

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2026
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NAME OF PROVIDER OR SUPPLIER TWINKLE-STAR HOME SERVICES #4 24091	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 BEL AIR AVENUE SE WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 11, 2026. 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 6. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to 1) implement their admission policy affecting 2 of 3 audited current clients (#5 and #6) and 1 of 1 Former Client (FC #8) and 2) develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the Clinical Laboratory Improvement Amendment (CLIA) waiver. The findings are:</p> <p>Finding #1: Review on 02/24/26 of the facility's admission criteria policy revealed: -"A. Twinkle-Star Qualified Professionals, Administrator, or his designees will be allowed to admit clients to these services after reviewing all materials from the referral source...The client assessment will be completed in no more than 72 hours. Person centered, family focused methods will be used to identify life outcomes and determine strategies for achieving outcome ..."</p> <p>Review on 02/24/26 and 02/27/26 of client #6's record revealed: -Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major Depressive Disorder, Anxiety, Aphasia and Dysphasia. -No documentation in client's record to show a screening or assessment of the client's needs, and if the facility could provide services or the disposition with recommendations to this facility.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>record revealed: -Admission date of 02/03/26. -Diagnoses of Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease (GERD), Diabetes Type 2, Allergic Rhinitis and Pruritis Rash -No documentation of a screening or assessment of the client's needs, and if the facility could provide services or the disposition with recommendations to this facility.</p> <p>Review on 02/27/26 of FC #8's record revealed: -Admission date of 02/03/26. -Schizophrenia Post-Traumatic Stress Disorder, Diabetes, Anxiety Disorder, GERD, Hyperlipidemia, Low B12 and Vitamin D. -Discharge date of 02/04/26. -No documentation of a screening or assessment of the client's needs, and if the facility could provide services or the disposition with recommendations to this facility.</p> <p>Finding #2: Review on 02/26/26 of the Division of Health Service Regulation records revealed no CLIA waiver to include finger stick blood sugar testing.</p> <p>Review on 02/27/26 of client #6's physician orders dated 11/05/25 revealed: -Humalog (insulin) 6 units - 4 times a day with meals and hold for a blood sugar value less than 110.</p> <p>Review on 02/24/26 of client #6's documented blood sugar values from 02/03/26 thru 02/17/26 revealed: -Blood sugar values were documented 55 times.</p> <p>Review on 02/26/26 of a glucometer labeled with</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>client #6's name revealed the following dates and times of fasting stick blood sugar (FSBS) results for the past 30 days revealed: -02/10/26 at 11:31am - "HI" (per manufacture "HI" means not able to read results). -02/14/26 at 8:22am - 378. -02/14/26 at 8:25am - 354.</p> <p>Interview on 02/24/26 and 02/27/26 staff #1 stated: -He checked client #6's blood sugar 4 times a day unless client #6 was at the day program. -He used a glucometer labeled with client #6's name. -He documented the blood sugar values. -Client #6 did not check blood sugar values.</p> <p>Interview on 02/27/26 and 03/04/26 the Licensee/Registered Nurse (RN) stated: -An admission assessment should be completed prior to admission. -The policy indicated an admission assessment should be completed in no more than 72 hours. -She had admitted client #5 and client #6 on an "emergency" basis on 02/03/26. -Client #5 and client #6 were brought to the facility in the early morning hours of 02/03/26. -FC #8 was admitted on 02/03/26 and discharged to a sister facility on 02/04/26. -She had not completed an admission assessment for client #5, client #6 or FC #8. -She took responsibility for no admission assessments completed. -Staff performed finger stick blood sugar checks 4 times a day for client #6. -She did not have a CLIA waiver for the facility to allow blood sugar testing.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule</p>	V 105		

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V 105	Continued From page 5 violation and must be corrected within 23 days	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the	V 107		

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V 107	<p>Continued From page 6</p> <p>services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have a complete personnel record for 1 of 1 Former Staff (FS #5). The findings are:</p> <p>Review on 03/11/26 of facility records revealed: -No personnel record for FS #5. -No date of hire documented. -No written job description, no documentation of minimum level of education, competency, work experience, skills and other required qualifications for the position. -No personnel record maintained which indicated the training, experience and other qualifications for the position.</p> <p>Attempted interview on 03/11/26 with FS #5 was unsuccessful after a detailed message was left to return phone call with no response.</p> <p>Interview on 03/11/26 the Qualified Professional stated: -Not aware there was any other staff who worked at the facility with staff #1, "only [staff #1]."</p>	V 107		
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V 107	<p>Continued From page 7</p> <p>Interview on 03/11/26 the Licensee/Registered Nurse stated: -FS #5 was a "shadow staff." -FS #5 was at the facility to "shadow" staff #1. -She had not hired FS #5. -FS #5 worked at the facility for several days in February 2026. -Staff #1 and FS #5 were at the facility when she came on 02/22/26, after Emergency Management Services transported client #6 to hospital. -FS #5 no longer worked at the facility. -She paid FS #5 for her work at the facility, "I paid her yes not working but shadowing..." -She did not have a personnel record or training for FS #5.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G</p>	V 108		

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V 108	<p>Continued From page 8</p> <p>.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, 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 1 of 1 Former Staff (FS #5) had the minimum employee trainings. The findings are:</p> <p>Review on 03/11/26 of facility records revealed: -No personnel record for FS #5. -No date of hire documented. -No documentation of the following: general organizational orientation, training on client rights and confidentiality, training to meet the Mental Health/Developmental Disability/Substance Abuse needs of the client as specified in the treatment/habilitation plan or training in infectious diseases and bloodborne pathogens.</p> <p>Attempted interview on 03/11/26 with FS #5 was</p>	V 108		
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V 108	<p>Continued From page 9</p> <p>unsuccessful after a detailed message was left to return the phone call with no response.</p> <p>Interview on 03/11/26 the Qualified Professional stated: -Not aware there was any other staff who worked at the facility with staff #1, "only [staff #1]."</p> <p>Interview on 03/11/26 the Licensee/Registered Nurse stated: -FS #5 was a "shadow staff." -FS #5 was at the facility to "shadow" staff #1. -She had not hired FS #5. -FS #5 worked at the facility for several days in February 2026. -FS #5 no longer worked at the facility. -She paid FS #5 for her work. -She did not have any personnel record or training for FS #5.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>exhibiting core skills including:</p> <ul style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <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 reviews and interviews, 2 of 2 Qualified Professionals (QP) and Licensee/Registered Nurse (RN) 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 .0201 Governing Body Policies (V105). Based on record reviews and interview, the facility failed to 1) implement their admission</p>	V 109		
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V 109	<p>Continued From page 11</p> <p>policy affecting 2 of 3 audited current clients (#5 and #6) and 1 of 1 Former Client (FC #8) and 2) develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the CLIA (Clinical Laboratory Improvement Amendment) waiver.</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record review and interviews, the facility failed to have complete personnel record for 1 of 1 Former Staff (FS #5).</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview the facility failed to ensure 1 of 1 Former Staff (FS #5) had the minimum employee trainings.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on record review and interview, the facility failed to ensure an assessment was completed for 2 of 3 audited current clients (#5 and #6) and 1 of 1 Former Clients (FC #8) prior to the delivery of services.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). 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 (#1).</p> <p>Cross Reference: 10A NCAC 27G .0206 Client Records (V113).</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>Based on record review and interview, the facility failed to maintain complete client records affecting 1 of 1 Former Client (FC #8).</p> <p>Cross Reference: G.S. §131E-256 Health Care Personnel Registry (V131). Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 1 of 1 Former Staff (FS #5).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record reviews and interviews, 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 #6).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record reviews and interviews the facility failed to ensure 1 of 3 current staff (Qualified Professional (QP)) and 1 of 1 Former Staff (FS #5) had annual or initial refresher training in alternatives to restrictive intervention.</p> <p>Cross Reference: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on record reviews and interviews, the facility failed to ensure 1 of 3 current staff (Qualified Professional (QP)) and 1 of 1 Former Staff (FS #5) received annual or initial training in seclusion, physical restraint and isolation time out.</p> <p>Review on 02/25/26 of the QP's personnel record revealed:</p>	V 109		

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V 109	<p>Continued From page 13</p> <p>-Date of hire: 12/12/24.</p> <p>Review on 02/25/26 of the Licensee/RN's personnel record revealed: -Date of hire: 12/12/24.</p> <p>Interview on 03/11/26 the QP stated: -She was not aware of some of the issues addressed at exit.</p> <p>Interviews on 2/27/26 and 03/11/26 the Licensee/RN stated: -"I do make the final decision for all placements and for all all admissions..." -She would coordinate with another QP to provide training.</p> <p>Review on 03/11/26 of the Plan of Protection (POP) dated 03/11/26 and written by the Licensee/RN and QP revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? The facility will contract with another QP to provide training to the assigned QP, Administrator (Licensee/RN), any Associate Professionals, direct care & other employees providing direct services to the clients. - The CLIA waiver will be applied for in the next 24 hrs. (hours). All person centered plans will be updated to address current needs. All employee files will be reviewed and training needs will be met within 72 hours. QP will ensure that any medication orders that require administration outside of hours in the facility are modified by prescribing person. -Describe your plans to make sure the above happens. The contracted QP will oversee the above and meet assigned QP and Administrator to discuss progress and outcomes of any training, coordination and monitoring of clients and</p>	V 109		

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V 109	<p>Continued From page 14</p> <p>services."</p> <p>Review on 03/11/26 of the Amended POP dated 03/11/26 and written by the Licensee/RN and QP revealed, "107/108 The facility administrator will ensure that any staff person hired to work in this facility will meet personnel requirements by ensuring that they have educational requirements, CPR/First Aid (Cardiopulmonary Resuscitation), NCI Plus (National Crisis Intervention) , Diabetes care and management, insulin administration, medication administration and all other training that have been identified to meet client needs. 111 - The admission assessment will be completed after the QP and Administrator agree upon admission that assessment will address all needs, recommendations, precautions and strategies needed in order to provide treatment and training to meet client needs. 113 - The Administrator will ensure that any and all clients that are admitted to this facility are provided with a record. that record will contain referral information, FL-2, Admission Assessment, consents upon admission. All other information obtained during that admission will be stored in that record. The record will be kept in entirety on the premises. 131 - The facility Administrator will complete the HCPR check as well as a criminal back-ground check prior to allowing that person to work. 536/537 Ensure that any new hire volunteer receives all required, All training will be monitored for completion."</p> <p>This facility is licensed for 6 clients with diagnoses to include Dementia, Left Leg Below Knee Amputation, Paranoid Schizophrenia, Paraplegia, Cognitive Impairment, Bowel Incontinence, Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed and Depressed Mood, Substance Use, Major</p>	V 109		

