

Division of Health Service Regulation

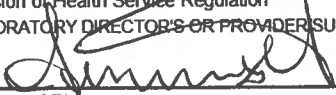
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2026
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NAME OF PROVIDER OR SUPPLIER CAROLINA PRIME RESIDENTIAL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 TAFT STREET EDEN, NC 27288
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 16, 2026. The complaint was unsubstantiated (intake #NC236678). 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 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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



TITLE

Director

(X6) DATE

4/30/26

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies that addressed the elopement behavior of 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 4/15/26 of Client #1's record revealed: -Admission date of 6/6/23. -Diagnoses of Schizoaffective Disorder, Mild Intellectual Developmental Disability, Bipolar Disorder and Generalized Anxiety Disorder. -1/9/26 treatment plan had no goals or strategies that addressed Client #1's elopement behavior.</p> <p>Interview on 4/15/26 with Client #1 revealed: -She was hospitalized for 2 weeks and was discharged from the hospital on 4/11/26. -"I walked off (from the facility) to get a cigarette and a drink across the street ..." -"I sat outside the store. They (staff) called the police on me ...I went to the hospital to get some help." -" ...I walked off from here (facility) before this last time to go get cigarettes and have a little time for myself. No staff were with me."</p> <p>Interview on 4/15/26 with Client #1's public guardian revealed: -"She (Client #1) has a history of elopement and</p>	V 112	<p>1. Corrective Action</p> <ul style="list-style-type: none"> Client #1's record was reviewed. The Person-Centered Plan (PCP) will be updated to include a goal for elopement behavior. <p>2. Corrective Measures</p> <ul style="list-style-type: none"> The Director will make sure plans are updated when a client's behavior or needs change. All behaviors, including safety concerns, will be included in the plan. Staff will follow the updated plan and supervision requirements. <p>3. Assignment of Responsibility</p> <ul style="list-style-type: none"> Direct Care Staff: Follow the plan and report behavior changes Director will ensure plans are complete and updated <p>4. Monitoring & Compliance</p>	6/15/2026
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			<ul style="list-style-type: none"> • The Director will review plans to make sure all needs are addressed. • Updates will be made when changes occur.
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If continuation sheet 3 of 14

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V 112	<p>Continued From page 2</p> <p>staff are supposed to stay with her twenty-four, seven." -"She (Client #1) has walked off previously in the county."</p> <p>Interview on 4/14/26 with Staff #1 revealed: -Client #1 eloped from the facility "between the 1st and 3rd of this month (April 2026). -Staff #2 called the police who transported Client #1 to the hospital after Client #1 made statements she was "going to hurt herself." -Acknowledged Client #1 had a history of elopement from the facility. -"Most of her elopement behavior has to do with her (Client #1) wanting to go the store across the street to get cigarettes and does not want to wait for staff to go with her. Sometimes when she has walked off, she has said no one loves her or she's not treated fairly."</p> <p>Interview on 4/15/26 with Staff #2 revealed: -Around 3/31/26, Client #1 waited until Staff #1 and the Owner/Director left the facility to go to the store across the street to get cigarettes. -Client #1 was told she had cigarettes at the facility, and she could go to the store the following day "but she walked out the back door." -She followed Client #1 to try and talk her into returning to the facility and Client #1 said she did not want to be there (at the facility) anymore, so she (Staff #2) called the police and Client #1 was taken to the hospital. -When Client #1 was sent to the hospital, she realized she could not smoke at the hospital and had behaviors that had her sent to [a psychiatric hospital]. Once Client #1 was there (at the psychiatric hospital), she was calling and saying she was ready to come back (to the facility). -"We (Staff) have tried talking to her about this (behavior) but something about her does not</p>	V 112		
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V 112	<p>Continued From page 3</p> <p>make the connection."</p> <p>Interview on 4/16/26 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> -Client #1 eloped "4 or 5 times out of the year, may be every 90 days or so and it seems like it is the same time over the years." -Client #1 was terminated from her day program because she walked off." -She had discussed with Client #1's public guardian a "fading plan" in which Client #1 would start with a short, specified time of being unsupervised and then increase her unsupervised time if no problems occurred; Client #1's public guardian "was not ready" for Client #1 to have a fading plan. -"I could add an elopement goal with strategies to [Client #1]'s plan. I will definitely have this put into place." 	V 112		
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> <ul style="list-style-type: none"> (1) an identification face sheet which includes: <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; 	V 113		

