

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN COUNTY GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>29 STRANGE ROAD</b> <b>LOUISBURG, NC 27549</b>
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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 and follow up 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		

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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> <ul style="list-style-type: none"> <li>- there were no 3rd shift drills in the 1st and 2nd quarters of 2019</li> <li>- there also was no 1st or 2nd shift drills in the 3rd quarter of 2019</li> </ul> <p>Review on 12/19/19 of disaster drills in the previous 12 months revealed on:</p> <ul style="list-style-type: none"> <li>- there were no 3rd shift drills in the 1st and 2nd quarters of 2019</li> <li>- there was no 2nd shift drills in the 2nd quarter of 2019</li> <li>- there were no 3rd shift drill in the 3rd quarter of 2019</li> </ul> <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> <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</p>	V 121		

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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 observation, record review and interview, the facility failed to ensure a 6 month medication review was completed for 2 of 3 audited clients (#1 and #3) who received psychotropic medications. The findings are:</p> <p>a. Observation on 12/19/19 at 11:40am 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 11/4/87 - diagnoses included Moderate Intellectual and Developmental Disorder (DO), Seizure DO, Psychotic DO with Delusions and 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 1:15pm revealed client #3's medications included: - Risperidone 0.5mg 1 every morning - Risperidone 0.5mg 2 every evening</p> <p>Record review on 12/19/19 of client #3's record revealed: - admission date 6/1/18 - diagnoses including Intellectual and</p>	V 121		

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V 121	<p>Continued From page 3</p> <p>Developmental DO; Seizure DO and Liver Function Abnormality - no documentation of a 6 month medication review by a physician or pharmacist since her admission 8 months ago</p> <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		