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V 109	Continued From page 15 Depressive Affective Disorder, Unspecified Intellectual Disability, Hypertension, Obesity, Unspecified Anxiety Disorder, Unspecified Psychosis, Muscle Weakness, Generalized Pain, Aphasia, Dysphasia, Post-Traumatic Stress Disorder, Diabetes Mellitus, Gastroesophageal Reflux Disease, Hyperlipidemia, Low B12 and Vitamin D, History of Hypothermia. Client #5, #6 and FC #8 had no admission assessments or screening assessments. Staff performed blood sugar checks and no CLIA waiver had been applied for. FS #5 worked at the facility for several days in February 2026 without the appropriate client centered training to meet the client needs, had no personnel record or HCPR check. No record had been completed for FC #5. Client #1's assessed needs of hygiene care and response to emergencies were not addressed in his treatment plan. The Qualified Professionals responsible for client #1's care did not coordinate with the day program regarding the medication administration for client #1. The QP and FS #5 did not have the required NCI training to ensure the needs and safety of the clients being served. The QP and Licensee/RN oversaw systemic deficient areas which neglected the daily needs of the clients in the facility. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not	V 111		

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V 111	<p>Continued From page 16</p> <p>be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment or screening was completed for 2 of 3 audited current clients (#5 and #6) and 1 of 1 Former Client (FC #8) prior to the delivery of services. The findings are:</p> <p>Review on 02/24/26 and 02/27/26 of client #6's record revealed:</p>	V 111		

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V 111	<p>Continued From page 17</p> <p>-Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major Depressive Disorder, Anxiety, Aphasia and Dysphasia. -No evidence that an admission assessment or screening was completed prior to the delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's record revealed: -Admission date of 02/03/26. -Diagnoses of Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease (GERD), Diabetes type 2, Allergic Rhinitis and Pruritis Rash. -No evidence that an admission assessment or screening was completed prior to the delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Review on 02/27/26 of FC #8's record revealed: -Admission date of 02/03/26. -Schizophrenia Post-Traumatic Stress Disorder, Diabetes, Anxiety Disorder, GERD, Hyperlipidemia, Low B12 and Vitamin D. -Discharge date of 02/04/26. -No evidence that an admission assessment was completed prior to the delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Interview on 02/27/26 and 03/04/26 the Licensee/Registered Nurse stated: -She had admitted FC #8 and client #6 on an "emergency" basis on 02/03/26.</p>	V 111		

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V 111	Continued From page 18 -Client #5 and FC #8 were brought to the facility in the early morning hours of 02/03/26. -FC #8 was admitted on 02/03/26 and discharged to a sister facility on 02/4/26. -She had not completed an admission assessment or screening for client #5, client #6 or FC #8. -She took responsibility for no completed admission assessments or screenings for the above clients. This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days	V 111		
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 (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112		

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V 112	<p>Continued From page 19</p> <p>provider stating why such consent could not be obtained.</p> <p>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 (#1). The findings are:</p> <p>Review on 02/24/26 of client #1's record revealed: -Admission date of 10/28/25. -Diagnoses of Dementia, Left Below the Knee Amputation, Paraplegia, Schizoaffective Disorder, Bipolar Disorder, Chronic Kidney Disease, Cognitive Impairment, Bowel and Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed Anxiety, Depressed Mood, Motor Vehicle Accident, Cannabis Dependence and Alcohol Dependence. -No documentation of checks of right foot daily.</p> <p>Review on 03/11/26 of client #1's FL-2 dated 11/04/25 revealed: -Disoriented intermittently. -Incontinent of bladder and bowel. -Personal care assistance in bathing and dressing. -"Please supply gloves, wipes, pull up and bed pads." -Patient care-check right foot daily.</p>	V 112		

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V 112	<p>Continued From page 20</p> <p>Review on 02/24/26 of client #1's Person-Centered Profile (PCP) dated 10/28/25 revealed: -No strategies or goals to address client #1's incontinence and hygiene identified on the FL-2. -No strategies or goals to address client #1's ability to respond to emergencies due to wheelchair use for ambulation.</p> <p>Interview on 02/26/26 client #1 stated: -He resided at the facility 5 or 6 months. -He did his own hygiene. -He wanted to have independent living.</p> <p>Interview and on 02/24/26 staff #1 stated: -Client #1 smelled "p****y all the time, he wears a diaper and p****y he is in a wheelchair..." -Client #1 uses the bathroom "on the bed, on a pad and when he uses it on him I bathe him at his bed...I'm working with what I'm given here..." -Client #1 used a bathing pan "at his bed"...and "has a urinal," he did not use "the shower."</p> <p>Interview on 03/11/26 the Qualified Professional stated: -She completed the PCP for client #1. -She had not developed strategies for client #1's hygiene and incontinency and care needs. -She took responsibility for no development of any strategies or goals on client #1's PCP.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p>	V 113		

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V 113	<p>Continued From page 21</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <ul style="list-style-type: none"> (1) an identification face sheet which includes: <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: <ul style="list-style-type: none"> (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. 	V 113		

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V 113	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete client records affecting 1 of 1 Former Client (FC #8). The findings are:</p> <p>Review on 02/27/26 of FC #8's record revealed: -Admission date of 02/03/26. -Schizophrenia Post-Traumatic Stress Disorder, Diabetes, Anxiety Disorder, Gastroesophageal Reflux Disease, Hyperlipidemia, Low B12 and Vitamin D. -Discharge date of 02/04/26. -No documentation of emergency information for FC #8. -No signed statement from FC #8's legal guardian granting permission to seek emergency care.</p> <p>Interview on 02/27/26 and 03/04/26 the Licensee/Registered Nurse stated: -FC #8 was admitted on 02/03/26 and discharged to a sister facility on 02/4/26. -She did not have the emergency information or consents for review at the facility for FC #8. -She took responsibility for documentation not completed for FC #8's record.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 113		

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V 114	Continued From page 23	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 02/24/26 of client #1's record revealed: -Admission date of 10/28/25. -Diagnoses of Dementia, Left Below the Knee Amputation, Paraplegia, Schizoffective Disorder, Bipolar Disorder, Chronic Kidney Disease, Cognitive Impairment, Bowel and Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed Anxiety, Depressed Mood, Motor Vehicle Accident, Cannabis Dependence and Alcohol Dependence.</p>	V 114		

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V 114	<p>Continued From page 24</p> <p>Review on 03/04/26 of client #2's record revealed: -Date of admission: 05/02/25 -Intellectual Developmental Disability (IDD) and Schizophrenia. -FL-2 dated 11/20/25 - client was a wanderer.</p> <p>Review of client #3's record revealed: -Date of admission:02/22/25 -Diagnoses of IDD, Mood Disorder, Type 2 Diabetes, Urinary Incontinence and Hyperlipidemia. -FL-2 dated 11/20/25 - client was disoriented intermittently, had self-injurious behavior and was semi-ambulatory.</p> <p>Review on 02/25/26 of client #4's record revealed: -Date of admission: 05/20/25. -Diagnoses: Major Depressive Affective Disorder, Unspecified Intellectual Disability, Unspecified Schizophrenia Spectrum, Hypertension, Obesity, Unspecified Anxiety, Unspecified Psychosis.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's record revealed: -Admission date of 02/03/26. -Diagnoses of Autistic Disorder, Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease (GERD), Diabetes type 2, Allergic Rhinitis and Pruritis Rash. -FL-2 dated 03/05/26 - client was intermittently disoriented,</p> <p>Review on 02/24/26 and 02/27/26 of client #6's record revealed: -Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major</p>	V 114		

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V 114	<p>Continued From page 25</p> <p>Depressive Disorder, Anxiety, Aphasia and Dysphasia.</p> <p>Review on 02/25/26 of facility records from April 2025 thru December 2025 revealed: -No documentation of 2nd quarter disaster drills (April, May and June). -No documentation of 3rd quarter disaster drills (July, August and September).</p> <p>Review on 03/12/26 of the DHSR (Division of Health Service Regulation) Construction Section survey dated 03/10/26 revealed: -"1. At the time of the survey, a surprise fire drill was performed. There were five clients present in the home at the time of the fire drill. None of the five clients responded or evacuated the home at the time the alarms were activated. This home was licensed as a home for all ambulatory clients. Based on the rule, an ambulatory client must be able to respond and evacuate at anytime the alarms are activated, without staff prompting or assistance. The clients need to be trained to respond and evacuate without staff prompting or assistance at anytime the alarms are activated. If the clients are unable to perform this, they may need to be relocated to another home that is more suited for their needs. The home can also be remodeled to accommodate non-ambulatory clients. This would require a project to be submitted to DHSR construction and the addition of sprinklers and fire alarms per Section 428.4 of the 2018 North Carolina State Building Code. Take the necessary steps to bring the home into compliance by implementing one of the above scenarios."</p> <p>Interview on 02/24/26 client #1 stated: -The facility did fire and disaster drills. -The facility conducted drills monthly.</p>	V 114		

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V 114	<p>Continued From page 26</p> <p>Interview on 02/24/26 and 02/27/26 staff #1 stated:</p> <ul style="list-style-type: none"> -He had worked at the facility for over a month. -For client #1 who can get out of the facility, he would pick him up out of his wheelchair in the event of a fire and carry him out of the facility. -He would have client #6 who utilizes a rollator to ambulate, "have him hold on to me and guide him out." -For client #6, "direct him, show him to the window or get him to the door assist him him to the window, just get the window up first leg out and second let out and go to the road, tell him go to the road." -Client #2, "...direct him, show him to a window or get him to a door, or assist him to a window, just get the window up, first leg out and second leg out say go to the road tell him go." -"[Client #3] same as [client #2], [client #3] knows go out window if a fire." -"[Client #5] he would have to hold on to me, he can walk...would have to have me guide him out and [client #4] guide him too. Put one foot out open window was far as him and his condition I would have to tell him to go but he pauses when he walks don't know if he would get to the street, he pauses when he walks, don't know why, he slow walks like that, maybe counting his steps..." -He worked 2 weeks on a 2 weeks off. -There was one shift at the facility. -The Licensee/Registered Nurse (RN) did the drills. <p>Interview on 03/11/26 the Division of Health Service Regulation (DHSR) surveyor with the construction section stated:</p> <ul style="list-style-type: none"> -He utilized the fire alarm on 3/10/26 to determine how the clients would react and evacuate out of 	V 114		