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V 113	<p>Continued From page 4</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> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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 provide documentation of medication administration upon request for 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 4/15/26 of an email sent at 3:18 pm to the Owner/Director revealed: -A written request to review Clients #1, #2 and #3's February 2026 MAR and March 2026 MAR</p>	V 113	<p>1. Corrective Action</p> <ul style="list-style-type: none"> Records for Clients #1, #2, and #3 were reviewed. All MARs will be located and kept at the facility. Any missing records were corrected. <p>2. Corrective Measures</p> <ul style="list-style-type: none"> Direct Care Staff will always keep all records at the facility. 	6/15/2026

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			<ul style="list-style-type: none"> • MARs will be completed daily and filed in the proper place. • Records will not be taken off-site. • The Director will organize records, so they are easy to find. <p>3. Assignment of Responsibility</p> <ul style="list-style-type: none"> • Direct Care Staff: Complete and file MARs • Director will ensure records are complete and available <p>4. Monitoring & Compliance</p> <ul style="list-style-type: none"> • The Director will check records regularly to make sure they are complete.
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V 113	<p>Continued From page 5 on 4/16/26.</p> <p>Review on 4/16/26 of Client #1's MARs for the period under review (February 2026, March 2026 and April 2026) revealed: -No documentation of a March 2026 MAR.</p> <p>Review on 4/16/26 of Client #2's MARs for the period under review (February 2026, March 2026 and April 2026) revealed: -No documentation of a March 2026 MAR.</p> <p>Review on 4/16/26 of Client #3's MARs for the period under review (February 2026, March 2026 and April 2026) revealed: -No documentation of a March 2026 MAR.</p> <p>Interview on 4/15/26 with Client #1 revealed: -She took Depakote and Haldol for her mood swings, a medication for heartburn, and Melatonin to help her sleep at night. -Her medications were always at the facility for her to take. -Staff gave her her medications.</p> <p>Interview on 4/14/26 with Client #2 revealed: -Her medications included an inhaler for helping her breathe, birth control, a thyroid medication, and Melatonin to help her sleep. -She took medicine every morning and at night. -Staff gave her her medications.</p> <p>Interview on 4/14/26 with Client #3 revealed: -Took medication given to her by staff. -Took her medication every day and had not missed any of her medications.</p> <p>Interview on 4/16/26 with the Owner/Director revealed: -"I know they (March 2026 MARs) were done.</p>	V 113		

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V 113	Continued From page 6 They must be in my home office." -"It will take me 45 minutes to get there (to home office) and then I will have to search for them (March 2026 MARs). I don't know a time I can make it back here ..." -"I'll just have to take the citation."	V 113		
V 117	27G .0209 (B) Medication Requirements 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 visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (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.	V 117		

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V 117	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all non-prescription drugs were maintained in their original packaging with a label which included directions for use. The findings are:</p> <p>Observation on 4/14/26 at 4:33 pm of Client #3's medications revealed: -Over-the Counter (OTC) Neosporin (antibiotic for minor injuries), no packaging label with directions for use. -OTC Neomycin and Polymyxin B Sulfates and Dexamethasone (eye infections), no packaging label with directions for use.</p> <p>Review on 4/15/26 of Client #3's record revealed: -Admission date of 11/1/21. -Diagnoses of Mild Intellectual Developmental Disability, Schizoaffective Disorder-Bipolar Type, Cluster B Personality Disorder, and Generalized Anxiety Disorder.</p> <p>Interview on 4/14/26 with Client #3 revealed: -Took medication given to her by staff. -She had no problems with any of her medications.</p> <p>Interview on 4/14/26 with Staff #1 revealed: -No medication errors she was aware of. -The owner/Director "checked in" each client's medication.</p> <p>Interview on 4/15/26 with Staff #2 revealed: -No known medication errors.</p>	V 117	<p>1. Corrective Action</p> <ul style="list-style-type: none"> • Medications for Client #3 were checked. • OTC medications without labels were removed. • Properly labeled medications were put in place.. • All medications in the home were checked. <p>2. Corrective Measures</p> <ul style="list-style-type: none"> • Direct Care Staff will keep medications in original packaging with labels. • Unlabeled medications will not be used. • The Director will check medications when they come into the home. <p>3. Assignment of Responsibility</p> <ul style="list-style-type: none"> • Direct Care Staff: Maintain proper medication labeling • Director will oversee medication setup <p>4. Monitoring & Compliance</p> <ul style="list-style-type: none"> • The Director will complete routine medication checks. 	6/15/2026
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V 117	Continued From page 8 Interview on 4/16/26 with the Owner/Director revealed: -She would follow up with staff to ensure OTC medications are kept in their original packaging with the manufacturer's label.	V 117		
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.	V 118		

