


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
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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:</p> <ul style="list-style-type: none"> - 7:00am - 3:00pm - 1st shift - 3:00pm - 11:00pm - 2nd shift 	V 114	<p>DHSR - Mental Health</p> <p>JAN 13 2020</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	1/8/2020

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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		

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

January 8, 2020

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

DHSR - Mental Health

JAN 13 2020

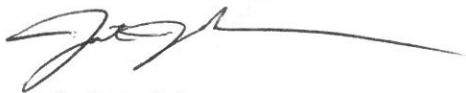
Lic. & Cert. Section

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiencies cited at the Franklin County Group Home #1, Located at 663 Moulton Road, Louisburg, NC 27549. This is in conjunction with MHL #: 035-035.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of February 18, 2020. 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



Plan of Correction

Date of Correction: February 18, 2020

Deficiency Cited: V114: 10A NCAC 27G.0207 Emergency Plans and Supplies. This rule was not met as evidenced by; based on observation, record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.

Provider's Plan of Correction: D. D. Residential Services Inc. will ensure that disaster and fire drills are conducted quarterly on each shift. Systematic changes will be implemented whereby the Residential Manager will schedule fire and disaster drills according to a systematic calendar schedule and train staff that 1st shift drills must be run between the hours of 7am and 3pm, 2nd shift drills must be run between the hours of 3pm – 11pm, and 3rd shift drills are run between the hours of 11pm – 7am. The Quality Improvement Team and QP, along with 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, Direct Support Professionals, Executive Director, and Quality Improvement Team

Deficiency Cited: V121: 10A NCAC 27G .0209 Medication Requirements. This rule was 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 who received psychotropic medications.

Provider's Plan of Correction: D. D. Residential Services Inc. will ensure that residents receiving psychotropic medications are reviewed by either a pharmacist or physician twice per year. Arrangements have been made with Medical Arts pharmacy to provide this service. The reviews will be conducted annually in February and July. The Quality Improvement Team and Residential Manager 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, QP, QI Team, and Executive Director

Provider Signature: _____





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 30, 2019

Jacinta Johnson, Executive Director
D.D. Residential Services, Inc.
PO Box 88
Henderson, NC 27536

Re: Annual Survey completed December 20, 2019
Franklin County Group Home #1
663 Moulton Road Louisburg, NC 27549
MHL # 035-035
E-mail Address: jjohnsondds@embarqmail.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual survey completed December 20, 2019.

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 February 18, 2019.

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.

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 20, 2019
Jacinta Johnson
D.D. Residential Services, Inc.

- 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 Renee Kowalski at 919-552-6847.

Sincerely,



Marie Anctil
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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