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V 114	<p>Continued From page 27</p> <p>the facility under a drill simulation. -When the fire drill was conducted no client evacuated from the facility in response to the fire drill. -Client #1 could maneuver in his wheelchair however, he did not make an effort to evacuate out of the facility.</p> <p>Interview on 03/11/26 the Qualified Professional stated: -"I can't speak to [client #5] may need verbal assistance, everyone else should be able to get out the door when we say fire, hit the door, go to mailbox; [client #1] may need assistance but he knows what to do. Don't know [client #5], he would need verbal assistance to get out. -They all should have exited and they all would have known to go out (during fire drill conducted by DHSR on 3/10/26)...[client #2] didn't exit because of being on the phone..."</p> <p>Interview on 03/44/26 the Licensee/Registered Nurse stated: -"Within 5 minutes staff (staff #1) would call them and they could all get out and he (client #1) could slide out and get in his wheelchair and get out; staff tell them, get out and they get out, it's the staff not doing his job..."</p>	V 114		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased</p>	V 117		

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V 117	<p>Continued From page 28</p> <p>or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure all prescription drugs had a packing label with required information affecting 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 02/24/26 and 02/27/26 of client #6's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major Depressive Disorder, Anxiety, Aspasia and Dysphasia. -Physician order dated 11/05/25 for Symbicort 	V 117		
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V 117	<p>Continued From page 29</p> <p>(Breyna) (asthma) 80 micrograms inhaler - inhale 2 puffs twice daily.</p> <p>Observation on 02/24/26 at approximately 3:00pm of Client #6's medications revealed: -No pharmacy label on Breyna to include the client's name, the prescriber's name, the current dispensing date, clear directions for self-administration, the name, strength, quantity and expiration date of the prescribed drug, and the name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.</p> <p>Interview on 02/24/26 and 02/25/26 the Licensee/Registered Nurse stated: -"That's the way it (Breyna) came (no label)."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		
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 30</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> <ul style="list-style-type: none"> (A) client's name; (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>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed 1) to ensure 2 of 4 audited staff (#1 and Licensee/Registered Nurse (RN)) demonstrated competency in medication administration for 1 of 3 audited clients (#6) and 2) 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 (V117). Based on record review, interview, and observation, the facility failed to ensure all prescription drugs contained a packing label with the required information affecting 1 of 3 audited clients (#6).</p>	V 118		
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V 118	<p>Continued From page 31</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V120). Based on record reviews, observation and interviews, the facility failed to ensure that external medication were stored separately from internal medications and failed to ensure medications were kept in a locked container when stored with refrigerated foods affecting 2 of 3 audited clients (#5 and #6).</p> <p>Finding #1: Review on 02/24/26 and 02/27/26 of client #6 record revealed: -Admission date of 02/03/26. -Diagnoses of Muscle Weakness , Major Depressive Disorder, Anxiety, Aphasia and Dysphasia.</p> <p>Review on 02/27/26 of client #6's physician orders dated 11/05/25 revealed: -Humalog (insulin) 6 units - 4 times a day with meals and hold for a blood sugar value less than 110. -Notify provider for finger stick blood sugar (FSBS) less than 70 or greater than 400.</p> <p>Review on 02/24/26 of a handwritten document from 02/03/26 thru 02/17/26 labeled with client #6's name revealed the following dates, times and FSBS values -02/03/26 - 7am - 90, 12 noon - 84, 5pm - 90 and 8pm - 86. -02/04/26 - 7am - 89, 12 noon - 80, 5pm - 90 and 8pm - 96. -02/05/26 - 7am - 96, 12 noon - 80, 5pm - 86 and 8pm - 88. -02/06/26 - 7am - 88, 12 noon - 90, 5pm - 84 and 8pm - 90. -02/07/26 - 7am - 87, 12 noon - 90, 5pm - 92 and</p>	V 118		
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V 118	<p>Continued From page 32</p> <p>8pm - 90. -02/08/26 - 7am - 99, 12 noon - 92, 5pm - 90 and 8pm - 90. -02/09/26 - 7am - 102, 12 noon - 92, 5pm - 92 and 8pm - 90. -02/10/26 - 7am - 102, 12 noon - 94, 5pm - 97 and 8pm - 92. -02/11/26 - 7am - 87, 12 noon - 94, 5pm - 98 and 8pm - 101. -02/12/26 - 7am - 90, 12 noon - "F" (at day program per staff #1), 5pm - 86 and 8pm - 90. -02/13/26 - 7am - 89, 12 noon - "F", 5pm - 103 and 8pm - 98. -02/14/26 - 7am - 147, 12 noon - "F", 5pm - 94 and 8pm - 99. -02/15/26 - 7am - 98, 12 noon - 84, 5pm - 97 and 8pm - 80. -02/16/26 - 7am - 87, 12 noon - "F", 5pm - 94 and 8pm - 90. -02/17/26 - 7am - 92, 12 noon - "F", 5pm - 104 and 8pm - 90. -The average FSBS for client #6's FSBS values for 02/03/26 thru 02/17/26 was 92.5.</p> <p>Review on 02/26/26 of a glucometer labeled with client #6's name revealed the following dates and times of FSBS results for the past 30 days revealed: -02/10/26 at 11:31am - "HI" (per manufacture "HI" means not able to read results). -02/14/26 at 8:22am - 378. -02/14/26 at 8:25am - 354. -No other FSBS results registered on the glucometer.</p> <p>Review on 02/24/26 of a January 2026 MAR from client #6's previous adult care facility's admission revealed the following dates, times and FSBS values: -Insulin Lispro (Humalog) - inject 6 units 4 times</p>	V 118		

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V 118	<p>Continued From page 33</p> <p>daily with meals. Hold for FSBS less than 110.</p> <p>-FSBS documented results for the following dates, times and blood sugar values.</p> <p>-01/01/26 - 8am - 176, 12pm - 214, 5pm - 69 and 8pm - no documentation.</p> <p>-01/02/26 - 8am - 153, 12pm - 118, 5pm - 62 and 8pm - no documentation.</p> <p>-01/03/26 - 8am - 149, 12pm - 131, 5pm - 196 and 8pm - 227.</p> <p>-01/04/26 - 8am - 169, 12pm - 159, 5pm - 87 and 8pm - 102.</p> <p>-01/05/26 - 8am - 131, 12pm - 202, 5pm - 235 and 8pm - no documentation.</p> <p>-01/06/26 - 8am - 189, 12pm - 320, 5pm - 466 and 8pm - 80.</p> <p>-01/07/26 - 8am - 121, 12pm - 250, 5pm - 424 and 8pm - 397.</p> <p>-01/08/26 - 8am - 240, 12pm - 88, 5pm - 63 and 8pm - no documentation.</p> <p>-01/09/26 - 8am - 156, 12pm - 124, 5pm - 260 and 8pm - . no documentation</p> <p>-01/10/26 - 8am - 178, 12pm - 214, 5pm - 131 and 8pm - 154.</p> <p>-01/11/26 - 8am - 103, 12pm - 223, 5pm - 180 and 8pm - 293.</p> <p>-01/12/26 - 8am - 183, 12pm - 235, 5pm - 183 and 8pm - 259.</p> <p>-01/13/26 - 8am - 284, 12pm - 192, 5pm - 177 and 8pm - no documentation.</p> <p>-01/14/26 - 8am - 200, 12pm - no documentation, 5pm - no documentation and 8pm - no documentation.</p> <p>-01/15/26 - 8am - 145, 12pm - 35, 5pm - 105 and 8pm - no documentation.</p> <p>-01/16/26 - 8am - 85, 12pm - 127, 5pm -322 and 8pm - no documentation.</p> <p>-01/17/26 - 8am - 64, 12pm - 144, 5pm - 205 and 8pm - 204.</p> <p>-01/18/26 - 8am - 174 12pm - 243, 5pm - 191 and 8pm - 261.</p>	V 118		

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V 118	<p>Continued From page 34</p> <p>-01/19/26 - 8am - 134, 12pm - 300, 5pm - 256 and 8pm - no documentation.</p> <p>-01/20/26 - 8am - 164, 12pm - 223, 5pm - 91 and 8pm - 192.</p> <p>-01/21/26 - 8am - 127, 12pm - 135, 5pm - 297 and 8pm - no documentation.</p> <p>-01/22/26 - 8am - 66, 12pm - no documentation, 5pm - 137 and 8pm - 189.</p> <p>-01/23/26 - 8am - 60, 12pm - no documentation, 5pm - 294 and 8pm - 99.</p> <p>-01/24/26 - 8am - 105, 12pm - 157, 5pm - 93 and 8pm - 109.</p> <p>-01/25/26 - 8am - 160 12pm - 160, 5pm - no documentation and 8pm - no documentation.</p> <p>-01/26/26 - no documentation.</p> <p>-01/27/26 - no documentation.</p> <p>-01/28/26 - 8am - no documentation, 12pm - no documentation, 5pm - 255 and 8pm - no documentation.</p> <p>-01/29/26 - 8am - 129, 12pm - no documentation, 5pm - no documentation and 8pm - no documentation.</p> <p>-01/30/26 - no documentation.</p> <p>-01/31/26 - no documentation.</p> <p>-Average documented FSBS value for January 2026 was 178.6.</p> <p>Review on 02/25/26 of the current facility's February 2026 MAR for client #6 which was lost from the facility and located at the local hospital revealed:</p> <p>-Insulin Lispro inject 6 units - 4 times a day with meals for Diabetes. Hold for FSBS less than 110. Notify provider for FSBS less than 70 or greater than 400.</p> <p>-Times for medications 8am, 12pm, 5pm and 8pm.</p> <p>-Staff #1's initials to indicate the insulin was administered 4 times daily from 02/03/26 thru 02/11/26, 02/14/26, 02/15/26 and 02/16/26 thru</p>	V 118		
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V 118	<p>Continued From page 35</p> <p>02/21/26.</p> <p>-Staff #1's initials to indicate the insulin was administered 3 times a daily on 02/12/26, 02/13/26 and 02/16/26 thru 02/18/26.</p> <p>-The letter "F" documented in the 12pm section for 02/12/26, 02/13/26 and 02/16/26 thru 02/18/26.</p> <p>-Per physician orders dated 11/05/25, the only dose of insulin as a result of a FSBS value would have been 02/14/26 - 7am - 147.</p> <p>-The reverse side of the MAR revealed 02/07/26 - insulin not given FSBS - 87, 02/08/26 insulin not given FSBS - 99, 02/09/26 insulin not given FSBS - 103, 02/10/26 "ate before I tell him" "high" (had 2 lines thru it) FSBS102</p> <p>-02/12/26, 02/09/26, 02/10/26 and 02/06/26 no insulin given "went to program."</p> <p>Review on 02/26/26 of the local county 911 emergency system recording dated 02/22/26 revealed:</p> <p>-7:02am.</p> <p>-The Former Staff (FS #5) caller identified themselves as a staff at the facility.</p> <p>-The caller stated a client had fallen for an undetermined amount of time.</p> <p>-Former Staff #5 could be heard asking client #6 "what is your name?" And client #6 replied "[client #6]."</p> <p>Review on 02/26/26 of a "communication" from the Emergency Medical Services (EMS) revealed:</p> <p>-Date - 02/22/26.</p> <p>-EMS was dispatched to the facility address at 7:02am for a reported fall.</p> <p>Review on 02/26/26 of an EMS report dated 02/22/26 revealed:</p> <p>-7:16am Assessment</p> <p>-Chief Complaint: Fall</p>	V 118		

