

PRINTED: 04/07/2026
FORM APPROVED

Division of Health Service Regulation

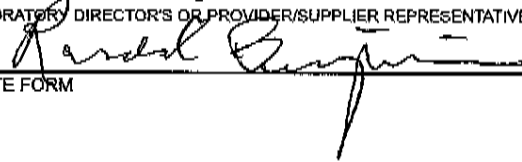
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411177 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/01/2026 |
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| NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/SHIRLEY'S HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 1596 CANDACE RIDGE DRIVE GREENSBORO, NC 27406 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on April 1, 2026. 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 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> | V 114 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Owner/CEO

(X5) DATE
4/27/26

Rule: 10A NCAC 27G .0207 – Emergency Plans and Supplies
Tag: V114

1. How the deficiency was corrected (Immediate Correction)

Upon identification of the deficiency, the facility immediately implemented corrective actions to ensure compliance with fire and disaster drill requirements:

A full fire drill was conducted immediately after the survey for all active shifts (1st, 2nd, and 3rd shift if applicable).

Documentation of the drill included:

Date and time

Shift

Staff present

Evacuation time

Issues identified and corrective actions

All staff currently employed were retrained on fire and disaster drill procedures, including:

Evacuation routes

Emergency roles

Use of emergency equipment

2. How you identified the root cause (WHY it happened)

The agency conducted a root cause analysis and determined:

There was no formal tracking system in place to ensure drills were completed quarterly AND per shift

Staff were not clearly assigned responsibility for scheduling and documenting drills

Supervisory oversight and QA monitoring were not consistently reviewing drill compliance

3. System changes made to prevent recurrence

The facility has implemented the following systemic corrections:

Tracking & Scheduling

A Fire & Disaster Drill Log/Tracker has been created to monitor:

Quarterly completion

Each shift participation

A 12-month drill schedule has been established in advance

Assigned Responsibility

The House Manager / Program Manager is now responsible for:

Scheduling drills

Ensuring completion for ALL shifts

Ensuring documentation is completed same day

Documentation System

A standardized Fire Drill Report Form is now required for every drill

Forms will be kept in the Safety/Emergency Binder

Staff Training

All staff will receive:

Initial training upon hire

Annual refresher training

Training includes:

Evacuation procedures

Fire safety response

Emergency preparedness expectations

4. Monitoring Plan (THIS IS WHAT SURVEYORS CARE ABOUT MOST)

To ensure ongoing compliance:

The Qualified Professional (QP) / Administrator will:

Review fire drill documentation monthly

Verify:

Drills completed quarterly

All shifts included

A QA audit tool will be used monthly to track compliance

Compliance Goal:

100% compliance with:

Quarterly drills

Each shift participation

5. Duration of Monitoring

Monthly audits

Quarterly QA review meetings

6. Person Responsible

Primary: House Manager / Supervisor

Oversight: Administrator / Qualified Professional (QP)

QA Monitoring: Quality Assurance Team

Tag: V119

Regulation: 10A NCAC 27G .0209 – Medication Requirements (Disposal)

1. Immediate Correction (What you did RIGHT AWAY)

Upon identification of the deficiency, the facility immediately implemented corrective actions:

All medications in the home were reviewed for expiration dates
The expired Triamcinolone Acetonide creams were:

Removed from active medication supply immediately
Secured to prevent use
Returned to the pharmacy for proper disposal (or disposed per approved method)
A full medication cart/area audit was completed to ensure no other expired medications remained
Documentation of disposal was completed including:

Client name
Medication name, strength, quantity
Date and method of disposal
Staff signature and witness signature

2. Root Cause Analysis (WHY it happened)

The agency determined the following root causes:

No routine medication expiration check process in place
Lack of medication disposal tracking log
Staff were not clearly trained on:
Disposal requirements
Timeframes for removing expired medications
Lack of supervisory oversight and QA monitoring

3. System Changes (What you FIXED to prevent it)

Medication Expiration Checks
A monthly medication inspection process has been implemented
Staff must check:

Expiration dates
Medication condition
Expired medications must be removed immediately upon identification

Medication Disposal Log

A Medication Disposal Log has been implemented and must include:

Client name

Medication name/strength

Quantity disposed

Date of disposal

Method (pharmacy return, etc.)

