

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL012-120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHWOOD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>407 NORTH COLLEGE STREET MORGANTON, NC 28655</b>
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on March 7, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to post fire evacuation procedures and routes in the facility. The findings are:  Observation on 3/5/18 at 10:12am of the facility interior revealed: -No fire evacuation procedures and routes posted, with the exception of 1 evacuation route posted in one of the facility bathrooms.  Interview on 3/7/18 with the House Manager	V 114	<b>DHSR - Mental Health</b>  <b>APR 03 2018</b>  <b>Lic. &amp; Cert. Section</b>	3/15/18
			New evacuation floor plans were printed and hung up. All floor plans will be checked every Wednesday by staff to ensure that they are hanging in the proper place. Group Home Supervisor had a resident meeting with all of the individuals and discussed fire and emergency drills.	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*Stephen C. Cap, QPBS, Program Manager* 3/27/18

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V 114	Continued From page 1  revealed: -The evacuation routes had been removed from the walls when the house painting was done. -The interior painting occurred sometime in December or January. -It was an oversight on her part not to repost the evacuation routes.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 116	27G .0209 (A) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (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. (3) Methadone For take-home purposes maybe 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 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall	V 116		

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V 116	Continued From page 2  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.  This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure dispensing of medications was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 2 of 3 audited clients (#1, #3). The findings are:  Observation on 3/5/18 at 12:05PM of the medications for Client #1 revealed: -Bupropion 200mg, dispensed 12/21/17. -Clonazepam 1mg, dispensed 2/8/18. -Pregabalin 75mg, dispensed 12/20/17. -Aspirin 81mg, dispensed 2/13/18. -Finasteride 5mg, dispensed 10/2/17. -Omeprazole 20mg, dispensed 10/2/17. -Sertraline 100mg, dispensed 1/7/18.  Record review on 3/5/18 and 3/6/18 for Client #1 revealed: -Admitted on 11/1/06 with diagnoses of Schizoaffective Disorder, multiple bilateral pulmonary emboli, hypertension, and AODM. -Physician's orders dated 6/22/17 for Bupropion 200mg, one twice daily; Clonazepam 1mg, ½ tablet at 2:00PM and 1 and ½ at bedtime;	V 116	Medication will only be administered by staff. If an individual has an appointment or will not be at the home when medication is scheduled to be administered, staff will call the doctor to get an order to give the medication earlier, later, and/or not at all for that day. An incident report will be completed, as well, as needed for missed medications.	3/15/18

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V 116	<p>Continued From page 3</p> <p>Pregabalin 75mg, one three times daily; Aspirin 81mg, one daily; Finasteride 5mg, one daily; Omeprazole 20mg, one daily; and Sertraline 100mg, one daily. -Physician's order dated 6/22/17 to self-administer medications.</p> <p>Review on 3/6/18 of the 12/2017 through 3/2018 MARs (medication administration records) for Client #1 revealed: -MARs indicated that on occasion Client #1 was given medications to administer while at his medical appointment.</p> <p>Interview on 3/5/18 with Client #1 revealed that when he had medical appointments at the VA (veterans administration) medical center, staff would send some of his medications with him in a small bottle to self-administer while at his appointment.</p> <p>Observation on 3/6/18 at 9:42AM of the medications for Client #3 revealed: -Gabapentin 400mg, dispensed on 2/15/18. -Hydroxyzine 50mg, dispensed on 2/15/18.</p> <p>Record review on 3/6/18 for Client #3 revealed: -Admitted on 11/6/17 with diagnoses of Schizophrenia, alcohol use disorder, cannabis use disorder, opioid use disorder, and cocaine use disorder. -Physician's orders dated 11/27/17 for Gabapentin 400mg, two three times daily, and for Hydroxyzine 50mg, one three times daily. -No physician's order to self-administer medication.</p> <p>Review on 3/6/18 of the 12/2017 through 3/2018 MARs (medication administration records) for Client #3 revealed:</p>	V 116		

