

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2018
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NAME OF PROVIDER OR SUPPLIER WARREN COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 109 MUSTIAN ROAD NORLINA, NC 27563
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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>INITIAL COMMENTS</p> <p>An annual survey was completed 11/30/18. 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>	V 000		
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 file followed up by appointment or consultation with a physician.</p>	V 118	<p>DHSR-Mental Health</p> <p>JAN 08 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



EXECUTIVE DIRECTOR

1/3/2019

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure medications were administered on the signed, written order of a person authorized to prescribe medication for one of three audited clients (#5). The findings are:</p> <p>Observation on 11/30/18 at approximately 11:00 AM of client #5's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> - Sertraline 100 mg tablets with instructions to administer 1 tablet daily - Dival Proex Sodium 250 mg tablets with instructions to administer 3 tablets twice daily - Kapvay ER 0.1 mg tablets with instructions to administer 2 tablets each morning and tablets at hour of sleep - Hydroxyzine 50 mg tablets with instructions to administer 1 tablet three times daily, as needed <p>Review on 11/30/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 10/29/18 - a Person Centered Plan dated 4/1/18 with diagnoses including Intellectual Developmental Disability severe, Unspecified Mood Disorder, Autism and Seizure Disorder- - no evidence of a signed physician's order for the above medications - October and November 2018 medication administration records (MARs) with documentation to reflect the above medications were administered daily with the exception of 	V 118		

Division of Health Service Regulation

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V 118	Continued From page 2 Hydroxyzine which had not been administered During an interview on 11/30/18, the Qualified Professional reported client #5 had been an emergency placement and she was in the process of obtaining signed physicians' orders.	V 118		

Plan of Correction

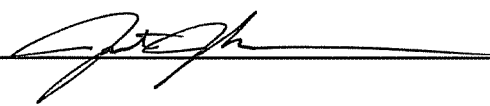
Date of Correction: January 29, 2019

Deficiency Cited: V118: 10A NCAC 27G.0209 Medication Requirements. This rule was not met as evidenced by; Based on observation, record review and interview, the governing body failed to assure medications were administered on the signed, written order of a person authorized to prescribe medication for one of three audited clients.

Provider's Plan of Correction: D. D. Residential Services Inc. will assure that all medications are administered based on the physician's orders. Systematic changes will be implemented whereby the Residential Manager will transcribe the physician's orders onto the MAR upon receipt of a physician's order or new admission. Any medication accompanying a new admission will have physician's orders either directly from the physician or will be immediately procured from the pharmacy by the Residential Manager. The RN will check the MARs on a routine basis (no less than quarterly) to assure that medications are being implemented as prescribed, and sign off on the bottom of the MAR for the resident reviewed. The Qualified Professional will check the MAR monthly, initial for the review, and the Quality Improvement Team will review the physicians' orders quarterly to assure compliance. The Executive Director will monitor the Quality Assurance System for effectiveness through monthly Supervision of the Residential Manager and reviews of Quality Improvement Team Minutes.

Responsible Parties: Residential Manager, Qualified Professional, RN, Executive Director, and Quality Improvement Team

Correction Date: 1/3/2019

Provider Signature: _____


D. D. Residential Services, Inc.
Administrative Office
Post Office Box 88
Henderson, North Carolina 27536
(252) 438-6700 Fax (252)438-6720

January 3, 2019

DHSR-Mental Health

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

JAN 08 2019

Lic. & Cert. Section

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Warren County Group Home, Located at 109 Mustian Road, Norlina, NC 27563. This is in conjunction with MHL #: 093-031.

You shall find upon return that the deficiency cited has been addressed globally and the correction has been made prior to the correction date of January 29, 2019. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,

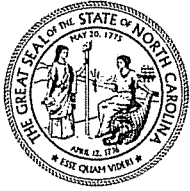


Jacinta Johnson
Executive Director

Franklin County Group Home
Vance Adult Group Home
Warren County Group Home

Graham Ave Group Home
Louisburg Group Home
Oxford Group Home
Roanoke Avenue Group Home





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 31, 2018

Jacinta Johnson; Executive Director
Warren County Group Home
PO Box 88
Henderson, NC 27536

Re: Annual Survey completed November 30, 2018
Warren County Group Home, 109 Mustian Road, Norlina, NC 27563
MHL#: 093-031
E-mail Address: jjohnson_ddrs@embarqmail.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual survey completed November 30, 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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 29, 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.***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

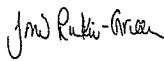
December 31, 2018
Jacinta Johnson
Warren County Group Home

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 Renee Kowalski-Ames at (919) 552-6847.

Sincerely,



Toni Rankin-Green
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

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