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V 118	<p>Continued From page 36</p> <p>-Secondary Complaint: Possible Sepsis -Glucose (sugar) 377.</p> <p>-"History of Present Illness Medic 3 was dispatched to a 68 y/o (year old) in reference to a fall ...the pt. (patient) stated he did not remember falling but did fall the night before and was on the floor all throughout the night. The pt. did throw up twice prior to EMS. The pt. stated he had been feeling sick the last few days and has been having issues with his BS (blood sugar). A C-collar was placed. The pt. was assisted off the floor and placed on the stretcher. The pt. was placed on the monitor. The pt. was noted to hyperglycemic. The pt. was slightly lethargic but was alert. The pt. was placed in the ambulance. Axillary temperature was 94.0 F (Fahrenheit). Due to vitals, the pt. was noted to be a cold sepsis activation. IV access was obtained, The pt. was given warm fluids. Heat packs were placed underneath the pt's arms ..."</p> <p>Review on 02/26/26 of client #6's medical record from a local hospital admission on 02/22/26 revealed:</p> <p>-"Initial Time seen by provider: 8:17 (am) External Historian: EMS History of present illness This is a 68-year-old male with a history of diabetes who presents to the emergency room via EMS from his group home for a fall. Per EMS group home states that patient has been on for proximally 1 hour, patient states that he has been on the floor for most of the night. EMS placed patient was C-collar prior to arrival for precautions."</p> <p>-Emergency Department Report - "pt (patient) arrives via ems from group home for an unwitnessed fall. Facility says pt was on ground no longer than 20 mins (minutes), but pt endores being on the ground all night. Pt had 2 vomiting episodes prior to ems arrival. EMS vitals : 94.0 temp (temperature).</p>	V 118		

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V 118	<p>Continued From page 37</p> <p>-"Given the severity of acidosis, need for continuous insulin infusion, and concern for possible sepsis and prolonged downtime, the patient required admission to a high level of care for continued management, serial laboratory monitoring, and further evaluation ...Due to a high probability of clinically significant, life threatening deterioration, the patient required my highest level of preparedness to intervene emergently and I personally spent this critical care time directly and personally managing the patient. This critical care time included obtaining history; examining the patient; pulse oximetry; ordering and review of studies; arranging urgent treatment with development of a management plan; evaluation of patient's response to treatment; frequent assessment; and , discussions with other providers. This critical care time was performed to assess and manage the high probability of imminent, life-threatening deterioration that could result in multi-organ failure ...Disposition Type: Hospitalize Condition: Critical."</p> <p>-"Additional Comments Medical Decision Making: This is a 68-year-old male who presented to the emergency department via EMS from his group home after a reported ground-level fall. Per EMS, staff reported the patient had been down for most of the night. A cervical collar was applied prior to arrival due to the mechanism of injury. On arrival, the patient was tachycardia, prompting initiation of a sepsis alert. Given the unclear downtime and abnormal vital signs, a broad workup was initiated including trauma evaluation, infectious workup, and metabolic studies ...Overall findings were consistent with severe diabetic ketoacidosis (a life-threatening, emergency complication of diabetes caused by high blood sugar and insufficient insulin) (DKA), with concern for</p>	V 118		

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V 118	<p>Continued From page 38</p> <p>possible concurrent sepsis (infection) given leukocytosis (increase white blood cells), lactic acidosis (build up of lactic acid in blood), and tachycardia ...An insulin drip was initiated per DKA protocol with close monitoring of glucose and electrolytes."</p> <p>- "Hx (history) of present illness Mr. [client #6] is a 68 year old male presenting to the hospital for fall ...Patient was found on the floor of his group home with unclear amount of time. Patient himself said he was there for some time however the group home says that he was there for about an hour. He has been treated with sepsis fluids due to mild hypothermia and tachycardia. He was found to be DKA with metabolic acidosis 7.1 ...Assessment/Plan DKA with uncontrolled type 2 diabetes Hyperglycemia -admit to inpatient medicine ..."</p> <p>-02/22/26 - A1C (measures average blood sugar of 2 or 3 months) at 8:15am - 9.1% (0 to 5.9% within normal limits).</p> <p>-02/22/26 - Bedside glucose 8:09am - 483 (normal range 65-110), 8:15am - 419, 2:53pm - 359, 3:50pm - 218, 3:52 - 200, 4:21pm - 201 and 5:11pm - 189.</p> <p>-02/22/26 X-Ray right knee - Small joint effusion (inflammation, injury or infection).</p> <p>Interview on 02/25/26 with client #6 at the local hospital Intensive Care Unit (ICU) revealed:</p> <p>- "...had diabetes all my life, 130 is good, don't remember them (staff) checking it (blood sugar value) at the group home</p> <p>- Started having problems, started throwing up on Sunday (02/22/26)</p> <p>- I couldn't get off the floor by myself, didn't get checked on. Sunday (02/22/26)</p> <p>- Can walk with a walker</p> <p>- Sugar over 400 in ICU</p> <p>- "...bruise on knee, might have slid on the floor,</p>	V 118		
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V 118	<p>Continued From page 39</p> <p>couple of hours, might have been dark, the EMT (Emergency Management Technician) picked me up off the floor and helped get me off the floor and put a neck brace on me." -"I wear pull-ups." -I can shower by myself, I use a certain shower in a bedroom in another client's room, he's laying down on their bed. -Meals, not eating right, basically pizza and what was in front of me, spaghetti, corn dogs, bologna sandwiches... -I had a stroke left eye, loss vision -"It should be against the law for them to do me the way they did me."</p> <p>Interview on 02/25/26 client #6's sister/legal guardian stated: -"Most of the visits to the group home he (client #6) was not clean, could smell the urine on him. His clothes not clean, been there (group home) two times." -"I heard the next day, [Licensee/RN] called me 9 on Sunday morning, she said I don't need to come,...[Licensee/RN] said to the front desk people that he (client #6) didn't need a neck brace, that he didn't fall and you must have him confused with somebody else." -"His pants smelled so bad with urine smell; I took took [client #6]'s pants home to wash them and washed them several times and still couldn't get the urine stink out." - No pull ups in his size. "I took him some out of my car, he has accidents bowel poops, out of no where...she [Licensee/RN] said he has BMs (bowel movements) on himself."</p> <p>Interview on 03/03/26 the Case Manager from the local hospital stated: -She was a RN. -An A1C is an approximately 3 month review of</p>	V 118		
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V 118	<p>Continued From page 40</p> <p>diabetic blood sugars. -An A1C of 9.1 would not be a well controlled diabetic and indicative of client #6's documented February 02/03/26 thru 02/17/26 blood sugar values. -She would contact the admitting care provider for client #6 on 02/22/26 to provide additional information on an A1C of 9.1</p> <p>Finding #2: Review on 02/24/26 of client #1's record revealed: -Admission date of 10/28/25. -Diagnoses of Dementia, Left Below the Knee Amputation, Paraplegia, Schizo affective Disorder, Bipolar Disorder, Chronic Kidney Disease, Cognitive Impairment, Bowel and Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed Anxiety, Depressed Mood, Motor Vehicle Accident, Cannabis Dependence and Alcohol Dependence.</p> <p>Review on 02/24/26 and 02/25/26 of client #1's physician orders dated 11/20/25 revealed: -Baclofen (muscle relaxant) - three times a day.</p> <p>Review on 03/11/26 of client #1's February 2026 MAR revealed: -Baclofen three times a day at 8am, 2pm and 8pm. -"F" written in the following 2pm medication times: 02/02 thru 02/07, 02/09 thru 02/14, 02/16 thru 02/18, 02/23 and 02/24. -No staff initials to indicate Baclofen 2pm was administered as ordered on 02/02 thru 02/07, 02/09 thru 02/14, 02/16 thru 02/18, 02/23 and 02/24.</p> <p>Review on 02/25/26 of client #1's medications revealed:</p>	V 118		

