

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/27/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDLAKE RESIDENTIAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>369 E GREEN STREET , CLARKTON, North Carolina, 28433</b>
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W0104	<p>GOVERNING BODY</p> <p>CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility has not maintained furniture in good repair for clients use. The finding is:</p> <p>During observations in the home on 5/27/26 from 7:15am-8:45am, the brown leather-like sofa, loveseat and chair in the living room had large golden color patches on the backs and seat cushions of the furniture.</p> <p>Interview on 5/27/26 with the Executive Director revealed she first submitted work orders to replace the brown living room furniture, and dining room set two years ago. Since then, the company has been bought by another owner, and she has not been granted any approval to replace the furniture for something that would hold up better.</p>	W0104		
W0107	<p>COMPLIANCE W FEDERAL, STATE &amp; LOCAL LAWS</p> <p>CFR(s): 483.410(b)</p> <p>The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>The facility failed to ensure all applicable provisions of Federal, State and local laws and regulations pertaining to staff training in emergency procedures, specifically First Aid.</p> <p>Record reviews on 5/27/26 revealed Staff A and Staff B, who worked alone on third shift, did not complete their First Aid Training assignment last October 2025. Record review on 5/27/26 of the facility's Nursing Policy and Procedures Manual from February 2022 revealed: All staff working with</p>	W0107		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0107	Continued from page 1 people supported by [facility] will be trained on basic first aid skills. Staff will receive training in 2 different courses. Will attend American Heart Association or its equivalent, CPR course and First Aid Training.  Interview on 5/27/26 with the Registered Nurse revealed she only trained staff on medication administration and that human resources was in charge over first aid certification.  Interview on 5/27/26 with the Executive Director revealed the facility acquired a new owner in December 2025. She requested a list of employee training and there was no record that Staff A and Staff B completed their First Aid class.  State Rule at 10A NCAC 27G.0202 Personnel Requirements required at least one staff, per shift, had the training and current certification from a course, similar to the American Heart Association on CPR and First Aid.	W0107		
W0210	<b>INDIVIDUAL PROGRAM PLAN</b>  CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.  This STANDARD is NOT MET as evidenced by:  Based on observations, record review and interview, the facility failed to ensure that all new admissions received a completed program plan within 30 days. This affected 1 of 3 audit clients (#1). The finding is:  During morning observations in the home on 5/27/26 at 7:28am, client #1 helped to make breakfast with Staff C, by placing frozen waffles on the baking sheet.  Record review on 5/27/26 revealed client #1 was admitted to the facility on 2/10/26. The initial Individual Program Plan (IPP) had not been completed.  Interview on 5/27/26 with the Executive Director (ED) revealed she has had turnover of staff, on top of a new owner and was currently training the new Qualified Intellectual Disabilities Professional (QIDP). The ED confirmed they have not been able to complete the IPP.	W0210		

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W0263	<p>PROGRAM MONITORING &amp; CHANGE</p> <p>CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure restrictive programs were only implemented with written informed consent of a legal guardian. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Record review on 5/27/26 of client #1's physician's order revealed he was prescribed Clonazepam 0.5mg for anxiety. There was no Behavior Support Plan (BSP) located on his chart.</p> <p>Interview on 5/27/26 with the Executive Director revealed client #1 did not initially have a BSP when he was enrolled but the team has been working on developing one for him and they were waiting for his guardian to sign the consent.</p>	W0263		
W0312	<p>DRUG USAGE</p> <p>CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure restrictive medications used to address a psychiatric condition were included in a formal active treatment plan. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>Record review on 5/27/26 of client #1's physician's order revealed he was prescribed Clonazepam 0.5mg for anxiety. There was no Individual Program Plan (IPP) or Behavior Support Plan (BSP) developed for client #1.</p> <p>Interview on 5/27/26 with the Executive Director (ED) revealed client #1 did not initially have a BSP when he was enrolled but the team has been working on developing one for him and they were waiting for his guardian to sign the consent. The ED also acknowledged the new Qualified Intellectual</p>	W0312		

