

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2019
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 663 MOULTON ROAD LOUISBURG, NC 27549
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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 on December 20, 2019. Deficiencies were 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>During an interview on 12/19/19, the Qualified Professional (QP) reported the schedule used for fire and disaster drills was: - 7:00am - 3:00pm - 1st shift - 3:00pm - 11:00pm - 2nd shift</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>- 11:00pm - 7:00am - 3rd shift</p> <p>Review on 12/19/19 of fire drills in the previous 12 months revealed on:</p> <p>- 9/17/19 5:15pm - was listed as a 1st shift drill</p> <p>- 6/13/19 4:40pm - was listed as a 3rd shift drill</p> <p>- 3/1/19 8:15pm - was listed as a 3rd shift drill</p> <p>- there were no 3rd shift drills in any quarter of 2019</p> <p>Review on 12/19/19 of disaster drills in the previous 12 months revealed on:</p> <p>- 10/24/19 8:00pm - was listed as a 3rd shift drill</p> <p>- 7/25/19 7:45pm - was listed as a 3rd shift drill</p> <p>- 1/25/19 8:15pm was listed as a 3rd shift drill</p> <p>- there were no 3rd shift drills in any quarter of 2019</p> <p>During an interview on 12/20/19, the QP reported the staff seemed to be confused about what constituted 3rd shift. She would review this with all staff immediately.</p> <p>During an interview on 12/20/19, the Executive Director reported the staff were supposed to follow a posted schedule of drills which would meet all the regulation requirements.</p>	V 114		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>(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 the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(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 observation, record review and interview, the facility failed to ensure a 6 month medication review was completed for 3 of 3 clients (#1, #3 and #4) who received psychotropic medications. The findings are:</p> <p>a. Observation on 12/19/19 at 9:15am revealed client #1's meds included: - Abilify 10mg - 1 at hour of sleep (hs) (antipsychotic)</p> <p>Review on 12/19/19 of client #1's record revealed: - admission date 5/6/08 - diagnoses included Moderate Intellectual and Developmental Disorder (DO), Unspecified Bipolar DO and Unspecified anxiety DO - no documentation of a 6 month medication review by a physician or pharmacist in the last 12 months</p> <p>b. Observation on 12/19/19 at 9:45am revealed client #3's medications included: - Seroquel 400mg 1 at hs (antipsychotic)</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>Review on 12/4/15 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 7/17/06 - diagnoses included Severe Intellectual and Developmental DO; Psychotic DO and Schizophrenia - no documentation of a 6 month medication review by a physician or pharmacist in the last 12 months <p>c. Observation on 12/19/19 at 9:30am revealed client #4's medications included:</p> <ul style="list-style-type: none"> - Sertraline 100mg 2 at hs - Trazedone 50mg - 1 at hs <p>Record review on 12/19/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admission date 4/19/19 - diagnoses including Moderate Intellectual and Developmental DO; Anxiety DO and Major Depressive DO - no documentation of a 6 month medication review by a physician or pharmacist since her admission 8 months ago <p>During an interview on 12/19/19 The Qualified Professional reported she was unsure of the expectations for a 6 month medication review and would discuss with the Executive Director (ED).</p> <p>During an interview on 12/20/19, the ED reported she thought a Registered Nurse was able to do these reviews. She would make other arrangement for it to be done by a physician or pharmacist.</p>	V 121		