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| **PASSIONATE CARE HOME #1** | **105 WALNUT CREEK DRIVE<br>CLAYTON, NC 27520** |

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| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on 3/26/26. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug. | V 118 | | |

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| V 118 | Continued From page 1 | V 118 | | |

(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.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to keep 1 of 3 audited clients (#3) MAR current. The findings are:

Review on 3/25/26 of client #3's record revealed:
- Admitted 12/8/25
- Diagnoses: Schizoaffective Disorder, Bipolar, Attention Deficit Hyperactivity Disorder and Intellectual Developmental Disorder
- A FL2 dated 12/4/25: Divalproex 250 milligram twice a day (Bipolar)

Review on 3/25/26 of client #3's March 2026 MAR revealed:
- Divalproex was not on the MAR

During interview on 3/25/26 client #3 reported:
- He received all his medications

During interview on 3/25/26 the Licensee reported:
- She reviewed the MARs
- The Depakote was an oversight

During interview on 3/26/26 the Qualified Professional reported:
- He last looked at the MARs on 3/10/26
- He did not find any medication errors

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| V 118 | Continued From page 2<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing | V 366 | | |

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| V 366 | Continued From page 3<br>their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall | V 366 | | |

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| V 366 | Continued From page 4 | V 366 | | |

include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;
(D) the Department;
(E) the client's legal guardian, as applicable; and
(F) any other authorities required by law.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to implement their incident reporting policy.
The findings are:

Review on 3/25/26 of the facility's records revealed the facility did not document their response to the following:
- Former client (FC#4)'s elopement from the facility

During interview on 3/26/26 staff #2 reported:

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| V 366 | Continued From page 5<br>- FC#4 walked away several times on her shift<br>- She called the police and gave a description of what he had on<br>- He would go to the nearby store<br>- He would return in less than an hour<br><br>During interview on 3/25/26 the Qualified Professional reported:<br>- he was not aware the police was called for FC#4's elopements | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified | V 367 | | |

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| V 367 | Continued From page 6 | V 367 | | |

or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the

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definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and
(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

This Rule is not met as evidenced by:
Based on record review and interview he facility failed to report a level II incident to the Local Management Entity/Managed Care Organization. The findings are:

Review on 3/26/26 of the Incident Response Improvement System revealed:
- No level II incident reports

During interview on 3/26/26 staff #2 reported:
- Former client (FC#4) walked away several times on her shift
- She called the police and gave a description of what he had on
- He would go to the nearby store
- He would return in less than an hour

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V 367 | V 367

Continued From page 8

During interview on 3/25/26 the Licensee reported:
- Within the last 3 months FC#4 would leave the facility without permission from staff
- She had FC#4 involuntary committed

During interview on 3/26/26 the Qualified Professional reported:
- He was not aware the police was called for FC#4
- He would have submitted a level II in IRIS

V 513 | V 513

27E .0101 Client Rights - Least Restrictive Alternative

10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE
(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:
(1) using the least restrictive and most appropriate settings and methods;
(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;
(3) providing choices of activities meaningful to the clients served/supported; and
(4) sharing of control over decisions with the client/legally responsible person and staff.
(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:
(1) using the intervention as a last resort; and
(2) employing the intervention by people trained in its use.

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| V 513 | Continued From page 9 | V 513 | | |

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to promote a respectful environment affecting 3 of 3 (#1, #2 and #3) clients. The findings are:

Observation on 3/25/26 at 3:12pm and 5:18pm revealed the following:
- A handwritten sign on the kitchen refrigerator "Please ask before entering fridge"
- At 5:18pm: the Licensee took the handwritten sign off the refrigerator

During interview on 3/25/26 client #1 reported:
- cannot go in the refrigerator
- A client put his hand in the sugar and did not wash them
- This happened a month ago

During interview on 3/25/26 client #2 reported:
- Was not allowed in the refrigerator for the last month
- Someone (client) went in the refrigerator without washing their hands
- Licensee put the restriction in place

During interview on 3/25/26 staff #1 reported:
- The clients asked her for items they needed in the refrigerator
- She was "happy" to get anything they (clients) wanted out of the refrigerator

During interview on 3/26/26 the Qualified Professional reported:
- he visited the facility once every 2 weeks and as needed

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| V 513 | Continued From page 10<br>- he saw the clients go in and out of the refrigerator<br>- he had not seen the handwritten note on the refrigerator<br><br>During interview on 3/25/26 the Licensee reported:<br>- A former client that had an incurable disease was seen with his hands in the sugar<br>- Clients were restricted from going into the refrigerator<br>- The former client was discharged a month ago | V 513 | | |
| V 768 | 27G .0304(d)(4) Non-Client Accommodations<br><br>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT<br>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:<br>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms. The findings are:<br><br>Observation on 3/25/26 at 3:12pm revealed:<br>- An empty client bedroom | V 768 | | |

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During interview on 3/25/26 client #1, #2 and #3 reported:
- Staff slept in the empty bedroom

During interview on 3/26/26 staff #2 reported:
- She stayed for 7 days and left for a couple days
- Staff sleep in the empty bedroom

During interview on 3/26/26 the Licensee reported:
- Staff slept on a rollaway in the staff's office