

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2026
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NAME OF PROVIDER OR SUPPLIER SISTERLY LOVE	STREET ADDRESS, CITY, STATE, ZIP CODE 170 CLUB POND ROAD RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 9, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 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 interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p>	V 114	<p style="text-align: center;">RECEIVED APR 23 2026 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

JoRe BSRP 4/22/24

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V 114	<p>Continued From page 1</p> <p>Review on 4/8/26 of the facility's fire and disaster drill log from April 2025-March 2026 revealed:</p> <ul style="list-style-type: none"> -There were no fire or disaster drills completed by the Licensee/Qualified Professional (QP) for the 1st quarter (January, February, March) of 2026. -There were no fire or disaster drills completed by the Licensee/QP for the 4th quarter (October, November, December) of 2025. -There were no fire or disaster drills completed by the Licensee/QP for the 3rd quarter (July, August, September) of 2025. -There were no fire or disaster drills completed by the Licensee/QP for the 2nd quarter (April, May, June) of 2025. <p>Interview on 4/8/26 with client #1 revealed:</p> <ul style="list-style-type: none"> "We go outside and stand near the mailbox for fire drills." "We go into our closets for the other drills." <p>Interview on 4/8/26 with client #2 revealed:</p> <ul style="list-style-type: none"> "We walk out the front door and stand in the yard during fire drills." "We go into our closets and bathrooms for disaster drills." <p>Interview on 4/9/26 with the Licensee/QP revealed:</p> <ul style="list-style-type: none"> "I had several surveys and I never heard I had to do fire and disaster drills during my shift." "I thought as long as the drills were done on all shifts we were covered." -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. 	V 114	<p>Fire drills and disaster drills where conducted quarterly by [redacted]. This QP [redacted] will also start conducting fire drills quarterly when a shift is worked. I inform the surveyor and provided the surveyor with fire and disaster drills for the past year. This QP will conduct at least one disaster drill each quarter.</p> <p style="text-align: right;">4/13/26</p> <p>I did not say that fire drills were NOT conducted I stated that I had not did a fire drill because staff [redacted] was conducting the drills.</p>	
V 116	27G .0209 (A) Medication Requirements	V 116		

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V 116	<p>Continued From page 2</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p>	V 116		

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V 116	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law affecting two of three clients (#1 and #2). The findings are:</p> <p>Observation on 4/8/26 at approximately 1:43 PM of client #1's medication bin revealed: -A plastic weekly medication container. -There were 14 boxes that contained the medication below. -Seven of the boxes were AM doses and the other seven boxes were PM doses of the medication.</p> <p>Review on 4/8/26 of client #1's record revealed: -Admission date of 9/26/16. -Diagnoses of Schizophrenia, Mild Intellectual Disability, Diabetes and Hyperlipidemia.</p> <p>Review on 4/9/26 of physician's orders for client #1 revealed: -Order dated 3/25/26 for the following medication: Lithium Carbonate 300 milligrams (mg) (Schizophrenia), one capsule 2 x daily Benztropine Mesylate 1 mg (Extrapyramidal Symptoms), one tablet 2 x daily Risperidone 2 mg (Schizophrenia), one tab 2 x daily</p> <p>-Order dated 12/1/25 for the following medication: Januvia 100 mg (Diabetes), one tablet daily Lisinopril 5 mg (High Blood Pressure), one tablet daily Vitamin D2 1.25 mg (Deficiency), one capsule weekly Rosuvastatin Calcium 5 mg (Bone Health), one</p>	V 116	<p>This QP, [redacted] has informed staff that dispensing the medications for the week was not acceptable and that in the future we will have pharmacy prepare medication for home visits.</p> <p>This QP, [redacted] will have herself and staff medication administration training revised and updated to prevent the pre-dispensing of medication in the future.</p>	5/18/26
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De Re BS, DP 4/22/26

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V 116	<p>Continued From page 4</p> <p>tablet daily Pioglitazone 30 mg (Diabetes), one tablet daily Glipizide Extended Relief (ER) 5 mg (Diabetes), two tablets 2 x daily Levothyroxine 50 milligrams (mcg) (Hypothyroidism), one tablet daily Pravastatin 40 mg (High Cholesterol), one tablet daily</p> <p>Observation on 4/8/26 at approximately 2:05 PM of client #2's medication bin revealed: -A plastic weekly medication container. -There were 14 boxes that contained the medication below. -Seven of the boxes were AM doses and the other seven boxes were PM doses of the medication.</p> <p>Review on 4/8/26 of client #2's record revealed: -Admission date of 11/2/15. -Diagnoses of Schizoaffective Disorder, Gastroesophageal Reflux Disease (GERD) and Constipation</p> <p>Review on 4/9/26 of physician's orders for client #2 revealed: -Order dated 4/6/26 for Pantoprazole 40 mg (GERD), one tablet daily</p> <p>-Order dated 3/25/26 for the following medication: Metformin 500 mg (Diabetes), one tablet 2 x daily Benzotropine 1 mg (Extrapyramidal Symptoms), one tablet 3 x daily Olanzapine 20 mg (Schizophrenia), one tablet daily Fluoxetine 40 mg (Depression), one capsule daily Lithium Carbonate 300 mg (Schizophrenia), two capsules in the morning and three capsules at bedtime Methylphenidate 10 mg (ADHD), one tab daily</p>	V 116		

Handwritten signature and date: Jere BS, DP 4/22/26

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V 116	<p>Continued From page 5</p> <p>-Order dated 12/12/25 for the following medication: Bupropion 150 mg (Depression), one tablet daily Trazodone 150 mg (Depression), one tablet at bedtime Docusate Sodium 100 mg (Constipation), one capsule 2 x daily Haloperidol 10 mg (Schizophrenia), one tablet 3 x daily</p> <p>Interview on 4/8/26 with staff #1 revealed: -She put the client's medication into the weekly medication containers. -She has been doing that for "about 6 months." -"I didn't know I couldn't do that." -She confirmed the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law.</p> <p>Interview on 4/8/26 with the Licensee/Qualified Professional revealed: -She was not aware they could not put client's medication in the weekly medication containers. -They had been doing that for "about 6 months." -"During medication administration training we were told we can put 5 days worth of medication in the weekly medication containers." -She confirmed the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law.</p>	V 116	<p style="text-align: center;">RECEIVED APR 23 2026 DHSR-MH Licensure Sect</p>	

Mike BS, Df 4/22/26