

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-185</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/04/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHWOOD PLACE GROUP HOME #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 HAMILTON STREET MONROE, NC 28112</b>		
(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 style="text-align: center; color: blue; font-size: 1.2em;">DHSR-Mental Health</p> <p style="text-align: center; color: red; font-size: 1.2em;">MAY 03 2018</p> <p style="text-align: center; color: blue; font-size: 1.2em;">Lic. &amp; Cert. Section</p> <p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 4/4/18. The complaint (#NC00134879) was unsubstantiated. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living with Developmentally Disabled Adults.</p>	V 000	<p>Elite Care Services, Inc. Qualified Professional conducted training to staff in the residential home. The training consisted of a Learning Log on ABC data; documentation on daily data; MARs; personal care needs for persons supported. All residential staff including those onsite during the site visit were in attendance.</p> <p>The RN conducted medication recertification training on 4/11/18. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. The staff of the residential facility as well as (3) Team Leaders attended these trainings.</p> <p>The team leader will ensure that all medication(s) that is in the home for an individual will be transcribed on the MAR. This includes PRN medication.</p> <p>The Team Leader will monitor for compliance bi-weekly. The QP will monitor for compliance monthly.</p>	<p>4/16/18</p> <p>4/11/18</p>

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESNTATIVE'S SIGNATURE

*Juana McKee Quality Manager*

TITLE

*4/26/18*

(X6) DATE

STATE FORM 6899  
Division of Health Service Regulation

SVEF11

If continuation sheet 1 of 3

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April 26, 2018

Devora Neely, MSW, BSN, RN  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Neely:

Attached please find the Plan of Correction for the Annual survey completed on 4/4/18 at Elite Care Services Southwood Place Group Home #2, 309 Hamilton Street, Monroe, NC 28112.

Please feel free to contact me by email at [jmcrac@eliteservicesofstanly.com](mailto:jmcrac@eliteservicesofstanly.com) if you have any questions. You may also choose to contact Christopher Bennett, CEO at [cbennett@eliteservicesofstanly.com](mailto:cbennett@eliteservicesofstanly.com).

Sincerely,

Joann McRae, MSW  
Quality Manager

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO