

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/23/2025
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NAME OF PROVIDER OR SUPPLIER WHITE AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 1452 DUDLEY SHOALS ROAD GRANITE FALLS, NC 28630
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 23, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 13 2026</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	
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> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<p>V118 27 G. 0209 Medication Requirements 10A NCAC 27G.0209 Medication administration:</p> <p>(1) The supervising QP for the facility will check December 2025 MAR (Medication Administration Record) for completion and accuracy for client #1 and Client #2. 1/8/26</p> <p>(2) The supervising QP for the facility will review ComServ, Inc. Policy for Medication Administration Requirements during a training session with the AFL Provider. 1/12/26</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Helen McElrath, Qualified Professional 1/7/26

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V 118	Continued From page 1 (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 reviews and interviews, the facility failed to ensure the MARs were kept current affecting 2 of 2 clients (Client #1 and #2). The findings are: Review on 12/22/25 of Client #1's record revealed: -Admission date: 5/10/23. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Autistic Disorder, Depression, and Post Traumatic Stress Disorder. -Physician's orders dated 9/8/25: Fluticasone Propionate (Prop) 50 micrograms, Instill 2 sprays in each nostril daily; Escitalopram 10 milligrams (mg), Take 1 tablet (tab) by mouth every day; and Cetirizine Hydrochloride (HCL), 10 mg Take 1 tab by mouth daily. Review on 12/22/25 of Client #1's MAR dated for December 1-31 2025 revealed: -Fluticasone Prop 50 mcg - not initialed as administered in December. -Escitalopram 10 mg - not initialed as administered in December. -Cetirizine HCL 10 mg - not initialed as administered in December.	V 118	(3) The supervising QP will do bi-weekly supervision visits at the facility to ensure MARs are complete and accurate for Client #1 and Client #2. Medications and medication orders will be checked during visit by supervising QP. (4) A supervision note will have documentation of date for visit to check MARs, medications, and medication orders for Client #1 and Client #2. (5) AFL Provider will continue to have quarterly health and safety checks/clinical Supervision by QP. (6) AFL Provider be provided annual recertification training by ComServ, Inc. that will include a review of medication administration.	1/12/26 to 4/12/26 1/12/26 to 4/12/26 2/6/26 (ongoing) 4/29/26

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V 118	Continued From page 2 Review on 12/22/25 of Client #2's record revealed: -Admission date: 3/1/24. -Diagnoses: Moderate IDD, and ADHD. -Physician's orders dated 3/21/25: Montelukast Sodium 10 mg, Take 1 tab by mouth nightly; Levocetirizine 5 mg, Take 1 tab by mouth every evening; Cetirizine HCL 10 mg, Take 1 tab by mouth once daily; Clonidine 0.1 mg, Take 1 tab by mouth daily; and Fluticasone Prop 50 mcg, Instill one spray in each nostril twice daily. -Physician's orders dated 9/16/25: Dexmethylphenidate Extended Release (ER)10 mg, Take 1 cap by mouth daily. Review on 12/22/25 of Client #2's MAR dated for December 1-31 2025 revealed: -Montelukast Sodium 10 mg - not initialed as administered in December. -Levocetirizine 5 mg - not initialed as administered in December. -Cetirizine HCL 10 mg - not initialed as administered in December. -Clonidine 0.1 mg - not initialed as administered in December. -Fluticasone Prop 50 mcg - not initialed as administered in December. -Dexmethylphenidate ER 10 mg - not initialed as administered in December. Interview on 12/22/25 with Client #1 revealed: -Acknowledged that she took medication daily. -Stated that she always got her medication like she was supposed to. Interview on 12/22/25 with Client #2 revealed: -Stated that she took her medication every day. -"They (medications) make me sleepy."	V 118		

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V 118	<p>Continued From page 3</p> <p>Interview on 12/22/25 with the Assisted Family Living (AFL) Provider revealed: -"I don't have it filled out (the December MARs). I have it printed but I don't have it filled out." -Medications were administered daily. "They get them like they are supposed to." -The Qualified Professional (QP) would review medications when she completed visits to the facility. -Stated that she typically initialed the MAR when she gave medications. -"Biggest mistake I've made was not initialing the MAR this month when giving meds (medications)."</p> <p>Interview on 12/22/25 with the QP revealed: -Would review MARs and medications when she visited the facility. -For MAR reviews, would make sure the medications match, dosage, names, and times. -"It (MARs) is always completed when I come here (to the facility). I am surprised at it." -"They (AFL Providers) are trained when you give medication, you initial off ..."</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> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		