

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARDS	STREET ADDRESS, CITY, STATE, ZIP CODE 132 EAGLES TERRACE SHELBY, NC 28150
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/1/2026. 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 (AFL).</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		

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

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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 observation, interview and record review, the facility failed to keep the MARs current affecting 2 of 2 current clients (#1, and #2). The findings are:</p> <p>Review on 4/1/26 of client #1's record revealed: -Date of admission 6/1/22. -Diagnoses of Prediabetes, Vitamin D Deficiency, Major Depressive Disorder (MDD), Epileptic Seizures, Moderate Intellectual Developmental Disabilities (IDD), Anxiety Disorder, Unspecified Mood Disorder, Intermittent Explosive Disorder, Oppositional Defiant Disorder, and Gastroesophageal Reflux Disease (GERD).</p> <p>Observation on 3/31/26 at 11:10 a.m. of client #1's medications revealed: -The following medications had not been administered and were attached to the blister pack. -Omeprazole (GERD) 40 milligrams (mg), 1 capsule at HS (hour of sleep). -Risperidone (Intermittent Explosive Disorder) 2 mg, 1 tablet at HS. -Mirtazapine (MDD) 30 mg, 1 tablet at HS. -Lamotrigine (Epileptic Seizures) 200 mg, 1 tablet at HS. -Vitamin D2 (Vitamin D Deficiency) 50,000</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>international units (IU), 1 capsule weekly.</p> <p>Review on 3/31/26 of client #1's physician orders revealed: -9/23/25 Omeprazole 40 mg, 1 capsule at HS. -11/7/25 Vitamin D2 50,000 IU, 1 capsule weekly. -2/13/26 Risperidone 2 mg, 1 tablet at HS. -Mirtazapine 30 mg, 1 tablet at HS. -Lamotrigine 200 mg, 1 tablet at HS.</p> <p>Observation and review on 3/31/26 at 11:11 a.m. of client #1's MARs dated 1/1/26 through 3/31/26 revealed: -The following medications were documented as administered on 3/31/26 at 8:00 p.m. prior to the ordered administration time. -Omeprazole 40 mg, 1 capsule at HS. -Risperidone 2 mg, 1 tablet at HS. -Mirtazapine 30 mg, 1 tablet at HS. -Lamotrigine 200 mg, 1 tablet at HS. -Vitamin D2 50,000 IU, 1 capsule weekly.</p> <p>Review on 4/1/26 of client #2's record revealed: -Date of admission 5/1/25. -Diagnoses of Schizophrenia, Mild IDD, Impulse Control Disorder, Personality Disorder, Mood Disorder, Psychotic Disorder, Type II Diabetes Mellitus, High Blood Pressure, GERD, Heart Disease, High Cholesterol, Over Active Bladder, and Pacemaker.</p> <p>Observation on 3/31/26 at 11:22 a.m. of client #2's nightly medications revealed: -The following medications had not been administered and were attached to the blister pack. -Pravastatin (High Cholesterol) 20 mg, 1 tablet at HS. -Fluticasone Propionate nasal spray (Allergies) 50 micrograms (mcg), 2 sprays in each nostril at HS.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Trazadone (Major Depressive Disorder) 50 mg, 1 tablet every evening as needed.</p> <p>Review on 3/31/26 of client #2's physician orders revealed: -8/11/25 Fluticasone Propionate nasal spray 50 mcg, 2 sprays in each nostril at HS. -12/29/25 Pravastatin 20 mg, 1 tablet at HS. -1/9/26 Trazadone 50 mg, 1 tablet every evening as needed.</p> <p>Observation and review on 3/31/26 at 11:23 a.m. of client #2's MARs dated 1/1/26 through 3/31/26 revealed: -The following medications were documented as administered on 3/31/26 at 8:00 p.m. prior to the ordered administration time. -Pravastatin 20 mg, 1 tablet at HS. -Fluticasone Propionate nasal spray 50 mcg, 2 sprays in each nostril at HS. -Trazadone 50 mg, 1 tablet every evening as needed (initialed as administered every HS for all 3 months reviewed).</p> <p>Interview on 3/31/26 with client #1 revealed: -He was administered all of his medications every night. -He only took his medications at night due to the medications making him "sleepy."</p> <p>Interview on 3/31/26 with client #2 revealed: -She was administered "3" medications every night.</p> <p>Interview on 3/31/26 with the AFL Provider revealed: -She had already initialed client #1 and #2's medications at 8:00 p.m. as administered on 3/31/26, "I made an accident." -Acknowledged the MARs should not have been</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>initialed as administered for both clients until after the medications were administered.</p> <p>Interviews on 3/31/26 with the Clinical Director/Qualified Professional (QP) and the Registered Nurse/QP revealed: -Acknowledged medications should only been initialed as administered after administration. -This was how the AFL Provider was trained and "She (AFL Provider) knows better" (than to initial prior to administration)."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		