

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2026
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NAME OF PROVIDER OR SUPPLIER MOSS LANE I	STREET ADDRESS, CITY, STATE, ZIP CODE 42424 MOSS LANE NEW LONDON, NC 28127
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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 and follow up survey was completed on April 8, 2026. A deficiency was 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 3 and has a current census of 3. The survey sample consisted of 3 current clients.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (#1, and #2) who received psychotropic drugs. The findings are:</p>	V 121		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 121	<p>Continued From page 1</p> <p>Reviews on 4/8/26 of client #1's record revealed: -Admission date of 1/23/23. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Bipolar I Disorder, Depression, Pre-Diabetes, Enuresis not due to medical condition, Obstructive Sleep Apnea, and Hypothyroidism -Physician's order dated 10/1/26 for Clonazepam 0.5 milligrams (mg) (Panic Disorder), one half tablet 3 times daily, Desmopressin 0.1mg (Diabetes), four tablets at bedtime, Divalproex 500 mg (Mood Stabilizer), one tablet in the morning, Divalproex 500mg take 4 tablets at bedtime, Famotidine 20mg one tablet twice daily, (GERD), Fluticasone 50mcg use 1 spray in each nostril once daily (Allergy Relief), Lamotrigine 100mg one tablet once daily (Bipolar Disorder), Levothyroxin 125mcg (Hypothyroidism), Lisinopril 20mg one tablet once daily (High Blood Pressure), Lurasidone 120mg one tablet once daily (Mood Disorder), Lurasidone 40mg one tablet once daily (Mood Disorder), Metformin 1000mg one tablet twice daily (Diabetes), Multivitamin one tablet once daily (Supplement), Prevident 5000 Booster 1% brush teeth at bedtime, Sertraline 100mg one and half tablet once daily (Depression), and Vitamin D3 1000IU three tablets once daily (Supplement). -A drug regimen review was completed on 10/1/25. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 4/8/26 of the April 2026 Medication Administration Record (MAR) revealed: -Staff documented client #1 was administered the above medication on 4/1 thru 4/8.</p> <p>Reviews on 4/8/26 client #2's record revealed:</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>-Admission date of 7/20/2018.</p> <p>-Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), Moderate Intellectual/ Developmental Disorder (IDD), Mixed Hyperlipidemia, Mixed Obsessional thoughts and acts, Iron Deficiency, Type 2 Diabetes.</p> <p>-Physician's order dated 10/1/25 for Acidophilus one capsule once daily (Probiotic Supplement), Atorvastatin 80mg one tablet at bedtime (Cholesterol), Benztropine 0.5mg one tablet twice daily (Movement Disorders), Divalproex 500mg two tablets twice daily (Mood Stabilizer), Escitalopram 20mg one tablet once daily (Depression), Eucrisa Ointment 2% (Eczema) apply topically to hands twice daily, Gemfibrozil 600mg, Glipizide 5mg one tablet daily (Diabetes), Guanfacine 2mg one tablet once daily (ADHD), Metformin 500mg two tablets twice daily (Diabetes), Omega-3 fish 1000mg three capsules twice daily (Supplement), Ozempic Injection 2mg Inject 0.5 mg subcutaneously once weekly, Peg 3350 Mix 17 grams in 4-8oz water and take by mouth every morning (Laxative), Tab Vite one tablet once daily (Supplement), Vitamin D3 50mcg one tablet once daily (Supplement), and Ziprasidone 80mg two capsules every evening.</p> <p>-A drug regimen review was completed on 10/1/25.</p> <p>-There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 4/8/26 of the April 2026 Medication Administration Record (MAR) revealed: -Staff documented client #1 was administered the above medication on 4/1 thru 4/8.</p> <p>Interview on 4/8/26 with the Qualified Professional QP revealed: -There was a scheduling conflict with both clients.</p>	V 121		

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V 121	Continued From page 3 -It was too many appointments scheduled the same day and missed the drug regimen review. -We weren't able to get them rescheduled until April 15, 2026. -She confirmed there was no documentation of a drug regimen review completed for clients #1 and #2 within the last six months.	V 121		