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V 118	<p>Continued From page 41</p> <p>-Baclofen was in a separate perforated daily pill bubble pack with 2pm printed on the seal.</p> <p>Interview on 02/26/26 client #1 stated: -He resided at the facility 5 or 6 months. -He was not able to recall the names of his medications. -He knew he received his medications daily.</p> <p>Finding #3: Review on 02/25/26 of the Licensee/RN's record revealed: -Date of hire: 12/12/24.</p> <p>Review and interview on 02/27/26 of a previously reported lost February 2026 MAR for client #6 presented by the Licensee/RN as an original document revealed: -There was no indication on the document it was created for a demonstration, an example or recreated for educational purposes. -When interviewed regarding the authenticity of the MAR, the Licensee/RN stated she had created the MAR as an example of the lost MAR for client #6. -She wrote staff #1's initials on the MAR to indicate medications were administered from 02/03/26 thru 02/21/26. -She just completed the document as an example regarding the previously reported lost MAR for client #6 presented by the Licensee/RN as an original document on 02/27/26, "I'm sorry, I'm not using it." (the created MAR from above)." -The created MAR was "just a sample." -Below are the medications and dates the Licensee/RN used staff #1's initials to indicate the medication was administered. -Sertraline (antidepressant) 100 milligrams (mg) at 8am - 02/03/26 thru 02/21/26. -Metoprolol (HTN) 50mg daily - 02/03/26 thru</p>	V 118		
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V 118	<p>Continued From page 42</p> <p>02/21/26.</p> <p>-Lantus (insulin) inject 35units at bedtime - 02/03/26 thru 02/21/26.</p> <p>-Humalog 10 units 3 times daily with meals - 02/10/26 at 8am, 02/11/26 at 7pm, 02/13/26 at 7pm, 02/14/26 at 8am, 02/17/26 at 7pm, 02/20/26 at 7pm and 02/21/26 at 7am, 2pm and 7pm.</p> <p>-Olopatadine (eye allergy) instill in both eyes twice daily - 02/03/26 thru 02/21/26.</p> <p>-Vit B-12 (Vitamin Deficiency) dissolve under tongue daily - 02/03/26 thru 02/21/26.</p> <p>-Aspirin (heart) 325mg once daily - 02/03/26 thru 02/21/26.</p> <p>-Acetaminophen (pain relief) 325mg twice daily - 02/03/26 thru 02/21/26.</p> <p>-Atorvastatin (cholesterol) 40mg once daily - 02/03/26 thru 02/21/26.</p> <p>-Breyndra (asthma) inhale 2 puffs twice daily - 02/03/26 thru 02/21/26.</p> <p>-Certavite (vitamin) take one tablet daily - 02/03/26 thru 02/21/26.</p> <p>-Cetirizine (allergies) 10mg take daily - 02/03/26 thru 02/21/26.</p> <p>-Metformin (diabetes) 1,000mg take twice daily - 02/03/26 thru 02/21/26.</p> <p>-Glycopyrrlate 1mg take twice daily - 02/03/26 thru 02/21/26.</p> <p>-Levothyroxine (thyroid) 175 micrograms take once daily - 02/03/26 thru 02/21/26.</p> <p>-Vitamin (vitamin d deficiency) D3 1000 units take daily - 02/03/26 thru 02/21/26.</p> <p>Interview on 02/24/26, 02/27/26 and 03/04/26 staff #1 stated:</p> <p>-The previously reported lost MAR for client #6 presented by the Licensee/RN as an original document on 02/27/26 was not initialed by him.</p> <p>-The "F" on the blood sugar sheet indicated client #6 was at the day program.</p> <p>-Client #6 went to the day program 5 days.</p>	V 118		
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V 118	<p>Continued From page 43</p> <ul style="list-style-type: none"> -He had worked at the facility for about a month. -Client #6 was not acting right on 2/22/26. -He called 911 on 02/22/26. -EMS took client #6 to the hospital. -Checked client #6 FSBS 4 times daily. -Client #6 started to act different on Friday, 02/20/26, such as staring. -Client #6 went to the day program 5 days. <p>Interview on 02/26/26 the Director of the Day Program/PSR stated:</p> <ul style="list-style-type: none"> -The program does not give medications to any clients. -The policy says this and that she does not have the staff to give the medications. <p>Interview on 02/24/26, 02/27/26 and 03/04/26 the Licensee/Registered Nurse stated:</p> <ul style="list-style-type: none"> -She was not responsible for client #6's care when he was away from the facility. -She was not responsible for client #6's medications if he was out of the facility at the day program. -She had not coordinated with the day program regarding client #6's blood sugar checks or potential need of insulin injections. -Client #1 went to the day program Monday thru Friday and returned back to the group home at various hours after approximately 3:30 - 5:45 pm. -She had not coordinated with the day program regarding client #1's 2pm dose of Baclofen. -Client #1 is given his 2pm Baclofen after he returned home from the day program, 4pm to 5:30 depending on the traffic. -She was going to discuss client #1's Baclofen times with the primary care provider. -Client #6 did not fall at the facility. -Client #6's FSBS was checked by staff #1. -EMS had taken the February 2026 MAR for client #6 when transported to the hospital. 	V 118		

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V 118	<p>Continued From page 44</p> <p>Interview on 03/11/26 the Qualified Professional stated: -Client #1 can take the Baclofen at 8am in the morning and at 11pm before he goes to bed. -She did not think it was a "good idea" to accept client #1 into the facility until he showed he could take care of himself. -"That should not have happened." "It makes no sense" and "I don't have an answer for that" when referring to the lost MAR for client #6 presented by the Licensee/RN as the original document on 02/27/26.</p> <p>Due to failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 03/04/26 of the Plan of Protection (POP) dated 03/04/26 written by the Licensee/RN revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection Immediate Protections Admin (administrator/Licensee/RN) 1. Provide [plastic bags] for storage of ointment separately with other medications. 2. Provide a locked box for insulin storage 3. Inform provider about client out of facility during the day for proper medication dosage adjustment 4. Checking all medications on admission to make sure all medications are available for administration upon admission. -Describe your plans to make sure the above happens. B Plans to make sure the above happens 1. Training staff on proper medication storage - ointments in [plastic bags] separate from other medications and insulin in a locked box. 2. Training staff on reporting any medication</p>	V 118		

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V 118	<p>Continued From page 45</p> <p>that was not administered 3. Checking all medication on admission to make sure all medications are available for administration upon admission."</p> <p>-Amended POP dated 03/04/26 written by the Licensee/RN revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection -Administrator will ascertain that all medications are properly stored, labeled, administered by the staff to the clients as ordered by the providers at their right time. -Describe your plans to make sure the above happens. Plans Administrator will - Train staff on proper storage and labeling of medications - Train staff to properly administer medication as ordered by the provider. - Checking medication form weekly to ensure plan is enforced."</p> <p>Clients #6 and client #1 with diagnoses of Diabetes, Muscle Weakness, Major Depressive Disorder, Anxiety, Aphasia and Dysphasia, Dementia, Left Below the Knee Amputation, Paraplegia, Schizoaffective Disorder, Bipolar Disorder, Chronic Kidney Disease, Cognitive Impairment, Bowel and Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed Anxiety, Depressed Mood, Motor Vehicle Accident, Cannabis Dependence and Alcohol Dependence. Client #6 was a 68 year old male admitted to the facility on 02/03/26 from a local assisted living facility. He was prescribed Lantus at bedtime and Humalog six units 4 times a day if his FSBS was greater than 110. Staff initials indicated the Humalog was administered 4 times a day for a total of 80 doses in February 2026. According to the documented FSBS values for February 2026 client #6 would have received 1</p>	V 118		

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V 118	<p>Continued From page 46</p> <p>dose of Humalog on 02/14/26 at 7am. FSBS values at the facility during 02/03/26 thru 02/17/26 averaged 92.5. In contrast, client #6's FSBS was at an average of 178.6 during January 2026. This was 78 points difference from January 2026 thru February 2026. Client #6's personal glucometer had a total of 3 readings during his admission. Client #6 began to experience symptoms noticed by staff #1 on 02/20/26. On 02/22/26 EMS was contacted by FS #5 the facility due client #6's fall. It was reported by staff repeatedly no fall had occurred at the facility. Client #6 reported he was on the floor of the facility for an undetermined amount of time. EMS staff reported client #6 was on the floor and was diagnosed with mild hypothermia and a FSBS value of 377. Client #6 was taken to the emergency department and was admitted to the intensive care unit. Client #6's condition was noted to be critical and potential for multi-organ failure. Client #6's A1C was 9.1. The documented FSBS at the facility was not consistent with the January 2026 FSBS values or the labs documented at the hospital upon arrival. Client #1 was medically ordered to have Baclofen 3 times daily including one dose at 2pm. Client #1 attended the day program Monday thru Friday and did not return to the facility until after 3pm. No documented staff initials to indicate client #1's Baclofen was administered as ordered for a total of 17 doses in February 2026. The staff kept external and internal medications together as well as the client #6's unlocked Humalog in a staff refrigerator which contained food items. The Licensee/RN created a MAR for client #6 and presented it as the original document. Client #6's FSBS and inconsistent documentation, the inability to document medications administered and the competency of the staff #1 and the Licensee/RN constituted an A1 for serious</p>	V 118		

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V 118	Continued From page 47 neglect.	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure that external medications were stored separately from internal medications and failed to ensure medications were kept in a locked container when stored with refrigerated foods affecting 2 of 3 audited clients (#5 and #6). The findings are:</p>	V 120		

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V 120	<p>Continued From page 48</p> <p>Finding #1: Review on 02/24/26 and 02/27/26 of client #6 record revealed: -Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major Depressive Disorder, Anxiety, Aphasia and Dysphasia.</p> <p>Review on 02/27/26 of client #6's physician orders dated 11/05/25 revealed: -Humalog (insulin) 6 units - take 4 times daily with meals. Hold for finger stick blood sugar value less than 110.</p> <p>Observation on 02/27/26 at approximately 11:30am of the refrigerator in the staff quarters revealed: -A small dorm sized refrigerator. -An unlocked padded envelope which contained client #6's Humalog pens. -Several packages of luncheon meat and a jar of cheese dip.</p> <p>Finding #2: Review on 02/24/26 and 02/25/26 of client #5's record revealed: -Admission date of 02/03/26. -Diagnoses of Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease, Diabetes type 2, Allergic Rhinitis and Pruritis Rash.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's physician orders dated 07/21/25 revealed: -Vitamin B complex (supplement) - oral -Iron 325 milligrams (mg) -Metformin (diabetes) 500mg -Vitamin D3 2000 units. -Hydrocortisone (anti-itch) cream 2.5% apply twice daily</p>	V 120		

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V 120	<p>Continued From page 49</p> <p>Observations on 02/25/26 and 02/27/26 of client #5's medications revealed: -02/25/26 at approximately 12:30pm client #5's Hydrocortisone was stored with his internal medications. -02/27/26 at approximately 11:00am client #5's Hydrocortisone was stored with his internal medications.</p> <p>Interview on 02/27/26 staff #1 stated he had his food items in the staff quarters' refrigerator with client #6's medications.</p> <p>Interview on 02/27/26 the Licensee/Registered Nurse stated: -Client #5's Hydrocortisone was normally stored in a separate plastic bag. -She would ensure external and internal medications were kept separate. -Client #6's medications were kept in the small refrigerator in the staff quarters. -She would get a locked box for refrigerated medications.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 50</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete the Health Care Personnel Registry (HCPR) check prior to hire for 1 of 4 staff (Former Staff (FS #5). The findings are:</p> <p>Review on 03/11/26 of facility records revealed: -No personnel record for FS #5. -No date of hire recorded. -No documented HCPR check for FS #5.</p> <p>Interview on 03/11/26 the Licensee/Registered Nurse stated: -FS #5 was a "shadow staff." -FS #5 was at the facility to "shadow" staff #1. -FS #5 worked at the facility for several days in February 2026. -She had not hired FS #5. -FS #5 no longer worked at the facility. -She paid FS #5 for her work at the facility. -She did not have a HCPR check for FS #5.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 131		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of</p>	V 289		

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V 289	<p>Continued From page 51</p> <p>these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is</p>	V 289		

