

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-473	(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 - HAILEY

STREET ADDRESS, CITY, STATE, ZIP CODE
**408 HAILEY DRIVE
RALEIGH, NC 27606**

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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 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</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> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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

Division of Health Service Regulation

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a client record for 1 of 3 audited clients (#4). The findings are:</p> <p>Record review on 3/6/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted March 2025 - Diagnoses: Intellectual Developmental Disorder and Anxiety Disorder - No documentation of the following: <ul style="list-style-type: none"> - an identification face sheet which included: <ul style="list-style-type: none"> - date of birth - race, gender and marital status - admission date - documentation of the screening and assessment - emergency information for each client which shall include the name, address and telephone 	V 113	<p>The agency has revised it's review procedures to ensure documentation rules are in place. Monthly meetings and reviews will now take place at the group homes. These will take the place of meetings at the administrative offices. The new meetings will now occur at the sites and reviews of documentation, procedures and site inspections will be a part of the monthly meetings. Each group home Q and the Program Director will participate in peer reviews and direct over site every month. The first meeting will start on 4/14/2026.</p> <p>In addition met Program Director met with QP and advised her that unannounced reviews would be occurring and that increased over site was going to happen on a regular basis. Explained that a result like this was unacceptable going forward.</p>	

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V 113	<p>Continued From page 2</p> <p>number of the person to be contacted in case of sudden illness or accident</p> <ul style="list-style-type: none"> - the name, address and telephone number of the client's preferred physician - documentation of services provided - orders and copies of lab tests <p>During interview on 3/6/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - began work at the facility June 2025 - the prior QP should have completed client #4's record with the needed documentation for the client's record - she reached out to client #4's brother today (3/6/26) and he informed her he was admitted March 2025 - she looked at the facility's calendar and he had a physician's appointment 1/28/25 "had to be admitted to the facility prior to March 2025" - she will plan to update client #4's record <p>During interview on 3/10/26 the Program Director reported:</p> <ul style="list-style-type: none"> - The current QP been at the facility long enough to update client #4's record - The current QP could have reached out to her with any information needed for client #4's record 	V 113		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased</p>	V 117		

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V 117	<p>Continued From page 3</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 observation, record review and interview the facility failed ensure medications had packaging labels for 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 3/6/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/1/95 - Diagnoses: Moderate Intellectual Developmental Disorder, Seizure Disorder, Tremors and Chronic Kidney Disease - A FL2 daied 12/30/25: - Clonazepam 1 milligram (mg) three times a day 	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>	

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V 117	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Levetiracetam 250mg ½ three times a day <p>Review on 3/6/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/1/15 - Diagnoses: Down Syndrome, Alzheimer and Intellectual Developmental Disorder - A FL2 dated 3/3/26 revealed: <ul style="list-style-type: none"> - Fexofenadine 180mg everyday (QD) - Levothyroxine 75mcg QD - Pantoprazole 40mg QD <p>Observation on 3/6/26 between 2:38pm - 3:08 pm of clients' #1 and #2's 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 shapes - There was no medication label with the following information: <ul style="list-style-type: none"> - The prescriber's name - The current dispensing date - The name, address, and phone number of the pharmacy - The name of the dispensing practitioner the clients' medications were not being kept at the facility <p>During interview on 3/6/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - She was not able to locate the medication labels for the clients' medications <p>During interview on 3/10/26 the Program Director reported:</p> <ul style="list-style-type: none"> - She was not aware the medication labels were not being kept at the facility 	V 117		

[Handwritten Signature]
Program Director

4-2-2026

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V 118	<p>Continued From page 6</p> <p>Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#1) MAR was kept current. The findings are:</p> <p>Review on 3/6/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 9/1/95 - Diagnoses: Moderate Intellectual Developmental Disorder, Seizure Disorder, Tremors and Chronic Kidney Disease - A FL2 dated 12/30/25: - Clonazepam 1 milligram three times a day (8am, 12pm and 4pm) (Seizure) - Levetiracetam 250mg ½ three times a day (8am, 12pm and 4pm) (Seizure) <p>Review on 3/6/26 of client #1's January 2026 MAR revealed:</p> <ul style="list-style-type: none"> - No documentation the above medications were administered by staff for the following dates and times: - Clonazepam: <ul style="list-style-type: none"> - 1/14/26, 1/20/26 and 1/28/26 at 12pm - 1/30/26 at 4:00pm - Levetiracetam: <ul style="list-style-type: none"> - 1/14/26, 1/20/26 and 1/28/26 at 12pm - 1/30/26 at 4pm <p>During interview on 3/6/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Client #1 received his medications daily because the medications were in individualized medication packets - Staff forgot to initial the MAR - She (QP) reviewed the MARS however, the medication documentation error was an oversight <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	<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. In addition MAR's will be reviewed during monthly meeting/reviews by program director.</p>	

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V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</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</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited clients (#4) treatment plan documented he was capable of remaining in the community without supervision for specified periods of time. The findings are:</p> <p>Record review on 3/6/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted March 2025 - Diagnoses: Intellectual Developmental Disorder and Anxiety Disorder - A treatment plan dated 1/20/26 with no documentation of unsupervised time in the community <p>During interview on 3/6/26 client #4 reported:</p> <ul style="list-style-type: none"> - Worked at a local grocery store on Tuesdays, Thursdays and Sundays from 1pm - 7p - His manager said he could not ask customers for money - Denied he asked customers for money but replied "It's a hard job putting up carts ...I be tired sometimes" <p>During interview on 3/6/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Client #4 stared at the local grocery store November 2025 	V 290	<p>The PCP for Client #4 client has been updated to indicate some unsupervised time while at work. In addition the staff will provide the client with access to a cell phone with a programmed emergency numbers to contact staff if he needs any assistance during these hours. His work supervisors have also been provided with contact information for staff should any issues arise. This information has been included in his PCP and attached unsupervised time at group home form. sample form attached.</p>	

Division of Health Service Regulation

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V 290	<p>Continued From page 9</p> <ul style="list-style-type: none"> - He had a job coach that went with him to work daily - The job coach was no longer needed as of last month because client #4 did well on the job - Since the job coach left, staff had been informed on 3 different occasions client #4 had asked customers for money - When the job coach left, she forgot to update the treatment plan regarding client #4's unsupervised time - Since management at the local grocery store had reported concerns about client #4, she planned to see if the job coach could return back to work with client #4 	V 290		

[Handwritten Signature] *[Handwritten Signature]* 4-2-2024

Program Director