STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-278	A. BUILDING: ______ B. WING ______	R 03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBESON #1	601 CARTHAGE ROAD LUMBERTON, NC 28358

(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	INITIAL COMMENTS An annual, compliant and follow up survey was completed on March 20, 2026. The complaint was substantiated (intake #NC00235997). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 110	The Qualified Professional will ensure all staff are trained on client specifics upon hire for all individuals in the assigned home. The QP will complete upon hire for all people supported no later than two months.	

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V 110	Continued From page 1 (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 1 paraprofessional (#3) demonstrated knowledge, skills and abilities required by the population served. The findings are: Review on 3/20/26 of client #3's personnel record revealed: -Hire Date: 10/6/22. -Job Title: Direct Support Professional. Review on 3/19/26 and 3/20/26 of client #3's record revealed: -Admitted: 7/1/11. -Diagnoses of Myopia unspecified eye, Generalized Idiopathic Epilepsy, Premenstrual Dysphoric Disorder, Mild Intellectual Disability and Schizoaffective Disorder depressive type. Review on 3/20/26 of the facility's "Investigation Summary" dated 2/12/26 revealed: -"Type of Investigation:...Allegation of Exploitation, In the case of: [client #3] Investigation Start Date: 02/11/26 Investigation Completion Date: 02/12/26, Allegation Summary/Purpose of Investigation: The purpose	V 110		

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V 110	Continued From page 2 of this internal investigation is to determine how to prevent additional incidents...Investigation Outcome: Was the allegation substantiated? No, Investigation Outcome Summary: Staff were suspended until investigation was completed. Administrator spoke with staff about the following plan of the people we support and only go to safe places as the plan supports, The following corrective actions have been or will be made as a result of the Investigation Outcome: Recommendations #1: None..." Interview on 3/20/26 client #3 stated: -She fell at staff #3's house. -She went to staff #3's house to "getting something." -She was walking down the stairs and fell at the bottom of the stairs. -She fell on the sidewalk and the road. -It was on a Thursday. -She went to the doctor after her fall. Interview on 3/18/26 staff #3 stated: -She worked at the facility for 3 years. -She provided one on one services to individual clients. -Client #3 is "clumsy" she "walks like she is 100 years old." -She was called to the office and asked about client #3's fall at her personal home. -The facility is supposed to investigate all of it. -She took client #3 to her personal home about 2 or 3 weeks ago, after school. -Client #3 was walking up to her personal home when she fell to the cement. -Client #3 was holding her hand when she fell. -Staff were not allowed to take clients to their personal homes. -She took client #3 to her home so she (staff #3) could get lunch.	V 110		

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V 110	Continued From page 3 -She forgot to call her "boss" to get permission. -She was at her home about 15 minutes. -She was not aware of any allegations made against her. -After client #3 fell, she immediately took pictures of client #3 after her fall and transport client #3 to a local urgent care. -Client #3 had minor abrasions on her cheek/chin but was okay. -She had to write a statement about what happened. -She was not "suspended or anything." Interview on 3/18/26 and 3/20/26 the Qualified Professional #1 stated: -There was an internal investigation for exploitation against staff #3 that involved client #3. -The Administrator completed the internal investigation. -Staff #3 was supposed to transport client #3 from school to the facility. -Staff #3 took client #3 to her personal home and client #3 fell. -It was "exploitation" due to staff #3 taking client #3 to her personal home instead of to the facility. -Staff #3 should not have taken client #3 out of her normal routine. -Staff were not allowed to take clients to their personal homes. -There were no allegations made by client #3 against staff #3. -Staff #3 was not trained or in serviced on any of her job duties and or client needs following the incident. Interview on 3/18/26 the Administrator stated: -She would not be available for survey. -She had delegated Qualified Professional #2 to assist during survey.	V 110		

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V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (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. This Rule is not met as evidenced by:	V 118	V118 The facility will administer medication as ordered by the physician and will maintain an accurate MAR. 1. The nurse will ensure all written orders of the physician are in the facility in a timely manner. 2. Qualified Professional and LPN will review MAR biweekly to ensure all doctor orders are followed and documented.	