Staff signature

Witness signature

Disposal Procedure

All medications will be disposed of by:

Returning to pharmacy OR

Approved disposal method per policy

Medications will NOT remain in the home once expired

Staff Training

All staff have been retrained on:

Medication disposal procedures

Expiration monitoring

Documentation requirements

Training is now included in:

New hire orientation

Annual training

Supervisor Oversight

House Manager / Supervisor will:

Conduct monthly medication audits

Ensure:

No expired medications present

Disposal logs are complete

4. Monitoring Plan (THIS IS CRITICAL)

Monitoring Activities:

Monthly medication storage and expiration audits

Weekly visual checks by staff

Quarterly QA review

Compliance Goal:

100% compliance with:

No expired medications in home

Proper disposal documentation

5. Duration of Monitoring

Monitoring will occur for 6 months minimum
Continued as part of ongoing QA program

6. Person Responsible

Primary: House Manager / Supervisor
Oversight: Administrator / QP
QA Monitoring: Quality Assurance Team

Tag: V118

Regulation: Medication Administration / MAR Documentation

1. Immediate Correction (What you did RIGHT AWAY)

Upon identification of the deficiency, the facility immediately implemented the following corrective actions:

All Medication Administration Records (MARs) were reviewed for completeness for the past 30 days.

Missing documentation was addressed by:

Completing late entries where appropriate (labeled as late entry)

Cross-referencing medication counts, staff statements, and pharmacy records

Staff involved received immediate re-training on:

Proper medication administration procedures

Requirement to document immediately after administration

A medication observation was conducted by the Supervisor to ensure compliance during live med pass.

2. Root Cause Analysis (WHY it happened)

The agency determined the following root causes:

Staff failed to document medications immediately after administration

There was no real-time verification system to ensure MAR completion before end of shift

Lack of consistent supervisory oversight of MARs

Staff workload/distractions (as reported) contributed to missed documentation

3. System Changes (What you FIXED to prevent it)

Medication Administration Process Change

Staff are now required to:

Document medications immediately after administration — BEFORE moving to next task

“No pass, no sign / No sign, no pass” policy implemented

Double-Check System

At end of each shift:

Oncoming staff or supervisor will review MARs for completeness

Any missing signatures must be addressed before staff leave shift

Supervisor Oversight

House Manager / Supervisor will:

Conduct daily MAR checks

Ensure all medications are properly documented

Staff Training

All staff have been retrained on:

MAR requirements (5 rights + documentation)

Legal importance of documentation

New hires will receive this training during orientation

Documentation Tools

A Medication Administration Audit Tool has been implemented

MARs must include:

Client name

Medication name/dose

Time given

Staff initials

4. Monitoring Plan (MOST IMPORTANT SECTION)

To ensure ongoing compliance:

Monitoring Activities:

Daily MAR review by Supervisor

Weekly QA audit of MAR documentation

Monthly QA review meeting

Compliance Goal:

100% compliance with:

Immediate documentation

Complete MAR entries

5. Duration of Monitoring

Monitoring will occur for 6 months minimum

Continued thereafter through QA program

6. Person Responsible

Primary: House Manager / Supervisor

Oversight: Administrator / Qualified Professional (QP)

QA Monitoring: Quality Assurance Team

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| V 114 | <p>Continued From page 1</p> <p>Review on 3/31/26 of the fire and disaster drill log from 3/3/25 to 2/28/26 revealed:</p> <ul style="list-style-type: none"> -First quarter (February 2026 and March 2025), no documentation of a 1st shift fire drill and 1st shift disaster drill. -Second quarter (April 2025, May 2025, and June 2025), no documentation of a 3rd shift fire drill and a 3rd shift disaster drill. -Third quarter (July 2025, August 2025 and September 2025), no documentation of a 2nd shift disaster drill. -Fourth quarter (October 2025, November 2025 and December 2025), no documentation of a 2nd shift disaster drill, and no documentation of a 3rd shift fire drill and 3rd shift disaster drill. <p>Interview on 3/30/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He practiced fire and disaster drills. -The last fire drill was practiced 2 weeks ago, and a tornado drill was practiced on Monday of last week because of the weather. <p>Interview on 3/30/26 with Client #2 revealed:</p> <ul style="list-style-type: none"> -The meeting place for fire drills was "by the door." -He went under the table when there was a tornado drill. <p>Interview on 3/30/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -There were 3 shifts operated at the facility: <ul style="list-style-type: none"> -1st shift from 8 am to 4 pm. -2nd shift from 4 pm to 12:00 am. -3rd shift from 12:00 am to 7 am. -His usual work hours were from 8 am to 4 pm and then 12:00 am to 7 am. -Fire and disaster drills were held once a month and rotated each shift. -He was responsible for documenting the fire and disaster drills he held on his shifts. | V 114 | | |