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V 289	<p>Continued From page 52</p> <p>developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to operate within the scope of their program by admitting clients without developmental disabilities affecting 2 of 3 audited clients (#1 and #6) and 1 of 1 Former Client (FC #8) and failed to ensure the facility operated as licensed with 6 ambulatory clients for 6 of 6 clients (#1, #2, #3, #4,#5, #6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5602 Staff (V290) Based on record review, observation and interview, the facility failed to maintain staffing to respond to and meet the individualized client needs of 6 of 6 current clients (#1, #2, #3, #4, #5, #6).</p> <p>Review on 02/24/26 and 03/11/26 of the Division</p>	V 289		
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V 289	<p>Continued From page 53</p> <p>of Health Service Regulation (DHSR) records revealed:</p> <ul style="list-style-type: none"> -The facility is licensed for 6 ambulatory adults with a primary diagnosis of an Intellectual Developmental Disability (IDD). -"Ambulatory: A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." -There was no waiver to serve adults without an IDD diagnosis or non-ambulatory status clients. <p>Review on 02/25/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of admission 08/23/25. -Diagnoses: Dementia, Left Leg Below Knee Amputation, Paranoid Schizophrenia, Paraplegia. Cognitive Impairment, Bowel incontinence, Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed, Depressed Mood and Substance Use. -No IDD diagnosis. -FL-2 dated 11/04/25 - client was disoriented intermittently and semi-ambulatory via wheelchair. <p>Review on 03/04/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 05/02/25 -Diagnoses: IDD and Schizophrenia. -FL-2 dated 11/20/25 - client was a wanderer. <p>Review of client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 02/22/25 -Diagnoses: IDD Mood Disorder, Type 2 Diabetes, Urinary Incontinence and Hyperlipidemia. -FL-2 dated 11/20/25 - client was disoriented intermittently, had self-injurious behavior and was semi-ambulatory. 	V 289		

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V 289	<p>Continued From page 54</p> <p>Review on 02/25/26 of client #4's record revealed: -Date of admission: 05/20/25. -Diagnoses: Major Depressive Affective Disorder, Unspecified IDD, Unspecified Schizophrenia Spectrum, Hypertension, Obesity, Unspecified Anxiety, Unspecified Psychosis.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's record revealed: -Admission date of 02/03/26. -Diagnoses: Autistic Disorder, Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease (GERD), Diabetes type 2, Allergic Rhinitis and Pruritis Rash. -FL-2 dated 03/05/26 - client was intermittently disoriented.</p> <p>Review on 02/25/26 of client #6's record revealed: -Date of admission 02/03/26. -Diagnoses: Muscle Weakness, Major depression, Anxiety disorder, Generalized Pain, Aphasia, Dysphasia. -FL-2 dated 03/31/25 - client was semi-ambulatory with a rollator walker. -No diagnosis of IDD.</p> <p>Review on 02/27/26 of FC #8's record revealed: -Admission date of 02/03/26. -Schizophrenia Post-Traumatic Stress Disorder, Diabetes, Anxiety Disorder, GERD, Hyperlipidemia, Low B12 and Vitamin D. -No diagnosis of IDD. -Discharge date of 02/04/26.</p> <p>Review on 03/11/26 of the DHSR Construction Section survey dated 03/10/26 revealed: "-1. At the time of the survey, a surprise fire drill</p>	V 289		

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V 289	<p>Continued From page 55</p> <p>was performed. There were five clients present in the home at the time of the fire drill. None of the five clients responded or evacuated the home at the time the alarms were activated. This home was licensed as a home for all ambulatory clients. Based on the rule, an ambulatory client must be able to respond and evacuate at anytime the alarms are activated, without staff prompting or assistance. The clients need to be trained to respond and evacuate without staff prompting or assistance at anytime the alarms are activated. If the clients are unable to perform this, they may need to be relocated to another home that is more suited for their needs. The home can also be remodeled to accommodate non-ambulatory clients. This would require a project to be submitted to DHSR construction and the addition of sprinklers and fire alarms per Section 428.4 of the 2018 North Carolina State Building Code. Take the necessary steps to bring the home into compliance by implementing one of the above scenarios."</p> <p>Interview on 02/24/26 staff #1 stated: -He worked 2 weeks off and 2 weeks on.</p> <p>Review on 03/04/26 and 03/11/26 of the Plan of Protection (POP) dated 03/04/26 written by the Licensee/RN and QP revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? A- Plan of Protection -30 days discharge notice will be given to [Client #1] to enable him to find a place that can meet with his needs. - [Client #5] will be assessed for Autism by a Psychologist. If client doesn't meet criteria will be discharged. -Describe your plans to make sure the above happens. B - Plans to make sure the above plans Giving [Client #1 initials] a 30 days discharge</p>	V 289		
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V 289	<p>Continued From page 56</p> <p>notice to his guardian to find another place to meet his needs. - Assessing every new referral for IDD criteria before admission. - Admitting only clients that meets with IDD criteria."</p> <p>-1- Amended POP dated 03/04/26 "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection - Making an appointment with a psychologist to assess all new referrals to ascertain that they meet criteria for admission per policy.</p> <p>-Describe your plans to make sure the above happens. Plans to make sure the above plans happen - Having appointment with psychologist to assess the clients ([Client #1] and [Client #5])for required criteria for 60 days. - Proper discharging of [Client #1] and [Client #5] if they don't meet criteria with 30 days if they do not meet criteria."</p> <p>-2 - Amended POP dated 03/04/26 "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection Administrator (Licensee/RN) will be assessing clients prior to admission to make sure they meets criteria for admission (IDD and other diagnosis) and make sure staff can meet their needs.</p> <p>-Describe your plans to make sure the above happens. Plan: Administrator will [1] - Assessing every new clients referral at their referring center before admission - Assessing clients need with the QP to make sure that one staff can provide their needs."</p> <p>-3- Amended POP dated 03/11/26) "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Effective today the facility will conduct daily fire drills on varying shifts (to include 1st shift - 7am-3pm, 2nd shift</p>	V 289		

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V 289	<p>Continued From page 57</p> <p>(3pm-11pm) and 3rd shift 11pm-7am) within a 3 day period. The facility will contract with someone who will monitor and follow up with implementation/compleateion of the drills on a daily basis for 2 weeks (14 days) and then weekly for a period of 60 days. The facility administrator will complete assessment of each clients ability to evacuate without assistance. Any client who is not able to exit with less than verbal prompting will be considered for discharge to a higher level of care.</p> <p>-Describe your plans to make sure the above happens. The facility will contract with an additional QP to oversee implementation of assessments of clients ability to exit the facility during a fire or disaster drill. Additionally, that QP will assist with referral to the appropriate levels of care."</p> <p>-4- Amended POP dated 03/11/26) "Addendum: The facility will hire a 2nd staff to work directly with the clients in this group home. Staff will carry out the responsibilities of providing care in collaboration with the other staff. There will be an awake staff on 3rd shift. there will always be a staff present and available to assist as needed 24 hrs 9 hours) a day, 7 days a week."</p> <p>This facility is licensed for six clients with diagnoses to include Dementia, Left Leg Below Knee Amputation, Paranoid Schizophrenia, Paraplegia, Cognitive Impairment, Bowel Incontinence, Bladder Incontinence, Hypertension, Adjustment Disorder, Depressed Mood, Substance Use, IDD, Mood Disorder, Type 2 Diabetes, Hyperlipidemia, Major Depressive Affective Disorder, Obesity, Unspecified Psychosis, Autistic Disorder, Asthma, GERD, Allergic Rhinitis, Pruritis Rash, Muscle Weakness, Generalized Pain and Aphasia. The Licensee/RN stated the admissions of client #6</p>	V 289		

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V 289	Continued From page 58 and FC #8 on 02/03/26 was on an emergency basis. There was no documentation of assesment's of client #5, client #6 and FC #8 to determine their ability to manage during emergencies, self-care or special needs. She typically would meet the clients at the placement facility, conduct a screening and discuss admission with the Qualified Professional. She did not conduct a screening and admission for clients #6 and #FC#8 prior to their admissions. She did not screen the clients to access if they met criteria. The Licensee/RN accepted responsibility for the lack of planning and the determination if the facility could respond to the needs of the clients and informed that the clients could be trained to exit the facility independently. The facility had one staff to meet all treatment and care needs to include clients with disorientation, incontinent of bladder and bowel and daily hygiene needs. All 6 clients needed various levels of care throughout the day and night. The constant and pungent foul odor throughout the entire facility indicated that client care was not provided as required. The facility did not maintain current license standards for 6 ambulatory clients, the lack of IDD diagnoses and the lack of the current hygiene and personal care assistance needs for the clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.	V 290		

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V 290	<p>Continued From page 59</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p>	V 290		

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V 290	<p>Continued From page 60</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain staffing to respond to and meet the individualized client needs of 6 of 6 current clients (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>Review on 02/25/26 of client #1's record revealed: -Date of admission 08/23/25. -Diagnoses: Dementia, Left Leg Below Knee Amputation, Paranoid Schizophrenia, Paraplegia, Cognitive Impairment, Bowel incontinence, Bladder Incontinence, Hypertension, Adjustment Disorder, Depressed Mood and Substance Use.</p> <p>Review on 03/11/26 of client #1's FL-2 dated 11/04/25 revealed: -Disoriented intermittently. -Incontinent of bladder and bowel. -Personal care assistance in bathing and dressing. -Supply gloves, wipes, pull up and bed pads. -Patient care-Check right foot daily for skin breakdown.</p> <p>Review on 03/04/26 of client #2's record revealed: -Date of admission: 05/02/25 -Intellectual Developmental Disability (IDD) and Schizophrenia.</p> <p>Review on 03/04/26 of client #2's FL-2 dated 11/20/25 revealed: -Inappropriate behavior: Wanderer. -Personal care assistance: bathing and dressing.</p>	V 290		

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V 290	<p>Continued From page 61</p> <p>-Supply pull ups and gloves.</p> <p>Review of client #3's record revealed: -Date of admission:02/22/2 -Diagnoses of IDD, Mood Disorder, Type 2 Diabetes, Urinary Incontinence and Hyperlipidemia.</p> <p>Review on 03/04/26 of client #3's FL-2 dated 11/20/25 revealed: -Disoriented intermittently. -Inappropriate behavior: self-injurious. -Personal care assistance: Bathing and dressing. -Incontinent of bladder. -Semi-ambulatory.</p> <p>Review on 02/25/26 of client #4's record revealed: -Date of admission: 05/20/25. -Diagnoses: Major Depressive Affective Disorder, Unspecified Intellectual Disability, Unspecified Schizophrenia Spectrum, Hypertension, Obesity, Unspecified Anxiety, Unspecified Psychosis.</p> <p>Review on 03/04/26 of client #4's FL-2 dated 11/20/25 revealed: -Personal care assistance: bathing, feeding and dressing. -Incontinent of bladder. -Supply pull ups, bed pads and gloves.</p> <p>Review on 02/24/26 and 02/25/26 of client #5's record revealed: -Admission date of 02/03/26. -Diagnoses of Autistic Disorder, Paranoid Schizophrenia, Hypertension, Hyperlipidemia, Asthma, Gastroesophageal Reflux Disease (GERD), Diabetes type 2, Allergic Rhinitis and Pruritis Rash.</p>	V 290		

