a fire drill was the driveway.</p> <p>Interview on 1/20/26 with Client #3 revealed: -Participated in fire and disaster drills. -Did not know how often drills were conducted. -Went "outside" during a fire drill.</p> <p>Interview on 1/20/26 with Client #4 revealed: -Participated in fire and disaster drills. -Drills had not been conducted "recently." -"The last fire drill was in November 2025 (unknown shift)." -Went into the bathroom for a tornado drill. -Did not know when the last tornado drill was</p>	V 114	<p>V114- QM will complete a drill training for staff to include the use of a drill schedule.</p>	3/6/26

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V 114	<p>Continued From page 14</p> <p>conducted.</p> <p>Interview on 1/20/26 with Client #5 revealed: -Fire and disaster drills were not completed at the facility.</p> <p>Interview on 2/2/26 with Staff #1 revealed: -Worked 1st shift, 7am to 3pm Monday through Friday. -Had never conducted a fire or disaster drill. -"I think [Former (Qualified Professional (QP)) has done a couple (fire and disaster drills)." -Drills were completed from July 2025 to January 2026 by staff and should have been filed in the log book, but did not know if drills were completed prior to July 2025.</p> <p>Interview on 1/23/26 with Staff #2 revealed: -Worked 7am to 7pm on the weekends. -Had not had a drill on her shift. -Did not know how to conduct a fire or disaster drill.</p> <p>Interview on 2/2/26 with FS #3 revealed: Worked 3rd shift, 11pm to 7am from July 2025 to October 2025 and then worked 1st shift, 7am-3pm, until 11/21/25. -Conducted one fire drill between July 2025 and November 2025. -Did not know how often drills were conducted.</p> <p>Interview on 1/21/26 with Staff #4 revealed: -Worked 8am to 2pm. -Had not participated in any fire or disaster drills.</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former QP was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/2/26 with the Acting QP revealed:</p>	V 114		

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V 114	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Could not locate the drills for the first two quarters of 2025. -Drills should have been completed monthly on each shift. -Had implemented a calendar to ensure drills would be conducted going forward. <p>Interview on 2/4/26 with the Regional Manager revealed:</p> <ul style="list-style-type: none"> -The facility operated on a three-shift schedule. Shifts were 7am-3pm, 3pm-11pm, and 11pm-7am. -Fire and disaster drills should have been conducted once per month, a different shift each month. -The Former QP was responsible for ensuring staff conducted fire and disaster drills. -Was unable to locate documentation from the Former QP. -Was working on "having everything (documentation) in place" going forward. 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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>	V 118		

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V 118	<p>Continued From page 16</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> <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><i>2/27/26</i></p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and ensure the MARs were kept current affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V121). Based on record review and interview, the facility failed to obtain drug regimen reviews every six months for 1 of 3 audited clients (#1) who received psychotropic drugs.</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V123). Based on record review and interview, the facility failed to ensure drug administration errors were</p>	V 118	<p>V118-</p> <p>The Regional RN will complete a medication administration training for staff.</p>	2/27/26

