Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-169	A. BUILDING: _____ B. WING _____	08/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABARRUS COUNTY GROUP HOME 10	160 CAMELOT ROAD SALISBURY, NC 28147

(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	INITIAL COMMENTS An annual survey was completed on August 17, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

DHSR - Mental Health
AUG 24 2018
Lic. & Cert. Section

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to dispose of expired medications affecting 1 of 3 audited clients (Client #1). The findings are: Review on 8/14/18 of Client #1's record revealed: -Admission date of 2/26/18; -Diagnoses of Oppositional Defiant Disorder, Depressive Disorder, and Intellectual Developmental Disability - Mild; -Physician's order dated 3/8/18 for Triamcinolone ointment 0.1% to affected areas twice daily. Interview on 8/15/18 with the Administrator revealed: -Will order a new bottle of Triamcinolone ointment for Client #1 for today's delivery and will remove expired bottle from the facility. Interview on 8/18/18 with the Administrator revealed: -Client #1 received a new bottle of Triamcinolone ointment from the pharmacy. Observation on 8/15/18 at approximately 9:05am of Client #1's medications revealed: -Jar of Triamcinolone ointment 0.1% with pharmacy dispense date of 2/18/17 and manufacturer's label with expiration date of June, 2018.	V 118	A new jar of Triamcinolone was ordered and delivered to the home on 8/15/18. The expired one was removed from the home.	8/15/18

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 21, 2018

Ms. Ginger Pope
Cabarrus County Group Homes, Inc.
PO Box 1197
Concord, NC 28026

Re: Annual Survey Completed August 17, 2018
Cabarrus County Group Home #10, 160 Camelot Road, Salisbury, NC 28147
MHL# 080-169
E-mail Address: margiew@ctc.net

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual survey completed August 17, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- The standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is October 16, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier, Team Leader at 704-596-4072.

Sincerely,

Eileen Sanchez, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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