



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

July 23, 2021

Aletha Young  
Carolina Home Care Agency, Inc.  
P.O. Box 1723  
Whiteville, NC 28472

Re: Annual and Follow Up Survey completed July 16, 2021  
Burkhead Group Home, 411 West Burkhead Street, Whiteville, NC, 28472  
MHL # 024-104  
E-mail Address: ayoung@carolinashomecareagency.com

Dear Ms. Young

Thank you for the cooperation and courtesy extended during the Annual and Follow Up survey completed July 16, 2021.

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**

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is August 15, 2021.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is September 14, 2021.

**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.
- 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.***

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**  
**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

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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 Gloria Locklear, Team Leader at 910-214-0350.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tareva Jones".

Tareva Jones, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURKHEAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 WEST BURKHEAD STREET WHITEVILLE, NC 28472</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	INITIAL COMMENTS  An annual and follow up survey was completed on July 16, 2021. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:  Review on 7/15/21 and 7/16/21 of the facility's drill logs records from July 2020 to June 2021 revealed: -3rd Quarter 7/1/20-9/30/20: No disaster drill completed on weekend 8pm - 8am shift.	V 114	A Training was held on 7-27-21 on fire & disaster drills shall be held quarterly on each shift, and the name of the drill needs to be wrote on each form. The Group Home Manager will monitor drills monthly. QP will check over them quarterly.	7-27-21

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Melody Coppel MA, QP* TITLE \_\_\_\_\_ (X6) DATE **9-14-21**

Division of Health Service Regulation

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V 114	Continued From page 1  -1st Quarter 1/1/21-3/31/21: No fire drill completed on 1st shift. No disaster drills completed on 1st, 3rd or weekend 8am-8pm and 8pm-8am shifts. -2nd Quarter 4/1/21-6/30/21: No fire drill completed on 3rd shift. No disaster drill completed on 2nd shift.  Interview on 7/15/21 and 7/16/21 the Group Home Manager stated: -The facility has 5 shifts. -3 shifts on Monday thru Friday, 1st shift 8am-3pm, 2nd shift 3pm-12am, and 3rd shift 12am-8am. -The 1st shift is a dual shift with 3rd shift to assist in getting clients ready for the day treatment program. -Weekends shifts are from 8am to 8pm and 8pm to 8am. -The fire/disaster drill logs for January 2021 to current were kept at the facility. -The fire/disaster drill logs for July 2020 to December 2020 were kept at the office. -He had some additional disaster drills from July 2020 to December 2020 at the facility that were not kept in the fire/disaster logs.	V 114		
V 118	27G .0209 (C) Medication Requirements  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.	V 118		



Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>-Diagnoses include Autism Spectrum Disorder, Mild Intellectual Disability, Unspecified Impulse Control Disorder and Unspecified Diabetes.</p> <p>Review on 7/15/21-7/16/21 of client #1's signed physician orders revealed: -6/29/21: Ibuprofen 500mg (milligrams) every 8 hours as needed. (Pain) -No physician orders for over-the-counter (OTC) medications.</p> <p>Review on 7/16/21 of a "MAR As-Needed and Non-Routine Over-the-Counter Medications" for client #1 revealed: -Coriciden HBP(High Blood Pressure) administered for cough/congestion on 6/28/21 at 10am, 2pm, 7pm and 6/29/21 at 8am and 4pm. -Nite time cold and flu administered for coughing on 6/27/21 at 7pm.</p> <p>Review on 7/15/21-7/16/21 of client #1's MARs for May - July 2021 revealed: -Ibuprofen 500mg had not been transcribed on June or July 2021.</p> <p>Observation on 7/15/21 between 1:45pm - 3pm of client #1's Ibuprofen 500mg revealed a full blister pack dispensed 6/29/21.</p> <p>Interview on 7/16/21 client #1 stated he had received his medications daily.</p> <p>Finding #2 Review on 7/15/21-7/16/21 of client #2's record revealed: -60 year old male. -Admission date of 10/6/16. -Diagnoses include Paranoid Schizophrenia, Mild Intellectual Disability, hypertension and permanent colostomy bag.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>Review on 7/15/21-7/16/21 of client #2's signed physician orders revealed: 2/5/21 -Albuterol Sulfate HFA (hydrofluoroalkane) 90mcg (microgram) 1 puff every 4 hours, as needed. (Wheezing/shortness of breath) 4/21/21 FL-2 -Chlorpromazine 50mg tab at bedtime. (Mood/mental disorders) 4/28/21 -Eliquis 5mg tab 2 twice daily. (Prevent blood clots)</p> <p>Review on 7/15/21-7/16/21 of client #2's MARs for May - July 2021 revealed: -Chlorpromazine 50mg was not documented as administered on 5/7/21. -Eliquis 5mg was not documented as administered on 5/31/21 at 8am. -Ventolin HFA 90mcg transcribed as 2 puffs every 4 hours as needed, not administered.</p> <p>Observation on 7/15/21 between 1:45pm - 3pm of client #2's Ventolin HFA 90mcg inhaler prescription label revealed 1 puff every 4 hours as needed.</p> <p>Interview on 7/16/21 client #2 stated he had received his medications daily.</p> <p>Finding #3 Review on 7/15/21-7/16/21 of client #6's record revealed: -27 year old male. -Admission date of 11/1/18. -Diagnoses include Schizoaffective disorder, Attention-deficit Hyperactivity disorder, Bipolar disorder, Anxiety and kyphoscoliosis.</p>	V 118	<p>Medication Training was held on 8-15-21 by registered nurse to bring all medication errors in compliance. Group Home Manager will monitor each week. QP will monitor Monthly.</p>	8-15-21

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>Review on 7/15/21-7/16/21 of client #6's signed physician orders revealed: -1/5/21: Fluticasone 50mcg 1 spray twice daily as needed. -No physician orders for OTC medications.</p> <p>Review on 7/16/21 of a "MAR As-Needed and Non-Routine Over-the-Counter Medications" for client #6 revealed: -"Mucus Relief "was administered for sore throat on 5/10/21 at 6am. -"Tussin" was administered for sore throat on 5/10/21 at 6pm. -"Nite time Cold and Flu" was administered for sore throat on 5/1/21 at 6pm.</p> <p>Review on 7/15/21-7/16/21 of client #6's MARs for May - July 2021 revealed: -Fluticasone 50mcg transcribed as 1 spray per nostril twice daily and documented as administered daily for May, June and July.</p> <p><u>Observation on 7/15/21 between 1:45pm - 3pm of client #6's Fluticasone 50mcg prescription label revealed 1 spray per nostril twice daily as needed.</u></p> <p><u>Interview on 7/16/21 client #6 stated he had received his medications daily.</u></p> <p>Interview on 7/15/21-7/16/21 the Group Home Manager stated: -All clients received their medications daily. -Client #1 was recently prescribed Ibuprofen but he had not taken it. -As needed medications were kept separate from routine medications. -He had not realized the transcription error with <u>client #3's Ventolin HFA 90mcg medication.</u> -He had verified with the pharmacy Client #6's <u>Fluticasone was a routine medication and not as</u></p>	V 118	<p>Medication Training was held on 8-15-21 to bring all medication errors into compliance. Group Home Manager will monitor weekly QP will monitor monthly.</p>	8-15-21



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V 118	Continued From page 6 needed.  <u>Interview on 7/15/21-7/16/21 the Licensee stated:</u> -There were no physician orders for OTC medications given to clients. -The facility never had physician orders for OTC medications.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118	A Training was hold on 7-27-21 about getting Physician orders for OTC medications. A Form was devised Forms were sent out to Consumers Physicians pp will get Physicians signature before service starts & Annually	7-27-21  8-9-21 9-30-21