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V 116	<p>Continued From page 4</p> <p>-The afternoon administration of Gabapentin and Hydroxyzine was at 2:00PM.</p> <p>-January 2018 MAR indicated that on January 22, January 24, and January 29 staff administered the medications while Client #3 was at work.</p> <p>Interview on 3/5/18 with Client #3 revealed that he did not self-administer any of his medications. When he was at his job staff would come to that location to give him his medication.</p> <p>Interview on 3/6/18 with Staff #1 revealed: -Client #3 did not self-medicate. -When he went to work staff would take his medications for the afternoon dose to him. They put the 2:00PM doses of Gabapentin and Hydroxyzine in a small white bottle and went to the work site and administered the medication. -Client #1 could self-administer his medications. Staff would prepare medications at times for him to take with him when he went to the VA. There was usually at least 2 different medications sent with him in a small white bottle.</p> <p>Interview on 3/6/18 with the House Manager revealed: -Staff had prepared separate medication bottles either for staff to use with Client #3 or for Client #1 to take to the VA. -Staff had recently stopped this practice but some staff may not be clear that they were no longer supposed to send the medications.</p>	V 116		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored:</p>	V 120		

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V 120	Continued From page 5  (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medications separately for 3 of 3 clients (#1, #2, #3). The findings are:  Observation on 3/6/18 at 10:00AM of the box that contained controlled medications revealed: -The box contained the following medications stored together: Pregabalin 75mg and Clonazepam 1mg for Client #1, Eszopiclone 2mg for Client #2, and Chlordiazepoxide 25mg for Client #3.  Record review on 3/5/18 and 3/6/18 for Client #1 revealed: -Admitted on 11/1/06 with diagnoses of Schizoaffective Disorder, multiple bilateral pulmonary emboli, hypertension, and AODM. -Physician's orders dated 6/22/17 for Clonazepam 1mg, ½ tablet at 2:00PM and 1 and	V 120	Individual's medications will be stored separately in individual locked boxes or in labeled zip lock bags if within the same locked box.	3/15/18

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V 120	<p>Continued From page 6</p> <p>½ at bedtime and Pregabalin 75mg, one three times daily.</p> <p>Record review on 3/6/18 for Client #2 revealed: -Admitted on 11/6/17 with diagnoses of Schizophrenia, alcohol use disorder, cannabis use disorder, opioid use disorder, and cocaine use disorder. -Physician's order dated 6/26/17 for Eszopiclone 2mg, ½ tablet at bedtime.</p> <p>Record review on 3/6/18 for Client #3 revealed: -Admitted on 11/6/17 with diagnoses of Schizophrenia, alcohol use disorder, cannabis use disorder, opioid use disorder, and cocaine use disorder. -Physician's order dated 12/19/17 for Chlordiazepoxide 25mg, 1 at bedtime.</p> <p>Interview on 3/7/18 with the House Manager revealed; -One box was maintained for all controlled medications. -She was unaware that these specific medications had to be separated by client.</p>	V 120		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p>	V 540		

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V 540	<p>Continued From page 7</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the provision for hygiene and grooming care for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Observation on 3/6/18 at 10:00AM revealed: -No supply of personal hygiene products for residents.</p> <p>Interview on 3/6/18 with Direct Care Staff #1 revealed: -Clients purchased all of their own personal hygiene products out of their personal money. The facility did not provide those products.</p> <p>Interviews on 3/5/18 with Clients #1, #2, #3 revealed that they were expected to purchase their own hygiene products with their personal money of \$66.00 per month.</p> <p>Interview on 3/6/18 with the House Manager revealed:</p>	V 540	<p>A stock supply of personal hygiene products, which includes shampoo, conditioner, tooth paste, tooth brushes, soap, body wash, razors, shaving cream, and sanitary napkins, was purchased. This stock supply will be checked monthly and as needed and will be replenished as needed. The individuals were informed about the stock supply of personal hygiene products. The individuals will let staff know when they need these products.</p>	3/15/18
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V 540	Continued From page 8  -The facility did not supply personal hygiene products. Clients used their personal funds to purchase personal hygiene products. -She was recently at a meeting and heard that hygiene products had to be supplied by the facility. This was the first time she had been told that. -She had not yet implemented any change in procedure.	V 540		



March 27, 2018

Kem Roberts  
Facility Survey Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: MHL #012-120

Dear Ms. Roberts,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation annual and follow up survey completed on March 7, 2018 at the Northwood Group Home, located at 407 North College Street, Morganton, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact me by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie K. Camp QP, BS".

Stephanie K. Camp, QP, BS  
Residential Program Manager  
Easterseals UCP