

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2026
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NAME OF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO - ATLANTA	STREET ADDRESS, CITY, STATE, ZIP CODE 3416 ATLANTIC AVENUE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 3/10/26. 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 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</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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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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;</p>	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 interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 2/26/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/7/21 - Diagnoses: Moderate Intellectual Developmental Disorder and Diet Controlled Diabetes - a FL2 dated 2/26: check blood sugar monthly <p>During interview on 2/26/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - staff checked client #5's blood sugar monthly <p>During interview on 3/10/26 the Program Director reported:</p> <ul style="list-style-type: none"> - she was not aware of the CLIA waiver - will contact the proper officials regarding the CLIA waiver 	V 105	<p>After consulting with the individuals Physician and family, the physician has determined that monthly checks of his blood sugar levels were not needed. In their place the client will now be taken to his doctors office quarterly for a finger stick and a nurse check to make sure his levels are staying in a healthy range. The group home will not longer check his blood sugar. If any changes occur and the situation changes the group home will contact the state for a CLIA waiver.</p>	
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</p>	V 117		

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V 117	<p>Continued From page 3</p> <p>visible;</p> <p>(2) Prescription medications, whether purchased 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 observation, record review and interview the facility failed ensure medications had packaging labels for 3 of 3 audited clients (#1, #4 and #5). The findings are:</p> <p>A. Review on 2/26/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/20/82 - Diagnoses: Intellectual Developmental Disability (IDD), Hypertension, Hypercholesterolemia, Cerebral Palsy and Legally 	V 117		

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V 117	<p>Continued From page 4</p> <p>Blind</p> <ul style="list-style-type: none"> - A FL2 dated 2/2/26: - Famotidine 20mg (milligrams) everyday (acid reflux) - Lisinopril 20-25mg everyday (blood pressure) - Metoprolol 50mg everyday (blood pressure) - Potassium 10mg everyday - Rosuvastatin Calcium 10mg bedtime (cholesterol) <p>B. Review on 2/26/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/25/27 - Diagnoses: IDD and Seizure Disorder - A FL2 dated 2/25/25: - Vitamin D3 2000 everyday (bones) - Levetiracetam 250mg twice day 8am & 8pm (thyroid) - Oxcarbazepine 600mg twice day 8am & 8pm (seizure) - Topiramate 200mg twice day 8am & 8pm (seizure) - Pravastatin 20mg bedtime (cholesterol) <p>C. Review on 2/26/26 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/7/21 - Diagnoses: Moderate IDD and Diet Controlled Diabetes <p>A FL2 dated 2/2/26:</p> <ul style="list-style-type: none"> - Vitamin D 2000 2 everyday - Lorazepam .5mg twice a day as needed <p>Observation on 2/26/26 between 1:16pm - 2:54pm of clients' #1, #4 and #5 medications revealed:</p> <ul style="list-style-type: none"> - A white rectangular box with a pill roll of medications inside of it - The medications were in individualized medication packets with all sizes, colors and 	V 117	<p>Program Director has updated the Monthly Medication check-in forms to include a check off for making sure the medication labels are saved and filed. QP will ensure staff correctly check in the medication and will email copies to Program Director. Review of Medication Procedures will be a part of the Monthly Meetings at Group Homes.</p>	4/15/2026

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V 117	<p>Continued From page 5</p> <p>shapes</p> <ul style="list-style-type: none"> - There was not a medication label with the following information: - the prescriber's name - the current dispensing date - the name, address, and phone number of the pharmacy - the name of the dispensing practitioner <p>During interview on 2/26/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - was not able to locate the medication labels for the medications - was not sure if staff threw the labels in the trash can - will make sure labels that come with the medications were not thrown in the trash can 	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> <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</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>MAR is to include the following: (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. (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 to ensure 2 of 3 audited clients (#1 and #4)'s MAR were kept current. The findings are:</p> <p>A. Review on 2/26/26 of client #1's record revealed: - Admitted 9/20/82 - Diagnoses: Intellectual Developmental Disability (IDD), Hypertension, Hypercholesterolemia, Cerebral Palsy and legally blind - A FL2 dated 2/2/26: - Famotidine 20mg (milligrams) everyday (acid reflux) - Lisinopril 20-25mg everyday (blood pressure) - Metoprolol 50mg everyday (blood pressure)</p> <p>Review on 2/26/26 of client #1's February 2026 MAR revealed: - No documentation of staff initials that medications were administered on 2/15/26 for the</p>	V 118	<p>All staff going off duty are to indicate in the staff communication log that they have reviewed the MAR logs before leaving. If staff leave without completing MAR's this will result in an medication Incident report. Staff who have multiple Medication Incident reports must re-take Medication Administration classes as stated in Policy manual. Medications will also be an area of review for the monthly group home meetings/ reviews with Program Directors starting 4/14/2026</p>	

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V 118	<p>Continued From page 7</p> <p>above medications</p> <ul style="list-style-type: none"> - No documentation on the back of the MAR regarding the blank spaces on 2/15/26 - The above medications were initialed as administered on 2/27/26 by staff #1 <p>During interview on 2/26/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She worked on 2/15/26, client #1 received his medications, however she "forgot" to initial the MAR after the medications were administered <p>B. Review on 2/26/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/25/27 - Diagnoses: IDD and Seizure Disorder - A FL2 dated 2/25/25: - Vitamin D3 2000 everyday (bones) - Levetiracetam 250mg twice day 8am & 8pm (thyroid) - Oxcarbazepine 600mg twice day 8am & 8pm (seizure) - Topiramate 200mg twice day 8am & 8pm (seizure) <p>Review on 2/26/26 of client #4's February 2026 MARs revealed:</p> <ul style="list-style-type: none"> - The above medications were initialed as administered on 2/27/26 by staff #1 <p>During interview on 2/26/26 staff #1 reported:</p> <ul style="list-style-type: none"> - It was a medication error that he signed the above medications for 2/27/26 <p>During interview on 2/26/26 the QP reported:</p> <ul style="list-style-type: none"> - She did not noticed staff #1 had initialed the above medications for 2/27/26 <p>"Due to the failure to accurately document medication administration, it could not be</p>	V 118		

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V 118	Continued From page 8 determined if clients received their medications as ordered by the physician"	V 118		



4-2-2024

Program Director