

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	<p style="text-align: center;">RECEIVED MAY 15 2026 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Abraha Green Executive Director

05-08-2026

Division of Health Service Regulation

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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		

Division of Health Service Regulation

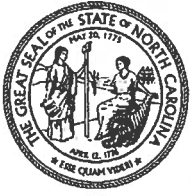
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V 121	<p>Continued From page 2</p> <p>-Admission date of 7/20/2018.</p> <p>-Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), Moderate Intellectual/ Developmental Disorder (IDD), Mixed Hyperlipidemia, Mixed Obsessional thoughts and acts,</p> <p>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:</p> <p>-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:</p> <p>-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			
	<p>Systemic Changes Implemented: A tracking system has been implemented to monitor due dates for six-month medication regimen reviews. Calendar reminders and compliance logs will be maintained to ensure timely completion and documentation.</p> <p>Measures to Prevent Recurrence: Staff responsible for medication documentation and record oversight will receive retraining on regulatory requirements related to six-month medication regimen reviews and proper documentation procedures. Supervisors will conduct monthly audits of records to verify compliance.</p> <p>Monitoring: The Program Manager/Qualified Professional/Nurse (customize as appropriate) will review medication regimen documentation monthly for a period of three months to ensure ongoing compliance. Any deficiencies identified will be addressed immediately through corrective coaching and follow-up.</p>			05-08-2026	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor
DEVPUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 16, 2026

Shanita Jackson
RHA Health Services NC, LLC
125 Charter St
Albemarle, NC 28001

Re: Annual and Follow Up Survey completed April 8, 2026
Moss Lane I, 42424 Moss Lane, New London, NC 28127
MHL # 084-099
E-mail Address: Shanita.jackson@rhanet.org

Dear Ms. Jackson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed April 8, 2026.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 7, 2026.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 16, 2026
Moss Lane I
Ms. Jackson

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919 218-4942.

Sincerely,



Catrice Horton
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

QM@partnersbhm.org
dhhs@vayahealth.com
Dolly Huffman Clayton, Director, Stanly County DSS
Michael Blake, Administrative Supervisor