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V 118	<p>Continued From page 17</p> <p>reported immediately to a physician or pharmacist for 2 of 3 audited clients (#1 and #3).</p> <p>Review on 1/21/26 of Client #1's physician's orders revealed:</p> <ul style="list-style-type: none"> -10/27/25: Align (Probiotic) 4mg (milligram) Take one capsule by mouth every day at 8am. -10/27/25: Baclofen (Muscle relaxant) 10mg Take one tablet by mouth twice daily at 9am and 9pm. -10/27/25: Cranberry (Nutrition) 450mg Take one tablet by mouth every day at 9am. -10/27/25: Famotidine 20mg Take one tablet by mouth at bedtime at 8pm for GERD (Gastroesophageal Reflux Disease). -10/27/25: Fluticasone (Allergies) 50MCG (microgram) Instill one Spray into each nostril twice daily at 9am and 9pm. -10/27/25: Gabapentin (Nerve pain) 300mg Take one capsule by mouth twice daily at 8:30am and 1:30pm. -10/27/25: Gabapentin (Nerve pain) 300mg Take two capsules by mouth every night at bedtime at 9pm. -10/27/25: Vitamin D3 1000U (unit) (Nutrition) Take one tablet by mouth every morning at 9am. -10/27/25: Levocetirizine (Allergies) 5mg Take one tablet by mouth every evening at 8pm. -10/27/25: Montelukast (Allergies) 10mg Take one tablet by mouth every night at bedtime at 9pm. -10/27/25: Omeprazole (GERD) 40mg Take one capsule by mouth every day at 8am. -10/27/25: Prucalopride (Constipation) 2mg Take one tablet every day at 8am. Crush tablet and Mix with applesauce for constipation. -10/27/25: Silodosin (Relaxation of bladder) 4mg Take one capsule by mouth every day at 9am. -10/27/25: Vitamin C (Nutrition) 500mg Take one tablet by mouth every morning at 9am. <p>Review on 1/21/26 of Client #1's Electronic</p>	V 118	<p>V118-</p> <p>The Regional RN will complete a medication administration training for staff.</p> <p>The Regional Manager will contact the pharmacy to ensure 6-month drug reviews are scheduled. The Regional Manager will, also, have the 6-month drug reviews emailed directly to her to upload into the Clients EHR.</p> <p>QM will provide Incident Report training to include contacting the Physician or Pharmacist when a medication error occurs. The training will, also, include documenting the Physician or Pharmacists name and guidance given by the Physician or Pharmacist in the 'For Med Error: Physician/Pharmacist Name, Guidance Received, Med. Name, Dosage.' section of the Incident Report.</p>	<p>2/27/26</p> <p>3/13/26</p> <p>3/6/26</p>

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V 118	<p>Continued From page 18</p> <p>Medication Administration Record (EMAR) from 11/1/25 to 1/21/26 revealed:</p> <ul style="list-style-type: none"> -There were no initials for administration of medication on the following dates: -Align 4mg 12/19/25, 12/26/25. -Baclofen 10 mg 1/11/26 pm, 1/17/26 pm, 12/19/25 am, 12/26/25 am, 12/16/25 pm, 12/18/25 pm, 11/6/25 pm 11/26/25 pm. -Boost Liquid Very Vanilla 12/19/25, 12/26/25. - Clindamycin-Bnz Perox 1.2-5% Gel 1/11/26, 1/17/26, 12/16/25, 12/18/25, 11/6/25, 11/26/25 -Cranberry 450 12/19/25, 12/26/25. -Famotidine 20mg 12/19/25, 12/26/25, 11/6/25, 11/26/25. -Fluticasone 50MCG 12/15/25 am, 12/19/25 am, 12/19/25 pm, 12/26/25 pm, 11/6/25 pm, 11/26/25 pm. -Gabapentin 300mg 1 cap 2 times daily 12/19/25 am, 12/26/25 am, 12/18/25 midday, 12/19/25 midday, 11/4/25 midday, 11/7/25 midday. -Gabapentin 300mg 2 caps at bedtime 1/11/26, 1/17/26, 12/16/25, 12/18/25, 11/6/25, 11/26/25. -Vitamin D3 1000U 12/19/25, 12/26/25. -Levocetirizine 5mg 1/11/26 and 1/17/26. -Montelukast 10mg 1/11/26, 1/17/26, 12/16/25, 12/18/25, 11/6/25, 11/26/25. -Omeprazole 40mg 1/6/26, 12/19/25, 12/26/25. -Prucalopride 2mg 12/19/25, 12/26/25. -Sertraline 25mg 1/11/26, 1/17/26, 12/16/25, 12/18/25, 11/6/25, 11/26/25. -Silodosin 4mg 12/19/25, 12/26/25. -Trazodone 100mg 1/11/26, 1/17/26, 12/16/25, 12/18/25, 11/6/25, 11/26/25. -Vitamin C 500 mg 12/19/25, 12/26/25, 12/16/25, 12/26/25. <p>Review on 1/21/26 of Client #3's physician's orders revealed:</p> <ul style="list-style-type: none"> -11/4/25: Clindamycin-Bnz Perox 1-5% (Acne) Gel Apply to the affected area(s) every day. 	V 118		