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V 290	<p>Continued From page 62</p> <p>Review on 03/11/26 of a client #5's FL-2 dated 03/05/26 revealed: -Intermittently disoriented. -Incontinent of bladder. -Personal care assistance with bathing, dressing and feeding.</p> <p>Review on 02/25/26 of client #6's record revealed: -Date of admission 02/03/26. -Diagnoses: Muscle Weakness, Major depression, Anxiety disorder, Generalized Pain, Aphasia, Dysphasia.</p> <p>Review on 02/24/26 of client #6's FL-2 dated 03/31/25 revealed: -Personal care assistance: bathing, dressing and feeding (cut meats). -Incontinent of bladder and bowel. -Semi-ambulatory with a rollator walker</p> <p>Review on 02/27/26 of client #6's physician orders dated 11/05/25 revealed: -Humalog (insulin) 6 units - 4 times a day with meals and hold for a blood sugar value less than 110. -Notify provider for finger stick blood sugar (FSBS) less than 70 or greater than 400.</p> <p>Observation on 02/24/26 at approximately 11:00am revealed: -Staff #1 opened the front door to the facility. -A pungent, persistent and permeating smell of urine was detected throughout the entire facility.</p> <p>Interview on 02/25/26 client #6 at local hospital Intensive Care Unit (ICU) revealed: -"...had diabetes all my life, 130 is good, don't remember them (staff) checking it (blood sugar value) at the group home</p>	V 290		

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V 290	<p>Continued From page 63</p> <ul style="list-style-type: none"> -Started having problems, started throwing up on Sunday (02/22/26) -I couldn't get off the floor by myself, didn't get checked on. Sunday (02/22/26). - "I wear pull-ups." -Meals, not eating right, basically pizza and what was in front of me, spaghetti, corn dogs, bologna sandwiches... - "It should be against the law for them to do me the way they did me." <p>Interview on 02/25/26 client #6's sister/legal guardian stated:</p> <ul style="list-style-type: none"> - "Most of the visits to the group home he (client #6) was not clean, could smell the urine on him. His clothes not clean, been there (group home) two times." - "His pants smelled so bad with urine smell; I took took [client #6]'s pants home to wash them and washed them several times and still couldn't get the urine stink out." - No pull ups in his size. "I took him some out of my car, he has accidents bowel poops, out of no where...she [Licensee/RN] said he has BMs (bowel movements) on himself." <p>Interview on 02/24/26, 02/27/26 and 03/04/26 staff #1 stated:</p> <ul style="list-style-type: none"> -He worked 2 weeks on and 2 weeks off. -Client #6 went to the day program 5 days and they would not take him back due to his care needs. -Client #6 had to have his blood sugar checked 4 times a day. -Client #1 had to be ready to leave the facility around 6:30am or 7:00am. -He assisted client #1 as needed. -Client #1 uses the bathroom on the bed, on a pad and when he uses it on him I bathe him at his bed...I'm working with what I'm given here..." 	V 290		

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V 290	<p>Continued From page 64</p> <p>-Client #1 "*isse* all the time, he wears a diaper and *isse* he is in a wheelchair..."</p> <p>-Client #1 uses a bathing bucket at his bed...and has a urinal, does not shower.</p> <p>Interview on 03/11/26 the Qualified Professional stated:</p> <p>-Client #1 can take the Baclofen at 8am in the morning and at 11pm before he goes to bed.</p> <p>-She did not "think it was a good idea" to accept client #1 into the facility until he showed he could "take care" of himself.</p> <p>-She was not aware that client FC #8 was admitted to the facility until after the admission.</p> <p>-She did not know about client #6 until he was in the hospital, when "he went to the hospital is when I found out he was here..."</p> <p>-Client #6 "I reviewed his record, diagnosis of diabetes, no IDD, I found no reason why we should have admitted him with several types of insulin...I told [Licensee/RN] that someone on insulin you need to have more training, red fags absolutely, special staff or intense training... [Licensee/RN] told me everything was ok with him..."</p> <p>-I wasn't aware he (client #6) wasn't getting insulin or Blood Sugar checks, if he wasn't, I wasn't told..."</p> <p>Interview on 02/24/26 and 02/27/26 the Licensee/Registered Nurse stated:</p> <p>-Client #6 and FC #8 were brought to the facility in the morning hours of 02/03/26 from a rest home in a county two hours away.</p> <p>-She only admitted the clients as "an emergency."</p> <p>-She made a "mistake to take them (admit to facility, (client #6 anf FC #8)...they (rest home staff) just brought them to me...I wasn't here to assess, just dropped here..."</p> <p>-She did not call Adult Protective Services to</p>	V 290		

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V 290	Continued From page 65 notify them a provider (rest home) had dropped off clients. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or	V 291		

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V 291	<p>Continued From page 66</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 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 #6). The findings are:</p> <p>Finding #1: Review on 02/24/26 and 02/27/26 of client #6's record revealed: -Admission date of 02/03/26. -Diagnoses of Muscle Weakness, Major Depressive Disorder, Anxiety, Diabetes, Aphasia and Dysphasia.</p> <p>Review on 02/27/26 of client #6's physician orders dated 11/05/25 revealed: -Humalog (insulin) 6 units - 4 times a day. Administer if blood sugar was greater than 110.</p> <p>Review on 02/24/26 of a document of client #6's blood sugar value checks at 12pm revealed: -02/12/26 - 12 noon - "F" (at day program per staff #1). -02/13/26 - 12 noon - "F." -02/14/26 - 12 noon - "F." -02/16/26 - 12 noon - "F." -02/17/26 - 12 noon - "F."</p> <p>Interview on 02/24/26 staff #1 stated: -He stated "F" on the blood sugar sheet indicated client #6 was the day program. -Client #6 went to the day program 5 days.</p> <p>Finding #2:</p>	V 291		

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V 291	<p>Continued From page 67</p> <p>Review on 02/24/26 of client #1's record revealed: -Admission date of 10/28/25. -Diagnoses of Dementia, Left Below the Knee Amputation, Paraplegia, Schizoaffective Disorder, Bipolar Disorder, Chronic Kidney Disease, Cognitive Impairment, Bowel and Bladder Incontinence, Hypertension, Adjustment Disorder with Mixed Anxiety, Depressed Mood, Motor Vehicle Accident, Cannabis Dependence and Alcohol Dependence.</p> <p>Review on 02/24/26 and 02/25/26 of client #1's medication orders dated 11/20/25 revealed: -Baclofen (muscle relaxant) - three times a day.</p> <p>Review on 03/11/26 of client #1's February 2026 Medication Administration Record revealed: -Baclofen three times a day at 8am, 2pm and 8pm. -"F" written in the following 2pm medication times: 02/02 thru 02/07, 02/09 thru 02/14, 02/16 thru 02/18, 02/23 and 02/24.</p> <p>Review on 02/25/26 of client #1's medications revealed: -Baclofen was in a separate perforated daily pill bubble pack with 2pm print on the seal.</p> <p>Interview on 02/24/26 and 03/04/26 the Licensee/Registered Nurse stated: -She was not responsible for client #6's care when he was away from the facility. -She was not responsible for client #6's medications if he was out of the facility at the day program. -She had not coordinated with the day program regarding client #6's blood sugar checks or potential insulin injections. -Client #1 went to the day program Monday thru</p>	V 291		

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V 291	Continued From page 68 Friday and returned back to the group home at various hours after approximately 3:30pm. -She had not coordinated with the day program regarding client #1's 2pm dose of Baclofen. -Client #1 is given his 2pm medication after he returned home from the day program. This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 291		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536		

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V 536	<p>Continued From page 69</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p>	V 536		
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V 536	<p>Continued From page 70</p> <p>(B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once</p>	V 536		

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V 536	<p>Continued From page 71</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 3 current staff (Qualified Professional (QP)) and 1 of 1 former staff (FS) (#5) had annual or initial refresher training in alternatives to restrictive intervention. The findings are:</p>	V 536		
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V 536	<p>Continued From page 72</p> <p>Review on 03/11/26 of facility records revealed: -No personnel record for FS #5. -No date of hire recorded. -No Non-Violent Crisis Intervention (NCI) training in alternatives to restrictive intervention.</p> <p>Review on 02/27/26 of the QP's record revealed: -Hire date 12/12/24. -NCI training in alternatives to restrictive intervention expired 02/05/26.</p> <p>Interview on 02/27/26 and 03/11/26 the Licensee/Registered Nurse stated: -FS #5 was a "shadow staff". -FS #5 was at the facility to "shadow" staff #1. -FS #5 was only at the facility for several days in February 2026. -She had not hired FS #5. -FS #5 did not have any training in alternatives to restrictive interventions. -Staff should have NCI refresher training in alternatives to restrictive interventions every year. -She would ensure the QP had refresher training in alternatives to restrictive interventions in NCI.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives</p>	V 537		

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V 537	Continued From page 73 to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using	V 537		

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V 537	<p>Continued From page 74</p> <p>concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning</p>	V 537		

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V 537	<p>Continued From page 75</p> <p>objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 537		

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V 537	<p>Continued From page 76</p> <p>(C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 current staff (Qualified Professional (QP)) and 1 of 1 former staff (FS) (#5) received annual or initial training in seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 03/11/26 of facility records revealed: -No personnel record for FS #5. -No date of hire recorded. -No Non-Violent Crisis Intervention (NCI) training in seclusion, physical restraint and isolation time out.</p> <p>Review on 02/27/26 of the QP's record revealed: -Hire date 12/12/24. -NCI training in seclusion, physical restraint and isolation time out expired 02/05/26.</p> <p>Interview on 02/27/26 and 03/11/26 the</p>	V 537		
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V 537	<p>Continued From page 77</p> <p>Licensee/Registered Nurse stated: -FS #5 was a "shadow staff". -FS #5 was at the facility to "shadow" staff #1. -FS #5 was only at the facility for several days in February 2026. -She had not hired FS #5. -FS #5 did not have any training in seclusion, physical restraint and isolation time out. -Staff should have yearly NCI refresher training in seclusion, physical restraint and isolation time out. -She would ensure staff had refresher training in seclusion, physical restraint and isolation time out in NCI.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 (V109) for a Type A1 rule violation and must be corrected within 23 days</p>	V 537		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary</p>	V 540		