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W0312	Continued from page 3 Disabilities Professional was still working on completing the IPP.	W0312		
W0340	<p><b>NURSING SERVICES</b></p> <p>CFR(s): 483.460(c)(5)(i)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure that staff practiced appropriate hand hygiene during medication administration as well as failed to correctly document medications administered on the Medication Administration Record (MAR). This affected 1 of 3 audit clients (#4). The finding is:</p> <p>During morning medication observations on 5/27/26 from 7:33am-8:10am, Staff A did not use gloves to apply Artificial Tears drops and Azelastine Hydrochloride Nasal Spray into client #4's eyes and nose. In addition, Staff A was observed to administer 21 of 23 of client #4's morning medications.</p> <p>Record review on 5/27/26 of the 5/27/26 MAR revealed Staff A did not check off the 7:00am-8:00am medications administered to client #4.</p> <p>Record review on 5/27/26 of the 5/27/26 MAR revealed Staff D signed off on all of the 23 medications given to client #4 for the 7:00-8:00am dosage.</p> <p>Record review on 5/27/26 of the infection control training revealed Staff A was trained on their policies on 2/14/26 and the Registered Nurse (RN) observed his medication pass on 3/5/26 and approved him.</p> <p>Interview on 5/27/26 with Staff A revealed that he checked off the medications for client #4 before leaving his shift around 8:15am.</p> <p>Interview on 5/27/26 with the RN revealed the morning medication administration is divided up between 3rd shift staff, who leave at 8:00am and 1st</p>	W0340		

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W0340	Continued from page 4 shift staff, who arrive at 8:00am. The RN confirmed that Staff A signed in and out of the electronic MAR and that Staff D signed in before 9:00am and acknowledged giving client #4 the Flonase and Vicks Vapor rub but denied signing off on medications given by Staff A. The RN confirmed staff should wear gloves when giving eyedrops, ointments and creams.	W0340		
W0342	<b>NURSING SERVICES</b>  CFR(s): 483.460(c)(5)(iii)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.  This STANDARD is NOT MET as evidenced by:  Based on observation, record review and interviews, the facility failed to ensure medication technicians were sufficiently trained to record clients' pulse accurately. This affected 1 of 3 audit clients (#1). The finding is:  During morning observations in the home on 5/27/26 at 8:00am, Staff A placed a blood pressure cuff on client #1's right arm and turned on the machine. He received a pulse reading of 70. Client #1 was calm, seated with both feet resting on the ground. Staff A then placed a pulse oximeter on a finger of client #1's left hand. He recorded the pulse at 98. The surveyor observed the oxygen saturation at 98% and the pulse at 61.  Review of client #1's Physician's Orders signed 4/15/26 revealed his medical diagnosis included essential (primary) hypertension. Medications included Amlodipine/Olmesartan 10/40mg, Hydralazine 25mg, Metoprolol Succinate 50mg ER and Minoxidil 2.5mg to treat hypertension. Further instructions revealed to check pulse before giving morning medications. Call nurse if greater than 100.  Review of client #1's May 2026 Medication Administration Record (MAR) revealed the pulse was recorded at 83 by Staff D.  Interview on 5/27/26 with Staff A revealed he was told by a new nurse (name unknown) that the pulse reading from the blood pressure cuff was not always	W0342		

