

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2026
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NAME OF PROVIDER OR SUPPLIER ASHEBORO HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 EAGLE OAKS LANE ASHEBORO, NC 27205
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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 survey was completed on May 12, 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(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.</p> <p>(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 interview, the facility failed to obtain drug regimen reviews every six months for 2 of 3 audited clients (#1 and #2) who received psychotropic drugs. The findings are:</p>	V 121		

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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>Review on 5/12/26 of Client #1's record revealed: -Admission date of 1/4/24. -Diagnoses of Down Syndrome; Insulin Resistance; Hypothyroidism; Hyperglycemia. -Physician's orders dated 12/19/25 for the following: -Escitalopram 5 milligrams (mg)(depression and anxiety), Take one tablet daily. -Hydroxyzine 10 mg (anxiety). Take one tablet daily as needed for anxiety. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 5/12/26 of Client #2's record revealed: -Admission date of 4/30/09. -Diagnoses of Mild Intellectual Disability; Bipolar Disorder; Hyperthyroidism; Depression; Hypertension. -Physician's orders dated 1/21/26 for the following: -Venlafaxine 150 mg (depression), take one capsule daily. -Buspirone 10 mg (anxiety), take one tablet every day at 8:00 am, and 1/2 tablet at 8:00 am, take one tablet at 4:00 pm and 1/2 tablet at 4:00 pm. -Benzotropine 2mg (side effects), take one tablet daily. -Quetiapine Fumarate 400 mg (depression), take one tablet daily. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Interview on 5/12/26 with the Qualified Professional revealed: -Facility had been having staffing issues. -"A lot of things had happened this year and some of the things that needed to be done may not had gotten completed." -The drug reviews were overlooked.</p>	V 121		

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V 121	Continued From page 2 -Acknowledged the drug regimen reviews were not completed every six months.	V 121		