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V 118	<p>Continued From page 19</p> <ul style="list-style-type: none"> -11/4/25: Eucerin Advance Repair Cream Apply to the affected area(s) every morning at 8am for Xerosis. -11/4/25: Ketoconazole 2% 60gm (gram) Cream Apply to the affected area(s) every morning at 8am for Seborrheic Dermatitis. -11/4/25: Lacosamide (Epilepsy)100mg Take one tablet by mouth twice daily at 8am and 8pm. -11/4/25: Metformin (Diabetes) 500mg Take one tablet by mouth every day at 7pm. -11/4/25: Pravastatin Sodium (Cholesterol) 40mg Tale one tablet by mouth every day at 8am. -11/4/25: Triamcinolone (Seborrheic Dermatitis) 0.025% Cream Apply thin layer topically to affected area(s) twice daily at 8a and 8pm. <p>Review on 1/21/26 of Client 3's EMAR from 11/1/25 to 1/21/26 revealed:</p> <ul style="list-style-type: none"> -Hydrocortisone was applied daily from 12/15/25 to 1/20/25 without taking 1 week off after every 2 weeks. -There were no initials for administration of medication on the following dates: -Clindamycin-Bnz Perox 1-5% Gel 12/18/25, 12/19/25, 11/26/25. -Eucerin Advance Repair Cream 12/19/25. -Ketoconazole 2% 60gm Cream 12/19/25. -Lacosamide 100mg 12/18/25 pm, 12/19/25 am, 11/26/25 pm. -Metformin 500mg 12/18/25, 11/26/25. -Pravastatin Sodium 12/19/25. -Triamcinolone 0.025% Cream 12/18/25 pm, 12/19/25 am. <p>Review on 1/23/25 of the facility's records from 11/1/25 to 1/21/26 revealed:</p> <ul style="list-style-type: none"> -There were no paper MARs in the facility. <p>Interview on 1/20/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Denied missing any medications in the past year. 	V 118		

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V 118	<p>Continued From page 20</p> <p>-Refused to answer additional questions regarding medications.</p> <p>Interview on 2/9/26 with Client #3 revealed: -Denied missing any of his medications. -Denied having any dry/flaky skin or other problems when his Hydrocortisone was applied more than 2 consecutive weeks without a week off.</p> <p>Interview on 2/2/26 with Staff #1 revealed: -Staff were responsible for documenting in the EMAR when they administered medications. -The Former Qualified Professional (QP) did not "stay on top of staff" to make sure they were documenting when medications were administered.</p> <p>Interview on 1/23/26 with Staff #2 revealed: -Staff were responsible for documenting in the EMAR when they administered medications. -The EMAR "crashed a lot." -When the EMAR crashed it would not show that staff had signed off on medications when they administered them. -A paper MAR was not available when the EMAR was not working. -The Former QP was responsible for ensuring that paper MARs were available if the EMAR was not working.</p> <p>Interview on 2/2/26 with FS #3 revealed: -Blanks on the EMAR meant the medications were not administered. -Did not have problems with the EMAR not working.</p> <p>Interview on 1/21/26 with Staff #4 revealed: -Denied knowledge of any medication errors.</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>Interview on 1/23/26 with the Registered Nurse (RN) revealed:</p> <ul style="list-style-type: none"> -Staff were responsible for documenting in the EMAR when they administered medications. -Did not know why there were blanks on the EMAR where staff should have initialed that medications were administered. -Staff's excuse for not signing the EMAR was that the laptop was dead. -2 laptops and a charger were available for use for medication administration. -Staff could have documented medication administration on a paper MAR. -Staff did not utilize a paper MAR. -"I don't have the prescriptions (physician's orders) so I didn't catch [Client #3's] Hydrocortisone" was being applied continuously rather than taking a week off after every 2 weeks. -Looked at the exception reports in the EMAR, but did not look at the MAR monthly. <p>Attempted interview on 2/2/26 and 2/5/26 with the Former QP was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/2/26 with the Acting QP revealed:</p> <ul style="list-style-type: none"> -"I don't check the EMAR that is the nurse's (RN) responsibility." -The backup plan for the computer not working was to use a paper MAR. -The paper MARs should have been kept current and should have been in the client record and in the MAR log book. -The Former QP and the RN were responsible for ensuring that a paper MAR was available. <p>Interview on 2/4/26 with the Regional Manager revealed:</p> <ul style="list-style-type: none"> -All clients medications were administered. "They will let you know if they don't (get their 	V 118		