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W0342	Continued from page 5 reliable so he should use the pulse oximeter to measure the pulse and write down the highest number seen, which was 98 today. Staff A also displayed the May 2026 MAR which showed the weekly pulse readings for client #1 were in the 90's.  Interview on 5/27/26 with the Licensed Practical Nurse (LPN) revealed she started two weeks ago but never visited the home. The LPN confirmed the pulse oximeter should be placed on the index finger and initially indicated on a diagram that the highest number should be written down for the pulse. The LPN then corrected her statement and stated that the bottom number, which had heartbeat stacked lines next to it, was the pulse reading.  Interview on 5/27/26 with the Registered Nurse (RN) revealed she spoke with Staff D who gave client #1 two of his topical creams at 9:00am today and did not take his pulse. The RN confirmed that all of the medication technicians had hours of training and multiple observations before they were certified. The RN confirmed she did a skills checklist of both Staff A and Staff D in March 2026 and there were no issues.	W0342		
W0369	<b>DRUG ADMINISTRATION</b>  CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is NOT MET as evidenced by:  Based on observation, record review and interviews, the facility did not ensure medications were administered to 1 of 3 audit clients (#4) without error. The finding is:  During morning observations in the home on 5/27/26 from 7:33am-8:10am, Staff A administered the morning medications to client #4. Client #4 was given multiple topical creams; eye drops and many pills for his medical conditions. Staff A was observed rubbing Mupirocin Ointment 2% on the big toe of client #4's right foot. Staff A applied Ketoconazole Cream 2% on the left foot for client #4, but not the right foot. Next, Staff A sprayed Azelastine Hydrochloride Nasal Spray into client #4's nostrils twice. Staff A applied A & D Ointment on client #4's face, behind his ears and both arms. Lastly, Staff A fed client #4 his pills to swallow, which included Levothyroxine 100mcg. Client #4 immediately went to eat breakfast after the	W0369		

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W0369	Continued from page 6 medications were given to him.  Review of client #1's Physician's Orders signed 4/15/26 revealed he should have Mupirocin Ointment 2% applied to the affected area (left foot lateral portion of great toe); Ketoconazole Cream 2% to feet and to give Levothyroxine 30 minutes before eating breakfast.  Interview on 5/27/26 with Staff A revealed he did not mix the topical medications for client #4 out of concern for absorption so he only treated 1 foot with the medication. In addition, Staff A acknowledged he did not give the Flonase nose spray because he viewed it as "basically doing the same thing". Staff A revealed he selects client #1 to start off the medication administration because of the number of medications he received but was unaware that Levothyroxine should be given 30 minutes before he eats breakfast.  Interview on 5/27/26 with the Registered Nurse (RN) revealed she recently performed a skills checklist with Staff A and he passed but reconsidered that he will need additional training on medication administration. The RN also acknowledged the orders are written that client #4 be given Levothyroxine 1 hour before the other medications, to give the 30 minutes allowance before breakfast.	W0369		
W0441	<b>EVACUATION DRILLS</b>  CFR(s): 483.470(i)(1)  and under varied conditions to-  This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the facility did not ensure that fire drills were conducted at varying times and conditions. The finding is:  Record review on 5/27/26 of the facility's monthly fire drills log from December 2025-April 2026, revealed the 1st shift drills lacked varying times and the 2nd shift drills times were not recorded by staff.  On 1/21/26 and 3/14/26 drills were held at 10:00am.  On 12/30/25, 2/11/26 and 3/17/26 were listed as 2nd shift drills but no times were recorded.  Interview on 5/27/26 with the Executive Director revealed she reviews the fire drills and did not notice drills lacking varying times and had blank times they were performed.	W0441		

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<p>W0460</p>	<p>FOOD AND NUTRITION SERVICES</p> <p>CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility did not ensure that 1 of 3 audit clients (#3) food consistency was prepared, according to a dietary assessment to promote safe eating. The finding is:</p> <p>During observations in the home on 5/27/26 at 8:15am, client #3 received approximately 1"x1" of bite size waffle pieces for breakfast. Client #3 fed himself without incident. An additional observation at lunch at 12:03pm revealed client #3 feeding himself pulled pork, canned green beans, approximately 1" pieces and rice. Client #3 ate the meal without incident.</p> <p>Record review on 5/27/26 of client #3's Dysphagia Evaluation by a Speech Language Pathologist (SLP) on 7/25/25 revealed all foods should be cut into small, manageable bite-sized pieces (typically 1/2" or smaller) to support safe and efficient chewing and swallowing.</p> <p>Record review on 5/27/26 of client #3's Nutritional Evaluation by the Registered Dietician (RD) on 7/29/25 revealed he was on a heart healthy regular calorie diet, and soft bite sized pieces.</p> <p>Interview on 5/27/26 with the RD revealed the dietary orders will be updated to reflect the dysphagia evaluation recommendations for consistency.</p>	<p>W0460</p>		