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V 118	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all prescription and non-prescription drugs were administered on written order of a person authorized to prescribe drugs and failed to keep the MAR current. The findings are:</p> <p>Review on 4/15/26 and 4/16/26 of Client #2's record revealed: -Admission date of 3/13/23. -Diagnoses of Intellectual Developmental Disability (IDD), Bipolar Disorder, Acute Cystitis w/o hematuria, and Acute knee pain and Hypertension. -1/31/26 physician ordered Levocetirizine Dihydrochloride (thyroid), 5 milligram (mg) tablet (tab), 1 tab in the evening.</p> <p>Review on 4/16/26 of Client #2's February 2026 MAR revealed: -Levocetirizine Dihydrochloride was not listed on Client #2's February 2026 MAR. -Could not determine if Levocetirizine Dihydrochloride was listed on Client #2's March 2026 MAR as the MAR was not made available for review upon request.</p> <p>Review on 4/15/26 and 4/16/26 of Client #3's record revealed: -Admission date of 11/1/21 -Diagnoses of Mild IDD, Schizoaffective Disorder -Bipolar Type, Cluster B Personality Disorder and Generalized Anxiety Disorder.</p>	V 118	<p>1. Corrective Action</p> <ul style="list-style-type: none"> • MARs for Clients #1 and #2 were reviewed. • Missing documentation was found. • MARs will be reviewed and corrected to ensure accuracy. <p>2. Corrective Measures</p> <ul style="list-style-type: none"> • Direct Care Staff will document medications at the time they are given. • Staff will follow medication orders as written. • The Director will check MARs for accuracy. <p>3. Assignment of Responsibility</p> <ul style="list-style-type: none"> • Direct Care Staff: Administer and document medications • Director/Licensee: Review and verify MARs <p>4. Monitoring & Compliance</p> <ul style="list-style-type: none"> • The Director will review MARs on an ongoing basis. 	5/15/2026

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> -No physician order for Over the Counter (OTC) Neosporin (antibiotic for minor injuries). -No physician order for OTC Calamine Plus Spray (itching) 8% Calamine and 1% Pramoxine Hydrochloride. <p>Review on 4/15/26 and 4/16/26 of Client #3's MARs for the period under review (February 2026, March 2026 and April 2026) revealed:</p> <ul style="list-style-type: none"> - OTC Neosporin was not listed on the February 2026 MAR. -Could not determine if OTC Calamine Plus Spray was listed on the March 2026 MAR as the MAR was not made available for review upon request. <p>Interview on 4/14/26 with Client #2 revealed:</p> <ul style="list-style-type: none"> -She took thyroid medication for a cyst on her neck. -Staff gave her her medications. <p>Interview on 4/14/26 with Client #3 revealed:</p> <ul style="list-style-type: none"> -She took medication given to her by staff. -Took her medication every day and had not missed any of her medications. <p>Interview on 4/16/26 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> -The pharmacy printed and delivered to the facility the client MARs with each of their medications listed. -Client #2's February MAR would have a separate sheet with Client #2 having been prescribed Levocetirizine Dihydrochloride on 1/3/26 as the February 2026 MAR would have already been printed. -She would ensure if any medications were added during or at the end of the month, there would be a separate sheet for the additional medications. -She was not aware that Over the Counter 	V 118		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER CAROLINA PRIME RESIDENTIAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 113 TAFT STREET EDEN, NC 27288		
(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 118	Continued From page 11 medications needed doctor orders since the medications were for first aid. -She would talk each client's physician about signing for their Over the Counter medications or she would obtain a signed Over the Counter medication list for each client. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			