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V 118	<p>Continued From page 22</p> <p>medications)."</p> <p>-Did not know why the staff were not documenting in the EMAR when they administered the medications.</p> <p>-"I don't usually deal with the meds (medications) here (at the facility)."</p> <p>-It was the responsibility of the Former QP and the RN to monitor MARs.</p> <p>-"I am trying to fix stuff (documentation problems) going forward."</p> <p>-The Former QP "assumed" that staff were documenting correctly on the MAR.</p> <p>Interview on 2/5/26 with the Pharmacist revealed:</p> <p>-It was important for staff to administer all medications as ordered.</p> <p>-Applying Client #3's Hydrocortisone without taking a week off every two weeks could cause dry skin or thinning of the skin in the area where it was applied.</p> <p>Review on 2/9/26 of the written plan of protection dated and signed by the Senior Quality Management (QM) Specialist on 2/9/26 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>-Psychotropic Med (Medication) reviews every 6 months.</p> <p>The Pharmacy/Behavioral Health provider completes these. GH (Group Home) Manager (QP) will reach out to the provider a month prior to the 6 month review to schedule this. Effective 2/9/26</p> <p>-Med (Medication) errors reported to pharmacy or physician.</p> <p>Text communication to all staff by the GH Manager (QP) regarding this requirement. QM schedule an incident report training prior to 2/29/26 to review this.</p> <p>-Meds (Medications) administered according to</p>	V 118		

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V 118	<p>Continued From page 23</p> <p>the physician order. GH Manager (QP) will observe med administration to ensure proper administration for each shift. Effective 2/10/26</p> <p>-MARs kept up to date Text communication to all staff by the GH Manager (QP) regarding this requirement. This will also be observed and coached at the shift change. Effective 2/9/26</p> <p>-Describe your plans to make sure the above happens. -Psychotropic Med (Medication) reviews every 6 months. RN will review Psychotropic scheduled review at the monthly audits to ensure compliance.</p> <p>-Med (Medication) errors reported to pharmacy or physician. QM schedule an incident report training prior to 2/29/26 and documentation of Pharmacy/Physician contact in the Electronic Health record incident report requirement.</p> <p>-Meds (Medications) administered according to the physician order. QM schedule an incident report training prior to 2/29/26 and documentation of med error -if not administered correctly.</p> <p>-MARs kept up to date GH Manager (QP) will review MARS daily to ensure they are being completed.</p> <p>-Staff will complete mandatory Med admin (administration) training with the RN prior to 2/29/26.</p> <p>Topics: Reporting requirements (Physician/Pharmacy) Medication administration instruction review MAR documentation Notification of med (medication) reorder"</p> <p>This deficiency has been cited 4 times since the original cite on 11/15/23.</p>	V 118		

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V 118	Continued From page 24 Client #1 was diagnosed with Cerebral Palsy; Quadriplegia; Right Hemiparesis Secondary to Cervical Spine Injury; Major Depressive Disorder, Recurrent; Attention Deficit Hyperactivity Disorder; and Adjustment Disorder with Depressed Mood. Client #3 was diagnosed with Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy, and Diabetes. Client #1's MAR was missing staff initials to indicate administration for 75 doses involving 17 medications during a 3 month period. Client #2's MAR was missing staff initials to indicate administration for 13 doses involving 7 medications during a 3 month period. Client #3 received Hydrocortisone daily for 35 days without taking a week off every two weeks as ordered. Medication errors for both clients were not reported to the pharmacist or physician. Client #1's psychotropic medications were not reviewed every 6 months by a pharmacist or physician. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.	V 121		

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V 121	<p>Continued From page 25</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain drug regimen reviews every six months for 1 of 3 audited clients (#1) who received psychotropic drugs. The findings are:</p> <p>Review on 1/20/26 of Client #1's record revealed: -Admission date of 5/23/19. -Diagnoses of Cerebral Palsy; Quadriplegia; Right Hemiparesis Secondary to Cervical Spine Injury; Major Depressive Disorder, Recurrent; Attention Deficit Hyperactivity Disorder; Adjustment Disorder with Depressed Mood. -Physician's orders dated 1/21/25 and 10/27/25 Sertraline (Depression) 25mg (milligrams) Take 1 tablet by mouth at bedtime. -Physician's orders dated 12/2/24, 7/15/25, and 10/27/25 Trazodone (Depression) 100mg Take 1 tablet by mouth every night at bedtime.</p> <p>Review on 1/21/26 and 2/5/26 of Client #1's MARs from 8/1/25 to 1/21/26 revealed: -Sertraline and Trazadone were listed and initialed by staff as being administered.</p> <p>Review on 2/5/26 of the facility's records revealed: -No documentation that drug regimen reviews were completed every 6 months.</p> <p>Interview on 1/23/26 with the Registered Nurse (RN) revealed:</p>	V 121	<p>V121- The Regional Manager will contact the pharmacy to ensure 6-month Drug reviews are scheduled. The Regional Manager will, also, have the 6month Drug Reviews emailed directly to her to upload into the Clients EHR.</p>	3/13/26

