Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74101244	or contraction	IDENTIFICATION NO.	JE11.	A. BUILDING: _			
		MHL029-025		B. WING		10/2	R 26/2021
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON-0	GROUP HOME II (ME		NINTH STREE	т		
			LEXINGTO	N, NC 27292			r
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS			V 000			
	An annual and follow on 10/26/2021. Defici	up survey was comple encies were cited.	eted				
	category: 10A NCAC	d for the following serv 27G .5600C Supervise Developmental Disabil	ed				
V 118	27G .0209 (C) Medica	ation Requirements		V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		MHL029-025	B. WING		10	/26/2021
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	TE, ZIP CODE		
T		226	WEST NINTH STREE	Т		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME II (ME LEX	INGTON, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 1	V 118			
	facility failed to ensur current, and administ documented immedia affecting 2 of 3 audite findings are: Review on 10/26/202 revealed: - Admission date: 5/9 - Diagnoses: Mild Into Cerebral Palsy; Gast Disease (GERD); Os otherwise specified)-Disease-Stage 3; and - Physician's ordered medications: Fluticasone nasal s route QD (every day) Trazodone 50mg (inight, dated 7/26/2021; Lansoprazole DR 3 day), dated 2/10/202 Loratadine 10mg, 2	ews and interviews, the re that the MAR was kept ration of medications was ately following administration ed clients (#1 & #3). The 21 of Client #1's record 21 of Client #1's record 21 of Client #1's record 22 sprayageal Reflux 23 teoarthritis NOS (not 24 Shoulder; Chronic Kidney 25 d Anemia 26 for the following 27 sprays by nasal 28 pray, 2 sprays by nasal 29 pray, 2 sprays by nasal 30 pray, 1 tablet every 31; 31 tablet BID (twice daily), 32 prays 33 prays 36 pray, 2 sprays 37 prays 38 prays 39 prays 30 prays 30 prays 31 prays 31 prays 32 prays 33 prays 34 prays 35 prays 36 pray 37 prays 38 prays 39 prays 30 pray 31 prays 31 prays 31 prays 32 prays 33 prays 34 prays 35 pray 36 pray 37 prays 38 pray 39 prays 30 pray 31 prays 31 prays 32 prays 33 pray 34 prays 36 pray 37 pray 38 pray 38 pray 39 pray 39 pray 30 pray 30 pray 31 pray 31 pray 31 pray 32 pray 33 pray 34 pray 35 pray 36 pray 36 pray 37 pray 38 pray 38 pray 39 pray 39 pray 39 pray 30 pray 30 pray 30 pray 31 pray 31 pray 31 pray 32 pray 32 pray 33 pray 34 pray 35 pray 36 pray 36 pray 37 pray 38 pray 38 pray 39 pray 39 pray 30 pray 30 pray 30 pray 31 pray 31 pray 32 pray				
	2/10/2021; Nortriptyline 25mg, bedtime), dated 2/10/	1 tablet QHS (every night a /2021. 11 of Client #1's MARs dated				

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 2 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED	
		MHL029-025		B. WING		10	R 0/ 26/2021
	RKSHOP OF DAVIDSON-	GROUP HOME II (ME	226 WEST	RESS, CITY, STA NINTH STREE N, NC 27292		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	- There was no docur of trazodone, divalpro scheduled "PM" dose - There was no docur of fluticasone nasal s lansoprazole, or lorat on 9/26/2021. Review on 10/25/202 revealed: - Admission date: 1/1 - Diagnoses: Mild Inte Epilepsy-Unspecified stimulator) implant fo (ventriculoperitoneal) that relieves pressure fluid) Physician's order fo 1 QD, dated 6/15/202 Review on 10/25/202 8/1/2021 to 10/25/202 - Super Vitamin B-co. August or September Interview on 10/25/202 - He did not know the - He did not think the with the administration Interview on 10/25/202 - He knew the names but not all He did not have any medications. Interview on 10/26/202 - When she saw blan	mentation of administrates, or nortriptyline at the time on 9/25/2021. mentation of administrates pray, divalproex, adine at the "AM" dose of 1 of Client #3's record 1/2020 ellectual Disabilities; VNS (vagus nerver seizures (2019); and Shunt placement (a dee on brain due to excessor Super Vitamin B-compart. 1 of Client #3's MARs 21 revealed: mplex was not listed on MARs. 221 with Client #1 rever enames of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 221 with Client #3 revers of some of his medications. 222 with Client #3 revers of some of his medications. 223 with Client #3 revers of some of his medications.	VP evice es aplex, dated aled: ions. ems aled: ations, led: he	V 118			

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 3 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			7. BOILBING.		R	
		MHL029-025	B. WING		1	6/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME II (ME	NINTH STREE N, NC 27292	т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	- She thought that clie administered all of the Interview on 10/26/20 - She did not know of medication administration - If a medication was did not administer it. Interviews on 10/25/20 QP revealed: - The Pharmacy printation - She and facility staff Pharmacy to ensure - If the Pharmacy did the MARs, the facility - Facility staff may haw a staff with the staff of the Interview on 10/26/20 Director revealed: - She did not review to the facility had charseveral months ago.	ents at the facility had been eir medications correctly. 221 with Staff #2 revealed: fany errors related to ation. not listed on the MAR, she 2021 & 10/26/20212 with the ed out the MARs. If checked behind the MARs were correct. not fill in a medication on extaff would write it in. eve forgotten to put Client extended the MARs. clients #1 and #3 had been eir medications correctly. 221 with the Executive the MARs. nged to a different Pharmacy exchange in Pharmacy had	V 118			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	EXTERIOR REQUIR (c) Each facility and in maintained in a safe,	EMENTS				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 8 NEMY11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL029-025		B. WING		F 10/2	R 26/2021
NAME OF P	ROVIDER OR SUPPLIER	•	STREET AND	RESS, CITY, STA	TE ZIP CODE	•	
TO WILL OF T	NOVIDEN ON CONTENEN			NINTH STREE			
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME II (ME		N, NC 27292	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 736	Continued From pag	e 4		V 736			
	interviews, the facility safe, clean, attractive findings are: Review on 10/10/25/inspection report dat - A total of 17 demer - " All equipment a cleaned and shall be inside the oven and sthe oven. Clean the ithe microwave, crock - The hallway bathro coming off in the bott the water faucet knownildew. Clean inside paper towels. Clean repair the peeling pabottom of shower Please repair the facility Ventilation equipme window sills in many and cleaned Garbage shall be stand removed at a freattracting pests. **The overflowing and can cans are needed pleacquire more so you	iew, observations and y was not maintained in and orderly manner. The and seed 8/25/2021 revealed: its. In and furnishings shall be a kept in good repair. Clestorage drawer underner anside of the kitchen cabe to pot, and fryers. The and fryers are to make a tub with the first tom, please refinish. Repet to as it is coated in black the vanity cabinets, result at ceiling and around a transport of the damage blinds through the and are to be dust to red in covered contains and around the garbage cans are not be covered. If more asse contact the city to	easily ean ath inets, nish place tock nd leted ers event trash				
	approximately 1:00p	m on 10/25/2021 reveal the Sanitation inspection	ed:				

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 5 of 8

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LETED
		MHL029-025	B. WING		•	R 26/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
		226 WE	ST NINTH STREE	T		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME II (ME	STON, NC 27292			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 736	Continued From page	e 5	V 736			
	- Additional observati	ion revealed:				
		s on the front porch had				
	-	ats or a broken armrest;				
		ling trash container had a				
	_	was approximately 5 x 3				
	inches:	was approximately 5 x 5				
	,	l splashed food debris				
		and top of the interior;				
		s on the exterior of the deep				
	fryer;	·				
	- Unidentified debris	was present on interior of the				
	kitchen and pantry ca	abinets;				
	- Peeling paint was p	resent on the wall and floor				
	of the shower surrour	nd in bathroom #1;				
	- Dust was present or	n the bathroom vents;				
		spring-type shower curtain				
		en the curtain was being				
	T	ere was a thick layer of dust				
	_	fildew-like stains were				
	present in the tub, an toilet	nd on the doorway to the				
	 The closet in the lau on a shelf; 	undry area had black stains				
	-	om: dust wafted up when the				
		and there was no bulb in the				
	•	om: the curtain for the closet				
		n the floor and there was dust				
		that were pinned to the wall;				
	-	om: there was no door or				
	curtain over the close					
	- In Client #5's bedro	•				
	ceiling-mounted flore	scent light fixture was				
	_	as peeling paint along the				
	baseboard of the wal	lls.				
	Interview on 10/25/20	021 with Client #1 revealed:				
	- His bed was "messe					
		pposed to order a new part				
	for my bed"					

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 6 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL029-025		B. WING			R 26/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE WOR	KSHOP OF DAVIDSON-	GROUP HOME II (ME		NINTH STREE	Т		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	LEXINGTO	N, NC 27292	PROVIDER'S PLAN OF CORRE	CTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 736	Continued From page	e 6		V 736			
	dusting in the facility. - He was supposed to - The sink in one of the forever and needed. Interview on 10/25/20 - Another client had be porch on an unknown. - He was responsible bedroom.	O21 with Client #2 revea Proken the chairs on the Indate. Induction for cleaning his own	ean. ı "bad aled: e front				
	Interview on 10/25/2021 with Client #3 revealed: - Clients were responsible for cleaning their own bedrooms Another client had broken the chairs that were on the front porch He did not know how long the shower knob in the bathroom had been broken.		own ⁄ere				
	- "Deep cleaning" was every 2-3 months. - The clients at the fainterested in keeping. - The entire facility ne. - New handles for the ordered to replace the. - Two bedframes had broken ones. - Cleaning had been and shower in order to but the mildew return. Interview on 10/26/20. - She tried to complete facility at least once a shift.	eeded to be painted. e shower and tub had be e stained and broken or been ordered to replace completed around the to o remove the mildew st	een nes. ce ub tains, ed:				

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 7 of 8

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
							R
		MHL029-025		B. WING		10	/26/2021
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE WOF	THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME			NINTH STREE N, NC 27292	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 736	- The facility was old When she cleaned ton one weekend, the the next weekend New blinds were new linterviews on 10/25/2 the QP revealed: - She had already ord two clients, but they had facility, including replairing the crawlspakitchen sink She was awaiting agree with they had been parabut they had been parabut they had been parabut they had been parabut the facility. Interview on 10/26/20 Director revealed: - Maintenance and recompleted at the facil pressure washing the removed and replace had been refinished She thought that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all been made at the facil pressure washing that all pressure washing that all pressure washing the facil pressure washing the f	he mildew in the bathrestains would return agreeded in client bedroom 2021 and 10/26/2021 between 10/26/2021 and 10/26/2021 between 10/26/2021 and 10/26/2021 between 10/26/2021 and 10/26/2021 between 10/26/2021 and 1	ain by s. with for yet. the g the e a ced, ning rch, were e tub	V 736			

Division of Health Service Regulation

STATE FORM 6899 NEMY11 If continuation sheet 8 of 8