

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLO92-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2019
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NAME OF PROVIDER OR SUPPLIER
WAKE COUNTY GROUP HOME #2

STREET ADDRESS, CITY, STATE, ZIP CODE
**4808 WHITEHALL AVENUE
RALEIGH, NC 27604**

(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 6/13/19. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119	V 119: Nursing will use an in-service as a training tool for direct support associates on medication administration including disposal of discontinued medications. Third shift is responsible for checking medication every Wednesday night and will call nursing to inform them of any expired medications. Third shift will fax over shift responsibility sheet to ensure they have completed their checks. Monitoring of medications to ensure medications are disposed of properly without error through one medication observation per week for one month by nursing and or clinical team and then on routine basis. Medications that have been discontinued or that have expired should be removed from the home and returned to the nursing office within 24 hours or by the next business day. In the future nursing will ensure staff are trained to dispose of medications promptly without error.	10/18/19

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

[Handwritten Signature]
TITLE

(X8) DATE
10/22/19

RECEIVED

By DHRS-Mental Health Licensure at 1:52 pm, Aug 22, 2019

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER WAKE COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4808 WHITEHALL AVENUE RALEIGH, NC 27604
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure medications were disposed of to guard against accidental ingestion for 1 of 3 audited clients (#5). The findings are:</p> <p>Observation on 6/13/19 at approximately 10:20 am of client #5's medications revealed Cetirizine 10 mg tablets with an expiration date of 3/1/19.</p> <p>Review on 6/13/19 of client #5's record revealed: - an admission date of 1/28/85 - an Individual Support Plan dated 2/21/19 with diagnoses including Moderate Intellectual Developmental Disability, Seasonal Allergies and Elevated Cholesterol - a physician's order dated 10/30/18 indicated the above medication was discontinued</p> <p>During an interview on 6/13/19, the Manager reported she was not sure why the medication was on site.</p> <p>During an interview on 6/13/19, the Registered Nurse reported he was not sure why the medication was on site.</p>	V 119		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that</p>	V 121		

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NAME OF PROVIDER OR SUPPLIER: **MAKE COUNTY GROUP HOME #2**
STREET ADDRESS, CITY, STATE, ZIP CODE: **4808 WHITEHALL AVENUE RALEIGH, NC 27604**

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V 121	<p>Continued From page 2</p> <p>the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the 6 month drug regimen review was not completed for 1 of 3 audited clients (#3) on psychotropic medications. The findings are:</p> <p>Review on 6/13/19 of client #3's record revealed: - admitted 05/10/99 - diagnoses anxiety disorder, mild mental retardation, seizure disorder - a physician's order dated 2/6/19 for ability</p> <p>During an interview on 6/13/19, the Qualified Professional reported the agency was trying to identify a pharmacy to complete the drug regimen reviews. Review of April, May and June 2019 medication administration record revealed medication was given.</p>	V 121	<p>V 121: QP will correct this by having physician and/or pharmacist sign the medication regimen review for individuals who receive psychotropic medications. Nursing will coordinate with physicians, pharmacist and QP to review person supported psychotropic medications. QP and clinical team will monitor medical charts/ records on a routine basis by completing chart reviews to ensure medication regimen review is completed for all individuals supported who receive psychotropic medications. Physicians and/ or pharmacist will sign the psychotropic medication review form for Non-ICF individuals supported at least every six months. QP and nursing will inform physician of the results of the review when medical intervention is indicated. In the future nursing will identify a pharmacy to complete the drug regimen review prior to administering medications.</p>	10/18/19



August 22, 2019

Ms. Keisha Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Recertification Survey Completed on June 13, 2019 (**Paper work received 8/19/19**)
Wake County Group Home #2, 4808 Whitehall Avenue, Raleigh, NC 27604
MHL Number: MHL-092-389

Dear Ms. -Douglas

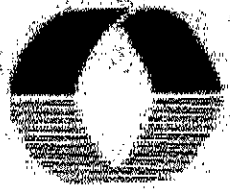
Thank you for your recent survey of Wake County Group Home #2. It was a pleasure working with you and we look forward to your follow up and return to ensure all deficiencies have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. If anything was missed please let me know and I will make the proper corrections.

Sincerely

A handwritten signature in black ink, appearing to read "Morris Thomas", is written over a vertical line that extends from the word "Sincerely". The signature is fluid and cursive.

Morris Thomas
Administrator



RHA
HEALTH SERVICES, LLC

RHA Health Services, LLC
2527 E. Lyon Station Rd
Creedmoor, NC 27522
Phone: 919-528-2558
Fax: 919-528-2971

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To:	Keisha Douglas	Fax:	919-715-8078	
From:	Morris Thomas	Date:	08/22/19	
Re:		Pages:	5 (Including Cover)	
CC:				
Urgent	For Review	As Requested	Please Reply	Please Recycle

Additional Comments: _____

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