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V 121	Continued From page 26 -Did not know if drug regimen reviews were completed every 6 months. -Did not know who was responsible for scheduling drug regimen reviews. Attempted interview on 2/2/26 and 2/5/26 with the Former Qualified Professional (QP) was unsuccessful due to his failure to return phone messages prior to survey exit. Interview on 2/2/26 with the Acting QP revealed: -Did not know how often drug regimen reviews were completed. -Did not know where to find documentation of drug regimen reviews. Interview on 2/9/26 with the Regional Manager revealed: -Was not able to locate any drug regimen reviews for Client #1 except the one completed on 1/18/26. -Usually the pharmacy scheduled the reviews. -The RN was responsible for ensuring the drug regimen reviews were completed every 6 months. This deficiency is cross referenced into 10 A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 and must be corrected within 23 days.	V 121			
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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V 123	<p>Continued From page 27</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 review and interview, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist for 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Review on 1/20/26 of Client #1's record revealed: -Admission date of 5/23/19. -Diagnoses of Cerebral Palsy; Quadriplegia; Right Hemiparesis Secondary to Cervical Spine Injury; Major Depressive Disorder, Recurrent; Attention Deficit Hyperactivity Disorder; Adjustment Disorder with Depressed Mood. -Physician's Order dated 9/16/25: Boost Liquid (nutrition) Take 118ml (milliliter) (1/2 bottle) by mouth daily. -Physician's Order dated 10/27/25: Clindamycin-Bnz Perox Gel 1.2-5% (acne) Apply to the affected area every day at 9pm.</p> <p>Review on 1/21/26 of Client #1's MAR from 11/1/25 to 1/21/26 revealed: -Boost was documented as "not available" on 1/6/26, 1/4/26, 1/3/26, 12/28/25, 12/27/25. -Clindamycin-Bnz Perox 1.2-5% Gel documented as refused 1/9/26, 1/6/26, 1/15/26, 11/1/25, 11/5/25, 11/24/25.</p> <p>Review on 1/20/26 of Client #3's record revealed: -Admission date of 5/2/24.</p>	V 123	<p>V123-</p> <p>The Regional RN will complete a medication administration training for staff.</p> <p>QM will provide Incident Report training to include contacting the Physician or Pharmacist when a medication error occurs. The training will, also, include documenting the Physician or Pharmacists name and guidance given by the Physician or Pharmacist in the 'For Med Error: Physician/Pharmacist Name, Guidance Received, Med. Name, Dosage:' section of the Incident Report.</p>	<p>2/27/26</p> <p>3/6/26</p>

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V 123	<p>Continued From page 28</p> <p>-Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy, Diabetes.</p> <p>-Physician's Order dated 11/14/25: Hydrocortisone 2.5% Cream Apply to the Affected area(s) Twice daily at 8am and 8pm for rash/flaky/ Seborrheic Dermatitis. Use for one to two weeks on, then one week off. Repeat cycle as needed.</p> <p>Review on 1/21/26 of Client 3's MAR from 11/1/25 to 1/21/26 revealed: -Hydrocortisone 2.5% Cream was documented as "not available" on 11/1/25 8am and 8pm, 11/2/25 8am, 11/7/25 8pm, 11/10/25-11/16/25 8pm, 11/18/25-11/20/25 8pm, 11/21/25 8am, 11/23/25-11/25/25 8pm, 11/28/25-11/30 8pm, 11/29/25-11/30/25 am, 12/2/25-12/5/25 8pm, 12/8/25 8am, 12/10/25 8am, 12/7/25-12/10/25 8pm. -Hydrocortisone 2.5% Cream was being applied daily from 12/15/25 to 1/20/26 without taking 1 week off after every 2 weeks.</p> <p>Review on 1/21/25 of the facility's records revealed: -No documentation of the following medication errors being reported to the pharmacy or pharmacist: -Client #1's Boost not being available on 1/6/26, 1/4/26, 1/3/26, 12/28/25, 12/27/25. -Client #1's refusal of Clindamycin-Bnz Perox on 1/9/26, 1/6/26, 1/15/26, 11/1/25, 11/5/25, 11/24/25. -Client #3's Hydrocortisone not being available on 11/1/25 8am and 8pm, 11/2/25 8am, 11/7/25 8pm, 11/10/25-11/16/25 8pm, 11/18/25-11/20/25 8pm, 11/21/25 8am, 11/23/25-11/25/25 8pm, 11/28/25-11/30 8pm, 11/29/25-11/30/25 am, 12/2/25-12/5/25 8pm, 12/8/25 8am, 12/10/25</p>	V 123		

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V 123	<p>Continued From page 29</p> <p>8am, 12/17/25-12/10/25 8pm.</p> <ul style="list-style-type: none"> - Client #3's Hydrocortisone was being applied daily from 12/15/25 to 1/20/26 without taking 1 week off after every 2 weeks. <p>Interview on 1/20/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Denied missing any medications during the past year. -Did not want to answer any additional questions about medications. <p>Attempted interview on 2/9/25 with Client #1 was unsuccessful because she not want to talk to the surveyor.</p> <p>Interview on 2/9/26 with Client #3 revealed:</p> <ul style="list-style-type: none"> -His rash got worse when he did not receive Hydrocortisone. -Denied having any dry/flaky skin or other problems when his Hydrocortisone was applied more than 2 consecutive weeks without a week off. <p>Interview on 2/2/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Missed medications and refusals were considered medication errors. -Staff were supposed to call the pharmacy for all medication errors. -"None of the staff who knew who to get into contact with (when medications were unavailable)." -The number for the pharmacy was not posted. <p>Interview on 1/23/26 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Sometimes clients ran out of medications because the pharmacy didn't send them. -Told the Former Qualified Professional (QP) when medications were missing or unavailable. -Reported medication errors to the Former QP. -Did not know if the Former QP notified a 	V 123		

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V 123	<p>Continued From page 30</p> <p>pharmacist or physician of medication errors.</p> <p>Interview on 1/23/26 with the facility's Registered Nurse (RN) revealed: -Staff were supposed to report to the RN and the physician if there is a "pattern of refusal..... If it is a one time thing" a report was not required. -"I didn't have the prescriptions, so I didn't catch [Client #3's] Hydrocortisone" was not being administered as ordered. -Did not know if Client #1's medication refusals had been reported to the pharmacist or physician. -Did not know if Client #1's missed Boost or Client #2's missed Hydrocortisone had been reported to the pharmacist or physician.</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former QP was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/9/26 with the Regional Manager revealed: -Staff were responsible for notifying the pharmacy and the Former QP when medication errors occurred. -The pharmacy or physician was not made aware of medication errors.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (c) Medication Administration (V118) for a Type A1 and must be corrected within 23 days.</p>	V 123		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>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</p>	V 291		

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V 291	<p>Continued From page 31</p> <p>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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain coordination between the facility operator and the professionals responsible for the client's treatment affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Finding #1:</p>	V 291		

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V 291	Continued From page 32 Review on 1/20/26 of Client #1's record revealed: -Admission date of 5/23/19. -Diagnoses of Cerebral Palsy; Quadriplegia; Right Hemiparesis Secondary to Cervical Spine Injury; Major Depressive Disorder, Recurrent; Attention Deficit Hyperactivity Disorder; Adjustment Disorder with Depressed Mood. -Physician's Order dated 9/16/25: Boost Liquid (nutrition) Take 118ml (1/2 bottle) by mouth daily. Review on 1/21/26 of Client #1's MAR from 11/1/25 to 1/21/26 revealed: -Boost was documented as "not available" on 1/6/26, 1/4/26, 1/3/26, 12/28/25, 12/27/25. Review on 1/20/26 of Client #3's record revealed: -Admission date of: 5/2/24. -Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy, Diabetes. -Physician's Order dated 11/14/25: Hydrocortisone 2.5% Cream Apply to the Affected areas(s) Twice daily at 8am and 8pm for rash/flaky/ Seborrheic Dermatitis. Use for one to two weeks on, then one week off. Repeat cycle as needed. -Physician's Order dated 5/5/25: "Please check [Client #3's] blood sugar fasting daily in the mornings prior to eating breakfast for his diabetes. Goal blood sugar is to have this under 130." Review on 1/21/26 of Client 3's MAR from 11/1/25 to 1/21/26 revealed: -Hydrocortisone 2.5% Cream was documented as "not available" on 11/1/25 8am and 8pm, 11/2/25 8am, 11/7/25 8pm, 11/10/25-11/16/25 8pm, 11/18/25-11/20/25 8pm, 11/21/25 8am, 11/23/25-11/25/25 8pm, 11/28/25-11/30/25 8pm, 11/29/25-11/30/25 8am, 12/2/25-12/5/25 8pm,	V 291	V291- The Regional Manager will review Coordination of Care with staff. The Regional RN will review proper blood sugar documentation with staff, as well as, how to reorder medications through QuickMAR.	3/6/26 2/27/26

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V 291	<p>Continued From page 33</p> <p>12/8/25 8am, 12/10/25 8am, 12/17/25-12/20/25 8pm.</p> <p>Interview on 2/2/26 with Staff #1 revealed: -Medications were documented as unavailable on the MAR when they were not in the facility. -It was the Former QP's responsibility to order medications when needed. -Told the Former QP when medications were not available. -"None of the staff who knew who to get into contact with (when medications were unavailable)." -The number for the pharmacy was not posted. -Did not know if Client #1 had any negative effects for missing her boost when it was not available. -Did not know if there was a change in Client #3's rash when his Hydrocortisone was unavailable.</p> <p>Interview on 1/23/26 with Staff #2 revealed: -The facility sometimes ran out of medications because the pharmacy didn't send them. -Told the Former QP when medications were not available. -It was the Former QP's responsibility to order medications. -Did not know if Client #1 was affected by not receiving Boost during the time it was unavailable. -Did not notice any difference in Client #3's rash when his Hydrocortisone was unavailable.</p> <p>Interview on 1/23/26 with the Registered Nurse (RN) revealed: -"Medication unavailable" documented on the MAR means the pharmacy didn't send it. -Staff were supposed to let the Former QP know when a client was running low on a medication so that it could be reordered.</p>	V 291		

