

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/29/2026
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NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 4/29/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(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 reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 2 of 3 clients (#2,#3). The findings are:</p> <p>Review on 4/27/26 of Client #2's record revealed: -Date of admission: 2/4/13. -Diagnoses: Severe Intellectual Developmental Disability (IDD), Down Syndrome, Hypothyroidism, Eczema, Psoriasis, Atrial Septal Defect, Strabismus. -Physician's orders dated 8/21/25 included: -Muro 128 ointment 5% (eye pressure) - apply ¼" ribbon to inside of left eye lid every night. -Muro 128 solution 2% (eye pressure) - place 1 drop into left eye twice daily. -Folic Acid 1 milligram (mg) (folate deficiency) - 1 tablet (tab) daily. -Levothyroxine 25 micrograms (mcg) (thyroid) - 1 tab every morning prior to other medications. -Hydrocortisone Cream 1% (eczema) - apply topically daily. -Loratadine 10mg (allergies) - 1 tab daily.</p> <p>Review on 4/27/26 of MARs 2/1/26-4/27/26 for</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Client #3 revealed:</p> <ul style="list-style-type: none"> -Muro 128 ointment was not documented as administered on 3/31/26. -Muro 128 solution was not documented as administered on 3/1/26 am dose, 3/31/26 pm dose. -Folic Acid was not documented as administered on 3/1/26, 3/31/26. -Levothyroxine was not documented as administered on 3/1/26, 3/2/26. -Hydrocortisone Cream was not documented as administered on 3/1/26 am and pm doses, 3/2/26 am dose, 3/31/26 pm dose. -Loratadine was not documented as administered on 3/1/26, 3/2/26. <p>Review on 4/27/26 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 10/22/04. -Diagnoses: Mild IDD, Attention Deficit Hyperactivity Disorder (ADHD), Seasonal allergies, Obesity. -Physician's orders dated 9/10/25 included: <ul style="list-style-type: none"> -Buspirone 10mg (anxiety) - 1 tab twice daily. -Famotidine 40mg (stomach acid) - 1 tab at bedtime daily. -Hydroxyzine 25mg (anxiety) - 1 tab every evening. -Ketoconazole Shampoo 2% (scalp itching) - use 3 times weekly. -Lamotrigine 200mg (mood) - 1 tab twice daily. -Melatonin 5mg (sleep) - dissolve 1 tab under tongue. -Metoprolol 25mg ER (high blood pressure) - 1 tab twice daily. -Acyclovir ointment 5% (eczema)- apply to affected areas every 12 hours for 14 days ordered on 1/20/26. There was no continuation order for administration after 14 days. There was no discontinue order presented. 	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Divalproex 500mg extended release (ER) (mood) - 2 tabs at bedtime daily ordered on 2/10/26. -Fexofenadine 180mg (allergies) - 1 tab every evening ordered on 10/17/25. -Clobetasol Cream 0.05% (eczema) - apply topically 4 times daily ordered 3/20/26. <p>Review on 4/27/26 of MARs 2/1/26-4/27/26 for Client #3 revealed:</p> <ul style="list-style-type: none"> -Buspirone was not documented as administered 3/31/26 pm dose. -Famotidine was not documented as administered 3/31/26. -Hydroxyzine was not documented as administered 3/31/26. -Ketoconazole Shampoo was documented as administered 3/1/26, 3/3/26, 3/5/26, 3/7/26, 3/9/26, 3/11/26, 3/13/26, 3/15/26, 3/17/26, 3/19/26, 3/21/26, 3/23/26, 3/25/26, 3/27/26, 3/31/26, 4/1/26-4/27/26. -Lamotrigine was not documented as administered 3/31/26. -Melatonin was not documented as administered 3/31/26. -Metoprolol was not documented as administered 3/31/26. -Acyclovir was not documented as administered 3/1/26 am and pm doses, 3/2/26 am dose, 3/31/26 pm dose and 4/1/26-4/27/26. -Divalproex was not documented as administered 3/31/26. -Fexofenadine was not documented as administered 3/31/26. -Clobetasol Cream was not documented as administered 3 doses on 4/1/26-4/3/26; 2 doses 4/4/26-4/13/26, 4/17/26-4/20/26, 4/24/26-4/26/26; and 1 dose 4/14/26-4/16/26, 4/21/26-4/23/26. <p>Interview on 4/27/26 with Client #2 revealed:</p>	V 118		

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V 118	Continued From page 4 -" ...take Claritin, Zyrtec, folic acid, Vistaril ...I never refuse." -Was also administered eye drops and lotion. Interview on 4/27/26 with Client #3 revealed: -Was administered her medications in the morning and at night. -"I take a lot ...birth control, Vistaril, Pepcid ...don't know the rest of the names." Interview on 4/28/26 with Staff #1 revealed: -"I worked 3/31/26 ...we were late that evening with volleyball practice then cheerleading practice ...I know they got their meds ...it was after 8pm ...in a hurry to get to the next girl ..." -"The doctor told me to continue the Acyclovir (for Client #2) due to the rash not clearing after 14 days." Interview on 4/29/26 with the Qualified Professional #1 revealed: -Staff receive medication administration annually. -She was responsible for medications and MARs in the facility. -"I know how important it is ...I review MARs but I don't review each visit." -"I'm human and don't catch everything; I make mistakes." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal:	V 119		

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V 119	<p>Continued From page 5</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>(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.</p> <p>(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 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 interviews and observation the facility failed to dispose of medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 clients (#2). The findings are:</p> <p>Observation on 4/28/26 at 3:00pm of Client #2's medications revealed: -1 tube of Nystatin/triamcinolone ointment with</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>dispense date of 11/20/24 with a manufacturer's expiration date of 2/28/26 on the box; -1 tube of Betamethasone Dipropionate ointment with dispense date of 3/1/25 and there was no manufacturer's expiration date on the box.</p> <p>Review on 4/27/26 of Client #2's record revealed: -Date of admission: 2/4/13. -Diagnoses: Severe Intellectual Developmental Disability, Down Syndrome, Hypothyroidism, Eczema, Psoriasis, Atrial Septal Defect. Physician's orders dated 8/21/25 included: -Nystatin/triamcinolone ointment- apply to affected area twice daily. -Betamethasone Dipropionate ointment- apply to affected area of lips 1-3 times daily as needed (PRN).</p> <p>Review on 4/27/26 of Client #2's MARs 2/1/26-4/27/26 revealed: -Betamethasone Dipropionate ointment was administered on 2/10/26 two times, 2/11/26 two times, 2/12/26-2/19/26 three times daily.</p> <p>Interview on 4/27/26 with Staff #1 revealed: -Was not aware the medication had expired.</p> <p>Interview on 4/29/26 with the Qualified Professional #1 revealed: -Was responsible for medications in the facility. -Will look more closely at expiration dates.</p>	V 119		