

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/27/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN HALLS OF UNAKA #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14949-B JOE BROWN HIGHWAY MURPHY, NC 28906</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 5/27/26. 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 Disabilities.</p> <p>The facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 5/27/26 of Client #1's record revealed: -Date of admission: 6/6/23. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Seizure Disorder, Major Depressive Disorder, Anxiety Disorder, Hypertension. -Emergency Room (ER) visit summary dated 4/13/26 but not physician signed revealed: - "You have been diagnosed with oculogyric crisis which is a dystonic reaction to the medicine most likely the Abilify (aripiprazole) you are taking. I am sending you home on a weeks worth of a medicine to prevent this to control the side effect. Please follow-up closely with the person that prescribes the Abilify to adjust the dose or change to a different medicine." - " ...start Bzotropine 1mg (milligram) take 1 tablet by mouth in the morning and 1 tablet in the evening." -Medical consultation form signed by Physician Assistant (PA) and dated 4/22/26 noted "stay on Bzotropine 1mg while on Aripiprazole."</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 5/27/26 of 3/1/26-5/27/26 MARs for Client #1 revealed: -Benztropine was documented as administered on 4/14/26-4/16/26, 4/23/26-5/27/26 am doses, 4/14/26-4/15/26, 4/22/26-4/29/26 pm doses.</p> <p>Interview on 5/27/26 with Client #1 revealed: -Received medication morning, lunch and night but "I don't know the names." -Recently started a new medication.</p> <p>Interview on 5/27/26 with Staff #1 revealed: -"I know we called for a refill but I don't know what day ...[PA] doesn't work every day and it sometimes takes the office a while to get a message to her (PA) ...and it was over a weekend."</p> <p>Interview on 5/27/26 with the Director/Qualified Professional revealed: -Client #1's mom/guardian took Client #1 to the Emergency Department on 4/13/26 then took him to the neurologist 4/18/26. -"[Client #1]'s mom didn't know we needed an order" for the medication ordered by the hospital. -Received the medication (benztropine) from the local pharmacy who typically provided their clients' monthly medications but did not get a copy of the order. -"..knew we ran out (of benztropine) ...left a message that we were out of the medication ...didn't get refill until 4/22/26 ...don't know what else I could have done."</p>	V 118		