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V 540	<p>Continued From page 78</p> <p>napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed ensure privacy during the provision of personal hygiene and grooming care for 2 of 3 audited clients (#1 and #4). The findings are:</p> <p>Observation on 02/24/26 at 11:00am revealed: -The hallway bathroom shower did not drain when water was turned on.</p> <p>Interview on 02/25/26 client #1 stated: -He was in the bedroom when clients (#2, #3, #5, #6) completed their hygiene in the master bedroom/bathroom. -He was not "bothered" by the other clients that showered in his master bedroom/bathroom.</p> <p>Interview attempted on 02/24/26 with client #4 revealed: -Client #4 was unable to participate in interview. He would only repeat what was stated to him and would respond with rambling statements or phrases, that were not in context with the subject matter that was presented.</p> <p>Interview and on 02/24/26 and on 02/25/26 staff #1 stated: -Client #1 "p***y all the time, he wears a diaper and p***y he is in a wheelchair..."</p>	V 540		

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V 540	<p>Continued From page 79</p> <ul style="list-style-type: none"> -Client #1 "uses the bathroom "on the bed, a pad and when I bathe him at his bed...I'm working with what I'm given here..." -Client #1 used a bathing pan "at his bed"...and "has a urinal," he did not use "the shower." -The bedroom hallway shower did not drain. -The only available bathroom was in client #1 and client #4's bedroom. -The other clients took a shower in client #1 and client #4's master bedroom/bathroom. -He also showered in client #1's and client #4's master bedroom/bathroom. <p>Interview on 03/11/26 the Qualified Professional stated: -She had no knowledge the hallway bathroom did not work.</p> <p>Interview on 02/25/26 the License/Registered Nurse stated: -She did not know that the shower did not work in the hallway bathroom. -She did not know that the clients (#2, #3, #5, #6) and staff used one bathroom, located in client #1 and client #4's master bedroom/bathroom. -She would have a plumber to repair the hallway shower.</p>	V 540		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and</p>	V 736		

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V 736	<p>Continued From page 80</p> <p>interviews, the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. The findings are:</p> <p>Observation on 03/04/26 at approximately between 3:16pm and 3:19pm and on 02/24/26 at approximately 11:37am and 2:41pm the photographs of the facility revealed:</p> <ul style="list-style-type: none"> -A pack of adult briefs stored on the floor in client #1 and client #4's bedroom floor. -Client #4's clothes hamper and the bed was stored horizontally in front of the window preventing easy access and egress to 2 windows. -Client #5 and client #6's beds and dresser prevented easy access and egress from the three windows in the room. -Client #5's sheet had holes in the fabric. -2 various sizes of brown water stains on the white ceiling in client #5 and client #6's bedroom. -Client #5 and client #6's bedroom door had various sizes of paint peeled away from the surface. -A blue five gallon bucket with water was stored in the hallway shower. -The front entrance counter had two corners broken and separated on the end. -The transition between the kitchen area and living room transition doorway had broken and uneven concrete. -The hallway bathroom had 1 of 8 bulbs missing in the light socket. -The hallway shower had a brown build up of substance near the bottom in the grout. -The hallway toilet had brown stains below the water level. -The bathroom for client #1 and #4 had 2 of 7 light bulbs missing in the sockets. Only one light bulb worked. -The brown kitchen ceiling had a softball sized 	V 736		

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V 736	<p>Continued From page 81</p> <p>white patched area on the surface.</p> <ul style="list-style-type: none"> -A picture frame in the living room had a broken missing shard of glass in the left corner. -The entrance to the facility was built up by concrete on the threshold. -The front glass storm door was smeared with a cloudy substance. <p>Observation on 03/04/26 of photographs at approximately 3:17pm of the facility on 03/04/26 revealed:</p> <ul style="list-style-type: none"> -3 fire ant mounds in the front yard of the facility. <p>Observation on 02/24/26 at approximately 11:00am revealed:</p> <ul style="list-style-type: none"> -Staff #1 opened the front door to the facility and a foul, pungent and repulsive smell of urine which permeated inside and throughout the entire facility was detected. -The foul urine stench was consistent and permeated the entire facility and made it difficult to breathe. -Client #5 and #6's ceiling fan had a thick layer of dust buildup on each of the fan blades. A baseball sized water stain was in the corner of the ceiling. The bedroom door had various sizes of paint peeled off the surface on the bottom half, from less than one half to one inch in size. -Client #2 and client #3's bedroom door had an approximately 12 inch section of masking tape on the white surface. -5 smoke detectors emitted a chirping sound every 35 seconds. The alarms beeped at various times during the entire approximately 7 hours onsite. -Client #1 and client #4's bedroom had a package of adult briefs on the floor. -The kitchen had an approximately 8 inch by 8 inch white patch on the ceiling. -The kitchen and facility had various sizes of bits 	V 736		
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V 736	<p>Continued From page 82</p> <p>of debris and food on the floors throughout the entire facility.</p> <ul style="list-style-type: none"> -The rear room had an approximately golf ball sized hole in the sheetrock and a wet mop stored. -The room which housed the dryer had too many to count, various sized wood particles which were scattered on the floor. <p>Observation on 02/25/26 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> -Smoke detectors throughout the facility continued to emit a chirping sound. -The foul offensive urine stench was consistent and permeated throughout the entire facility was mixed with a strong odor of a cleaning product. <p>Observation on 02/27/26 at approximately 9:25am revealed:</p> <ul style="list-style-type: none"> -Smoke detectors throughout the facility continued to emit a chirping sound. -The foul urine smell was consistent and permeated throughout the entire facility mixed with a strong odor of a cleaning product <p>Interview on 02/25/26 client #6 at local hospital Intensive Care Unit (ICU) revealed:</p> <ul style="list-style-type: none"> -"Fire alarms need some batteries, sound like a canary." <p>Interview on 02/25/26 client #6's sister/legal guardian stated:</p> <ul style="list-style-type: none"> -"Most of the visits to the group home he (client #6) was not clean, could smell the urine on him. His clothes not clean, been there (group home) two times." -"His pants smelled so bad with urine smell; I took [client #6]'s pants home to wash them and washed them several times and still couldn't get the urine stink out." 	V 736		

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V 736	<p>Continued From page 83</p> <ul style="list-style-type: none"> - No pull ups in his size. "I took him some out of my car, he has accidents bowel poops, out of no where...she [Licensee/RN] said he has BMs (bowel movements) on himself." <p>Interview on 02/24/26, 02/27/26 and 03/04/26 staff #1 stated:</p> <ul style="list-style-type: none"> -He worked 2 weeks on and 2 weeks off. -There is one staff per shift. -He did not hear the smoke detectors beeping. The batteries had been changed previously. -He assisted client #1 as needed. -Client #1 uses the bathroom on the bed, on a pad and when he uses it on him I bathe him at his bed...I'm working with what I'm given here..." -Client #1 "p***y all the time, he wears a diaper and *p***y* he is in a wheelchair..." -Client #1 used the bathroom on the bed, on a pad and when he uses it on him I bathe him at his bed...I'm working with what I'm given here..." -Client #1 used a bathing bucket at his bed...and has a urinal, does not shower. <p>Interview on 2/24/26 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The smell, "yes never smelled it this bad, urine, staff not cleaning up as good as they should." <p>Interview on 02/24/25, 02/25/26 and 3/4/26 the Licensee/Registered Nurse (Registered Nurse)stated:</p> <ul style="list-style-type: none"> -The "kind of people we have, they be peeing when they come in." -The clients only wear under garments when they have accidents or go to the programs. -"...They know when to go pee, that doesn't mean we neglect them, they are men they pee on the floor and staff didn't mop, mops not washed, smell is coming down. -The batteries had been changed in the smoke 	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2026
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NAME OF PROVIDER OR SUPPLIER TWINKLE-STAR HOME SERVICES #4 24091	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 BEL AIR AVENUE SE WILSON, NC 27893
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V 736	<p>Continued From page 84</p> <p>detectors, but they kept chirping. -The "smell was coming down."</p> <p>Review on 03/04/26 of the Plan of Protection (POP) dated 03/04/26 written by the Licensee/RN (Registered Nurse) revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection Administrator (Licensee/RN) will maintain a safe and clean environment free of offensive odor for clients to live. Describe your plans to make sure the above happens. Plan - Administrator will supervise staff every quarter to ensure a quarterly fire disaster drill done and documented to encourage client escape at all times. Administrator will supervise staff weekly on house cleaning to maintain clean and odor free environment." Amended POP dated 03/04/26 written by the Licensee/RN revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Plan of Protection - Administrator will maintain a safe and clean environment free of offensive odor for clients to live by providing an obstacle free doors and windows maintaining that fire/disaster drills are done and documented. Describe your plans to make sure the above happens. Plan - Administrator (Licensee/Re will retrain staff on proper cleaning of the house and supervise staff weekly to maintain clean and odor free environment. Administrator will supervise staff every quarter to ensure a quarterly fire [and] disaster rill done and documented to encourage client escape at all times. Administrator will ensure that staff keeps all doors and windows free of obstacles, dry floors for safety."</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2026
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NAME OF PROVIDER OR SUPPLIER TWINKLE-STAR HOME SERVICES #4 24091	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 BEL AIR AVENUE SE WILSON, NC 27893
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V 736	<p>Continued From page 85</p> <p>This facility is licensed for 6 clients with diagnoses to include Dementia, Left Leg Below Knee Amputation, Paraplegia, Cognitive Impairment, Bowel incontinence, Bladder Incontinence, Hypertension, Diabetes, Adjustment Disorder with Mixed, Substance Use, Major Depressive Affective Disorder, Unspecified Intellectual Disability, Unspecified Schizophrenia Spectrum, Hypertension, Obesity, Unspecified Anxiety, Unspecified Psychosis., Muscle Weakness, Major Depression, Anxiety Disorder, Generalized Pain, Aphasia, Dysphasia, Post-Traumatic Stress Disorder, Gastroesophageal Reflux Disease, Hyperlipidemia, Low B12 and Vitamin D, History of Hypothermia. The foul odor which permeated throughout the facility was pungent upon the entrance date and persisted until the exit date of 03/11/26. The clients bedroom furniture was placed in front of the windows and prevented egress. The clients had various ambulatory abilities and cognitive impairments which made the egress within the bedrooms obstructed because of the furniture placement which blocked the windows. The uncleanliness of the facility was evident throughout all the rooms in the facility. The smoke detectors chirped for multiple days and was not addressed immediately and had not worked for an undetermined amount of time. There was only one staff who worked per shift for the clients to assist during the window egress, to ensure the hygiene of the clients and cleanliness of the facility and the lack of functionality of the smoke detectors and the inability for the clients to exit for emergencies independently was a safety risk which attributed to the serious neglect of each client in the facility. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 736		

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