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V 118	Continued From page 5 Based on record reviews, observations and interviews, the facility failed to administer medications on the written order of the physician and to ensure the MAR was kept current affecting 3 of 3 audited clients (#2,#3,#5). The findings are: Finding #1 Review on 3/19/26 and 3/20/26 of client #2's record revealed: -Admitted: 7/1/11. -Diagnoses of Severe Intellectual Disability, Anxiety Disorder Unspecified and Seizures. -Signed physician order dated 6/9/25 for Fexofenadine 60 milligram (mg) daily (allergy). -A signed discontinue order dated 3/20/26 for Fexofenadine 60 mg. Review on 3/18/26 of client #2's MARs from 1/1/26 - 3/18/26 revealed: -Fexofenadine 60 mg was documented as "MEDICATION NOT AVAILABLE" or 'WITHHELD PER DR (Doctor)/RN (Registered Nurse) ORDERS" from 1/1/26 - 3/18/26. Observation on 3/18/26 of client #2's medications revealed: -Fexofenadine 60 mg was not available at the facility. Interview on 3/20/26 client #2 stated: -He took "all of it" medications daily. Finding #2 Review on 3/19/26 and 3/20/26 of client #3's record revealed: -Admitted: 7/1/11. -Diagnoses of Myopia unspecified eye, Generalized Idiopathic Epilepsy, Premenstrual Dysphoric Disorder, Mild Intellectual Disability and Schizoaffective Disorder depressive type.	V 118		

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V 118	Continued From page 6 -Signed physician orders dated 6/9/25 for Clotrimazole Cream 1% twice daily (Dermatitis), Clonazepam 0.5 mg twice daily (Anxiety) and Haloperidol 10 mg twice daily (Schizophrenia). Review on 3/18/26 of client #3's MARs from 1/1/26 - 3/18/26 revealed: -Clotrimazole Cream 1% was documented as "MEDICATION NOT AVAILABLE" or 'WITHHELD PER DR (Doctor)/RN (Registered Nurse) ORDERS" from 1/1/26 - 3/18/26. -Clonazepam 0.5 mg was documented as administered three times daily from 2/5/26 - 3/18/26. -Haloperidol 10 mg was documented as administered three times daily from 1/1/26 - 3/18/26. Observation on 3/18/26 at approximately 2:16pm of client #3's medications revealed: -Clotrimazole Cream 1% was not available at the facility. Interview on 3/18/26 client #3 stated: -She used the cream for her eye brows. -She no longer used the cream. -She received her medications daily. Finding #3 Review on 3/19/26 and 3/20/26 of client #5's record revealed: -Admitted: 7/1/11. -Diagnoses of Down Syndrome, Cataracts, Seborrheic Dermatitis, Psychosis, Severe Intellectual Disability, Reflux Disease, Allergic Rhinitis and Obsessive Compulsive Disorder. -No documentation of a signed physician order for Rexulti 0.5 mg at bedtime. -A signed physician order on 3/18/26 to discontinue Rexulti 0.5 mg at bedtime.	V 118		

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V 118	Continued From page 7 Review on 3/18/26 of client #5's MARs from 1/1/26 - 3/18/26 revealed: -Rexulti 0.5 mg was documented as "MEDICATION NOT AVAILABLE" from 1/1/26 - 3/15/26. Attempted Interview on 3/20/26 of client #5 used a hand gesture when responding to questions about his medications. Interview on 3/18/26 staff #3 stated: -Client #2's Fexofenadine 60 mg was discontinued because he had seizures. -Client #2's Fexofenadine 60 mg was discontinued a while ago. -Client #3's Clotrimazole Cream 1% was discontinued a while back because she no longer needed it. -Client #3 used the Clotrimazole Cream 1% from her eye brows. -Client #5 was prescribed Rexulti for his behaviors. -Client #5 never received his Rexulti because insurance would not pay for it. Attempted interview on 3/20/26 with the facility's nurse revealed she was not available for interview and had left the office. Interview on 3/20/26 the Qualified Professional stated: -The nurse was responsible for all medications. -She was unsure about the clients' medications. Several requests were made for physician orders on 3/18/26 and 3/20/26. No additional documentation was provided. Due to the failure to accurately document	V 118		

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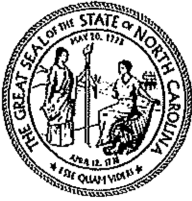
V 118	Continued From page 8 medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 27, 2026

Tammie Hollingsworth, Administrator
RHA Health Services NC, LLC
2003 Godwin Ave., Ste A1
Lumberton, NC 28358

Re: Annual, Complaint, Follow Up Survey completed March 20, 2026
Robeson #1, 601 Carthage Road, Lumberton, NC 28358
MHL # 078-278
E-mail Address: tammie.hollingsworth@rhanet.org
Intake #NC00235997

Dear Ms. Hollingsworth:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed March 20, 2026. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is May 19, 2026.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at 910-214-0350.

Sincerely,

Tareva Jones, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: networkEngagement@trilliumnc.org, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Velvet Nixon, Director, Robeson County DSS
Michael Blake, Administrative Supervisor

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
MHL078-278	A. Building B. Wing	3/20/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBESON #1	601 CARTHAGE ROAD LUMBERTON, NC 28358

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0366 Reg. # 27G .0603 LSC	Correction Completed 03/20/2026	ID Prefix V0367 Reg. # 27G .0604 LSC	Correction Completed 03/20/2026	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 3/20/26
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/6/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO