

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/08/2019
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025		
(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 and follow up survey was completed on 8-8-19. Deficiencies were 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	DHSR - Mental Health AUG 26 2019 Lic. & Cert. Section		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (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 interview and observation the facility failed to ensure that medications were stored separately for each client, effecting two clients (client #1 and cline #2) The findings are:	V 120			

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

STATE FORM

6899

7HFB11

TITLE

(X6) DATE

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 120	Continued From page 1 Observation on 8-7-19 at approximately 4:00 PM revealed: -Bottom cabinet drawer for external medication, each client has small box with their name on it. -Medications not in the box and loose in the drawer together included: Milk of magnesia for client #1, Voltaren gel for client #1, Polythene Glycol for client #1, Vaseline jelly for client #2, and other medications. Interview on 8-7-19 with staff #1 revealed: -Some of the clients medications were too big to fit in the boxes provided. -She guessed they needed to ask for bigger boxes. Interview on 8-8-19 with the Qualified Professional revealed: -The would get the issue fixed immediately.	V 120	Bags were purchased and labeled with each resident's name and medications were separated according to resident		8/9/19
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility failed to be maintained in a clean, safe, attractive and orderly manner. The findings are:	V 736			

Division of Health Service Regulation

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V 736	Continued From page 2 Observation on 8-7-19 at approximately 5:00 PM revealed: -Dining Room: A door, old flooring and two mattress were piled against the wall. -Front door had an old towel fastened over the decorative windows. -Hall bathroom: floor was peeling around the tub, bathtub had a heaving layer of soap scum on the sides and floor, the toilet was dirty, the molding along the floor was dirty, the right wall was dirty with a dried substance running down the wall. -Outside bench was coming apart with exposed screws visible. -Rotting wood and a window leaning against the outside shed. -Multiple small pipes, some as long as approximately 5 feet, some rusting, were piled outside on the front right corner of the house. -Side door on the right side of the house had an old door leaning against the side of the house, wood (some appearing old, some appearing to be new) were piled on the side of the house. Interview on 8-7-19 with staff #1 revealed: - Said she didn't remember how long the dining room had all the things in it but it had "been awhile". -She had put the towel over the window because she didn't want people looking in the house. Interview on 8-8-19 with the Qualified Professional revealed: -The maintained man was scheduled to remove the items in the dining room on Friday (8-9-19) and she would make sure he removed the other objects also.	V 736	The door, old flooring and two mattresses were removed from dining room on 8/9/19 A blind was ordered for front door window on 8/15/19. It is estimated to be two weeks before delivery. The blind will be installed upon receipt. New caulking will be placed around tub by maintenance within one week. Bathroom cleanliness is being addressed by the group home managers. Outside bench was thrown away on 8/9/19 Rotting wood and a window leaning against the outside shed was thrown away All pipes were removed from the outside on the front right corner of the house Old door leaning against the side of the house and wood piled on side of the house have been removed	8/9/19 8/29/19 8/22/19 8/9/19 8/9/19 8/9/19

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL013-083	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/8/2019
NAME OF FACILITY CABARRUS COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0117	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (B)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/08/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Patricia Work</i>	DATE 8-8-19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/17/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 12, 2019

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

Re: Annual and follow up Survey completed 8-8-19
Cabarrus County Group Home, 65 Creswell Drive, Concord NC 28025
MHL # 013-083
E-mail Address: margiew@ctc.net

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 8-8-19.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 10-8-19.

What to include in the Plan of Correction

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

August 12, 2019
Ms. Ginger Pope
Cabarrus County Group Homes, Inc.

- 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 at 704-596-4072.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant