

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYLVANGLADE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 BURLINGTON ROAD GIBSONVILLE, NC 27249
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 13, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Sheyell K. Davis, Director</i>	<i>Director</i>	<i>3/03/20</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYLVANGLADE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 BURLINGTON ROAD GIBSONVILLE, NC 27249
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that medication was administered on the written order of a physician and failed to keep the MAR current affecting clients (#1 and #2). The findings are:</p> <p>Review on 2/13/26 of client #1's record revealed: -Date of Admission: 2/1/13; -Diagnoses: Intellectual Developmental Disability, Moderate; and Schizoaffective Disorder, Unspecified; -Physician order dated 12/8/25 for Ammonium Lactate 12% cream, prescribed for dry skin; -Physician order dated 1/23/26 for Aspirin 81 milligrams (mg), prescribed for heart health and Atorvastatin 20mg, prescribed for cholesterol; -Physician order dated 2/3/26 for Oxcarbazepine 600mg, prescribed for seizure disorder; -Physician order dated 11/20/25 for Risperidone 2mg, prescribed for paranoia/agitation, Sertraline 100mg, prescribed for anxiety, and Quetiapine ER 300mg, prescribed for mood/behaviors; -Physician order dated 1/22/26 for Benzotropine 1mg, prescribed for stiffness and tremors.</p> <p>Review on 2/13/26 of client #2's record revealed: -Date of Admission: 12/7/09; -Diagnoses: Intellectual Developmental Disability,</p>	V 118	<p>This Rule was not met as evidenced by the following: Based on record reviews and staff interviews, the facility did not ensure that medications were administered only upon written orders from a physician and failed to maintain current Medication Administration Records (MAR) for clients #1 and #2. A meeting was convened by the Director with all staff to emphasize the critical importance of accurate medication documentation and collectively review best practices. The Director clarified that administration of medication Without a valid physician's written order is strictly prohibited. To address these deficiencies, the Director has implemented</p> <p>the following corrective actions:</p> <ul style="list-style-type: none"> • All staff have been instructed that medications may only be administered when a valid, documented physician's order is present. • An immediate review and update of the MARs for all affected clients have been completed to ensure accuracy in the documentation of all administered medications, with discrepancies promptly corrected. • Weekly supervision and monitoring will occur, during which staff documentation practices will be comprehensively reviewed by the Director and Quality Assurance team to ensure adherence to established standards. • Ongoing staff training and competency evaluations are in place to reinforce proper medication documentation procedures and strict compliance with physicians' orders. • Regular follow-up audits will be conducted to monitor continued compliance with these procedures, enabling prompt identification and resolution of any future omissions. <p>These actions are designed to ensure medication safety, regulatory compliance, and the accuracy of records for all clients, while fostering a culture of accountability within the organization and preventing recurrence of similar issues.</p> <p>The Medication Retraining session was conducted on February 18, 2026. The training focused on appropriate documentation procedures, highlighting the importance of timely and accurate record-keeping as well as effective strategies for preventing errors.</p>	
-------	---	-------	--	--

RECEIVED

MAR 09 2026

DHSR-MH Licensure Sect

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SYLVANGLADE #1

**6235 BURLINGTON ROAD
GIBSONVILLE, NC 27249**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 118	<p>Continued From page 2</p> <p>Moderate; Bipolar Disorder, Recurrent; Spastic Quadriplegic Cerebral Palsy; and Hemiplegia, Unspecified;</p> <ul style="list-style-type: none"> -Physician order dated 1/22/26 for Losartan 50mg, prescribed for high blood pressure; -Physician order dated 9/18/25 for Levetiracetam 1,000mg, prescribed for seizure disorder; -Physician order dated 10/22/25 for Gabapentin 400mg, prescribed for nerve pain, Benztropine 0.5mg, prescribed for stiffness/tremors, Tamsulosin 0.4mg, prescribed to relax the muscles in the bladder, and Donepezil 5mg, prescribed for cognitive symptoms; <p>Review on 2/13/26 of the client #1's MARs for December 2025, January 2026, and February 2026 revealed:</p> <ul style="list-style-type: none"> -Ammonium Lactate 12%, apply topically to skin twice daily, was not documented as having been administered from 12/23/25 to 12/31/25 in the morning. On 1/1/26, 1/2/26, 1/5/26, from 1/10/26 to 1/12/26, 1/16/26, 1/19/26, 1/24/26, and 1/25/26 in the morning. From 1/28/26 to 1/30/26 at night, and 2/9/26 in the morning; -Aspirin 81 mg, take 1 tablet by mouth once daily, was not documented as having been administered on 12/1/25, and from 12/23/25 to 12/31/25. 1/5/26, 1/10/26, 1/12/26, 1/16/26, from 1/24/26 to 1/26/26, 1/29/26, 1/30/26, and 2/9/26; -Atorvastatin 20mg, take 1 tablet by mouth at bedtime, was not documented as having been administered from 1/28/26 to 1/30/26; -Oxcarbazepine 600mg, take 1 tablet by mouth twice daily, was not documented as having been administered from 12/23/25 to 12/31/25 in the morning. 1/5/26, from 1/12/26 to 1/16/26, 1/19/26, 1/24/26, 1/25/26, 1/29/26, and 1/30/26 in the morning. From 1/28/26 to 1/30/26 at night. 1/5/26, from 1/10/26 to 1/12/26, 1/19/26, 1/24/26, 1/25/26, and from 1/29/26 to 1/30/26 in the 	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYLVANGLADE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 BURLINGTON ROAD GIBSONVILLE, NC 27249
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 3</p> <p>morning. From 1/28/26 to 1/30/26 at night. From 2/7/26 to 2/9/26 in the morning;</p> <p>-Risperidone 2mg, take 1 tablet by mouth twice daily, was not documented as having been administered on 12/1/25, from 12/23/25 to 12/31/25 in the morning. From 1/28/26 to 1/30/26 at night.</p> <p>-Sertraline 100mg, take 1 tablet by mouth once daily, was not documented as having been administered from 12/23/25 to 12/31/25. 1/5/26, 1/10/26, 1/11/26, 1/16/26, and from 1/19/26 to 1/30/26, and 2/9/26.</p> <p>-Quetiapine 300mg, take 2 tablets by mouth at 6pm, was not documented as having been administered from 1/28/26 to 1/30/26;</p> <p>-Benztropine 1mg, take 1 tablet by mouth once daily, was not documented as having been administered from 1/28/26 to 1/30/26.</p> <p>Review on 2/13/26 of client #2's MARs for December 2025, January 2026, and February 2026 revealed:</p> <p>-Losartan 50mg, take 1 tablet by mouth once daily, was not documented as having been administered from 12/26/25 to 12/29/25. On 1/5/26, 1/10/26 to 1/12/26, 1/16/26, 1/24/26, 1/25/26, 1/29/26, and 1/30/26;</p> <p>-Levetiracetam 1,000mg, take 1 tablet by mouth twice daily, was not documented as having been administered from 12/26/25 to 12/29/25 in the morning. On 1/5/26, from 1/10/26 to 1/12/26, 1/16/26, 1/24/26, 1/25/26, 1/29/29, and 1/30/26 in the morning. From 1/28/26 to 1/30/26 at night;</p> <p>-Gabapentin 400mg, take 1 capsule by mouth at bedtime, was not documented as having been administered on 12/31/25; From 1/28/26 to 1/30/26;</p> <p>-Benzotropine 0.5mg, take 1 tablet by mouth twice daily, was not documented as having been administered on 12/1/25, 12/8/25, and from</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SYLVANGLADE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 BURLINGTON ROAD GIBSONVILLE, NC 27249
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 118	<p>Continued From page 4</p> <p>12/26/25 to 12/29/25 in the morning. On 1/5/26, from 1/10/26 to 1/12/26, 1/16/26, 1/24/26, 1/25/26, 1/29/26, and 1/30/26 in the morning. From 1/28/26 to 1/30/26 at night;</p> <p>-Tamsulosin 0.4mg, take 1 capsule by mouth once daily, was not documented as having been administered from 1/28/26 to 1/30/26;</p> <p>-Donepezil 5mg, take 1 tablet by mouth once daily, was not documented as having been administered from 1/28/26 to 1/30/26.</p> <p>Interview on 2/13/26 with client #1 revealed: -Staff gave his medicine everyday and on time.</p> <p>Interview on 2/13/26 with client #2 revealed: -Staff gave his medicine in the morning and night.</p> <p>Interview on 2/13/26 with staff #1 revealed: -She denied having any medication errors.</p> <p>Interview on 2/13/26 with staff #2 revealed: -He denied having any medication errors. "[Director] is very particular about medication."</p> <p>Interview on 2/13/26 with the Director revealed: -She was unaware of the missing initials on the MARs. "I constantly speak with staff about the importance of medication administration."</p>	V 118		
-------	--	-------	--	--