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| V 114 | Continued From page 2 Interview on 3/30/26 with Staff #2 revealed: -She worked as direct care staff on 2nd shift, which was from 4:00 pm to 12:00 am. -She confirmed 3 shifts were operated at the facility. -She documented the fire and disaster drills she held on her shift. Interview on 4/1/26 with the Qualified Professional revealed: -She would follow up with staff to ensure all fire and disaster drills were held and accurately documented. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 114 | | |
| 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 | V 118 | | |

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| V 118 | <p>Continued From page 3</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 immediately record medications after administration for each client. The findings are:</p> <p>Review on 3/30/26 of Client #1's record revealed: -Admission date of 9/7/21. -Diagnoses of Obsessive-Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, and Mild Intellectual Developmental Disability (IDD). -10/3/25 physician-ordered medications of: -Propranolol (anxiety) 10 milligrams (mg), 1 tablet (tab) twice daily. -Fluvoxamine Maleate (major depressive disorder) 100 mg, 1 tab at bedtime.</p> <p>Review on 3/30/26 of Client #1's March 2026 MAR revealed: -No documentation of administrations of Propranolol and Fluvoxamine Maleate on 3/27/26 at the 8:00 pm dosage time.</p> | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>Review on 3/30/26 of Client #2's record revealed: -Admission date of 7/20/25. -Diagnoses of Moderate IDD and Major Depressive Disorder. -12/3/25 physician-ordered medications of: -Carvedilol (high blood pressure) 25 mg tab, 1 tab twice daily. -Atorvastatin (cholesterol) 10 mg tab, 1 tab every evening. -Divalproex Sodium Extended Release (mood stabilizer) 500 mg tab, 1 tab every morning with breakfast and take 2 tabs in the evening with dinner.</p> <p>Review on 3/30/26 of Client #2's March 2026 MAR revealed: -No documentation of administrations of Carvedilol, Atorvastatin and Divalproex Sodium on 3/27/26 at the 8:00 pm dosage time.</p> <p>Interview on 3/30/26 with Client #1 revealed: -His medications included Propranolol and Fluvoxamine. -Staff gave him his medications in the morning and at night. -His medications were always at the facility. -He did not refuse to take his medications.</p> <p>Interview on 3/30/26 with Client #2 revealed: -He denied any problems or concerns about his medications. -Staff gave him his medications.</p> <p>Interview on 3/30/26 with Staff #2 revealed: -"We (she and Clients #1 and #2) were doing a lot of baking that evening (3/27/26) and I ran out of time. It's an oversight." -"I usually try to stay up on that (initialing medication administration). They received their</p> | V 118 | | |

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| V 118 | Continued From page 5 medications on the 27th (3/27/26) on my shift." Interview on 3/30/26 with the Qualified Professional revealed: -Was responsible for monitoring the monthly client MARs. -Was not aware medications were not initialed on Clients #1 and #2's MARs on 3/27/26 as she had not received the March MARs to review. -Would follow up with Staff #2 to ensure medications were initialed immediately after administration. | V 118 | | |
| V 119 | 27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return | V 119 | | |

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| V 119 | <p>Continued From page 6</p> <p>to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were disposed of in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Review on 3/30/26 of Client #1's record revealed: -Admission date of 9/7/21. -Diagnoses of Obsessive-Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, and Mild Intellectual Developmental Disability (IDD). -9/3/25 physician-ordered Triamcinolone Acetonide 0.1% Cream (rash), apply twice daily as needed.</p> <p>Observation on 3/30/26 at 12:49 pm of Client #1's medications revealed: -4 tubes of Triamcinolone Acetonide 0.1% Cream with expiration dates of 4/1/25, 7/14/25, 9/25/25, and 11/1/25.</p> <p>Interview on 3/30/26 with Client #1 revealed: -No mention of having a prescribed cream to use as needed when he verbally listed his medications.</p> <p>Interview on 3/30/26 with Staff #1 revealed: -Client #1's Triamcinolone Acetonide Cream was</p> | V 119 | | |

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| V 119 | Continued From page 7 delivered by the pharmacy with his monthly "cycle" medications and the cream was used as needed to treat a rash. -Client #1 had not used the cream. -He would return the expired tubes of the Triamcinolone Acetonide Cream to the pharmacy. | V 119 | | |