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V 291	<p>Continued From page 34</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former Qualified Professional (QP) was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 2/9/26 with the Regional Manager revealed:</p> <ul style="list-style-type: none"> -Staff were responsible for notifying the Former QP when medications were running low and the Former QP was responsible for ordering the medications. -Was not aware that Client #1 did not have Boost available and Client #3 did not have Hydrocortisone available. -Was not aware of any negative effects of Client #1 and Client #3 missing their medications. -The pharmacy or physician was not made aware of missed medications. <p>Interview on 2/5/26 with the Pharmacist revealed:</p> <ul style="list-style-type: none"> -Client #1's order for Boost was received on 9/17/25 and was sent to the facility. -The facility had enough Boost to last through the end of November 2025. -Was notified by unknown facility staff that Client #1 was not taking Boost every day so none was needed when the cycle medications were delivered for December. -Boost was not ordered again until 1/5/26. -Boost was needed as a meal supplement. -Client #3's Hydrocortisone was sent to the facility on 8/13/25. -Hydrocortisone was not reordered by the facility until 12/10/25. -Client #3 would be prone to increased rashes if he did not apply the Hydrocortisone as ordered. <p>Finding #2:</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2026
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NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205
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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 291	<p>Continued From page 35</p> <p>Review on 1/23/26 of Client #3's blood sugar log from 10/25/25 to 1/20/26 revealed:</p> <ul style="list-style-type: none"> -11/21/25 104 -11/22/25 117 -12/10/25 315 -12/11/25 310 -1/3/26 176 -1/6/26 160 -1/10/26 218 -1/11/26 137 -1/16/26 181 -1/23/26 239 <p>-No other dates were documented.</p> <p>Observation on 1/21/26 at approximately 1pm of the facility's medication closet revealed:</p> <ul style="list-style-type: none"> -Client #3's glucometer, test strips, and lancets were in his medication bin. <p>Interview on 1/20/26 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Completed blood sugar level checks with staff assistance "sometimes," but not every day. <p>Interview on 2/2/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Staff were not assisting Client #3 with checking his blood sugar daily. -Blood sugar checks were supposed to be completed before breakfast which would be on 3rd shift. -"Some staff said that he (Client #3) will fight you (when his blood sugar was checked), other staff has had no problem." -Had not ever checked Client #3's blood sugar. -Client #3's glucometer was broken "for a long while (timeframe unknown)." -Had notified the Former Qualified Professional (QP) that the glucometer was broken. -The glucometer was replaced "about 2 months ago" (December). 	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/09/2026
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 291	<p>Continued From page 36</p> <p>Interview on 1/23/26 with Staff #2 revealed: -Client #3 did not like to get his blood sugar checked. -Sometimes Client #3 refused to have his blood sugar checked. -Client #3's blood sugar was supposed to be checked after breakfast and recorded on the blood sugar log.</p> <p>Interview on 2/2/26 with FS #3 revealed: -Worked 11pm to 7am from July 2025 to October 2025 and then from November 2025 to present worked 7am to 2pm. -Had not checked Client #3's blood sugar. -Did not know if blood sugar level checks were completed for client #3. -"I have never seen them (staff) check it (Client #3's blood sugar level). If they did, I was not around."</p> <p>Interview on 1/21/26 with Staff #4 revealed: -Client #3 did not like to have his finger pricked for blood sugar level checks. -Did not know if blood sugar level checks were completed daily. -Client #3's blood sugar level check was supposed to be completed prior to breakfast. -His shift began at 8am, after Client #3 had breakfast.</p> <p>Attempted interview on 2/2/26 and 2/5/26 with the Former Qualified Professional (QP) was unsuccessful due to his failure to return phone messages prior to survey exit.</p> <p>Interview on 1/23/26 with the Registered Nurse (RN) revealed: -In the past staff documented Client #3's blood sugar on the electronic MAR. -Did not realize staff was no longer recording</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2026
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NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205
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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 291	<p>Continued From page 37</p> <p>blood sugar on the electronic MAR. -Was unable to locate documentation of Client #3's blood sugar from 11/1/25 to 1/23/26. -Had not reviewed blood sugar level documentation to see if Client #3 was reaching his goal blood sugar level of 130.</p> <p>Interview on 2/4/26 with the Regional Manager revealed: -Staff were not checking and documenting Client #3's blood sugar daily. -Client #3 did not like to have his finger pricked to check his blood sugar. -Purchased a Glucometer when staff notified her that Client #3's was not working. -Did not know if the blood sugar readings were communicated with Client #3's physician.</p> <p>Review on 2/9/26 of the written plan of protection written and signed by the Senior Quality Management Specialist on 2/9/26 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -Ensure blood sugar is being checked. Blood sugar for [Client #3] will be checked daily before breakfast by staff. Implemented as of 1/26/26 -Ensure Meds are available in the home and reordered as needed. Boost was obtained and is in the home 2/9/26. Posting and text communication to all staff regarding reordering meds effective 2/9/26. -Describe your plans to make sure the above happens. -Ensure blood sugar is being checked. GH (Group Home) Manager (QP) will complete daily MAR review to ensure Blood Sugar checks are completed. If not, a Medication Error will be completed. Additionally, GH manager (QP) check to ensure the MARS are initialed daily. RN will</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/09/2026
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 291	<p>Continued From page 38</p> <p>complete MAR review as well monthly to ensure MARs are initialed.</p> <p>-Ensure Meds are available in the home and reordered as needed.</p> <p>RN will complete monthly med audit reviews utilizing attached med audit review.</p> <p>-Staff will complete mandatory Med admin training with the RN prior to 2/29/26.</p> <p>Topics: Reporting requirements (Physician/Pharmacy) Medication administration instruction review MAR documentation Notification of med reorder"</p> <p>Client #1 was diagnosed with Cerebral Palsy; Quadriplegia; Right Hemiparesis Secondary to Cervical Spine Injury; Major Depressive Disorder, Recurrent; Attention Deficit Hyperactivity Disorder; and Adjustment Disorder with Depressed Mood. Client #3 was diagnosed with Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy, and Diabetes. The Former QP did not coordinate with the pharmacy to ensure Client #1's and Client #3's medication was ordered and available in the facility for administration. As a result Client #1 did not receive Boost 5 days and Client #3 did not receive 32 doses of Hydrocortisone. Additionally, Client #3's blood sugar levels were not being checked daily and readings were not shared with his physician. 5 out of the 10 days that Client #3's blood sugar level was recorded, his blood sugar ranged 176 to 315 which was significantly higher than the goal level of 130.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 291			

