AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL029-025	B. WING		R 10/26/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	FATE, ZIP CODE	10/20/2021
THE WORK	KSHOP OF DAVIDSON	-GROUP HOIVIE II (IVIE	ST NINTH STRE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	GE COMPL ATE DAT
	on 10/26/2021. Defice This facility is license category: 10A NCAC Living for Adults with	d up survey was completed siencies were cited.  ed for the following service 27G .5600C Supervised Developmental Disability.	∨ 000	V118: Staff re-training will occur to review and necessary job duties in regards ensuring that medication administra assistance is completed accurately that MARs are documented on accurately and in a timely fashion. Group Home Supervisors in Charge (SIC) and Reliefs (RSIC) will have to opportunity to ask questions after the	s to 25, 20 ation and he
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	only be administered order of a person autoriugs.  (2) Medications shall clients only when autorient's physician.  (3) Medications, inclusted administered only by unlicensed persons tropharmacist or other lead of the control of the	9 MEDICATION  istration: n-prescription drugs shall to a client on the written horized by law to prescribe  be self-administered by horized in writing by the  ding injections, shall be licensed persons, or by ained by a registered nurse, agally qualified person and and administer medications, inistration Record (MAR) of it to each client must be kept administered shall be after administration. The following:		review of procedural re-training. An questions will be clarified. All SIC a RSIC will complete a staff confirmat form with their signature signifying the understanding of the procedures and their responsibilities.  SIC and RSIC will be responsible for reviewing the MAR at each medication pick up to ensure all meds are listed MARs are currently printed out by the prescribing pharmacy. SIC and RSIC review to ensure all standard and Prescribing pharmacy. SIC and RSIC review to ensure all standard and Prescribing pharmacy. SIC and RSIC and RSIC will review MARs beforend of each shift to ensure they have completed all documentation accurate and completely. Dates the resident is present or refuses medications will be marked with /, TL, or J, depending on circumstance. SIC will send in MARs Group Home Coordinator on a weekl basis to be reviewed. Any errors or concerns will be reviewed with the appropriate staff and corrective action be determined. Repeated errors will to the staff disciplinary process being implemented. If procedural re-training not sufficient and additional re-training shown to be necessary it will occur as needed.	y nd ion heir d ron . e C will RN w ore the e tely is not e n the to the ly ns will lead ly is g is g is

DHSR - Mental Health

If continuation sheet 1 of 8

NEMY11

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PRINTED: 11/08/2021 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R MHL029-025 B. WING 10/26/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 226 WEST NINTH STREET THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the MAR was kept current, and administration of medications was documented immediately following administration affecting 2 of 3 audited clients (#1 & #3). The findings are: Review on 10/26/2021 of Client #1's record revealed: - Admission date: 5/9/1969 - Diagnoses: Mild Intellectual Disabilities: Cerebral Palsy; Gastroesophageal Reflux Disease (GERD); Osteoarthritis NOS (not otherwise specified)-Shoulder; Chronic Kidney Disease-Stage 3; and Anemia - Physician's ordered for the following medications: -- Fluticasone nasal spray, 2 sprays by nasal route QD (every day), dated 2/10/2021: -- Trazodone 50mg (milligrams), 1 tablet every night, dated 7/26/2021; -- Divalproex 125mg, 1 tablet BID (twice daily), dated 7/26/2021; -- Lansoprazole DR 30mg, 1 tablet QD (every day), dated 2/10/2021;

Division of Health Service Regulation

2/10/2021;

-- Loratadine 10mg, 1 tablet QD, dated

bedtime), dated 2/10/2021.

8/1/2021 to 10/26/2021 revealed:

-- Nortriptyline 25mg, 1 tablet QHS (every night at

Review on 10/26/2021 of Client #1's MARs dated

	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			PLE CONSTRUCTION		SURVEY
				A. BUILDING	3:	COMP	PLETED
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NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
THE WO	RKSHOP OF DAVIDSON-G	ROUP HOME II (ME	226 WEST				
			LEXINGTO	N, NC 2729	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FL SC IDENTIFYING INFORMATI	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	Continued From page	2		V 118			
	- There was no docum of trazodone, divalprod scheduled "PM" dose - There was no docum of fluticasone nasal sp lansoprazole, or lorata on 9/26/2021.	ex, or nortriptyline at the time on 9/25/2021. entation of administration, divalproex, dine at the "AM" dose	tion				
	Review on 10/25/2021 revealed: - Admission date: 1/11 Diagnoses: Mild Intell Epilepsy-Unspecified; stimulator) implant for s (ventriculoperitoneal) S that relieves pressure of fluid) Physician's order for S 1 QD, dated 6/15/2021	/2020 lectual Disabilities; VNS (vagus nerve seizures (2019); and Vishunt placement (a devon brain due to excess Super Vitamin B-comp	vice lex,				
	Review on 10/25/2021 8/1/2021 to 10/25/2021 - Super Vitamin B-comp August or September N	revealed: plex was not listed on t					
	Interview on 10/25/202 - He did not know the n - He did not think there with the administration of	ames of his medication had been any problem	ns.				8
	Interview on 10/25/2021  - He knew the names of but not all.  - He did not have any comedications.	some of his medication					
	Interview on 10/26/2021 - When she saw blanks notified the Qualified Pro staff that did not sign it.	on clients' MARs, she	***************************************				

NAME OF PROVIDER OR SUPPLIER  THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME  SUMMARY STATEMENT OF DEPICIENCIES  (EACH DEFICIENCY MIST BE PRECEDED BY FULL REQUISITION OF LEASE OF THE ADDRESS, CITY, STATE, ZIP CODE  228 WEST NINTH STREET  LEXINGTON, NC 27292  PROVIDERS PLAN OF CORRECTION  (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  - She thought that clients at the facility had been administered all of their medications correctly.  Interview on 10/26/2021 with Staff #2 revealed: - She did not know of any errors related to medication administer it.  Interviews on 10/25/2021 & 10/26/20212 with the QP revealed: - The Pharmacy printed out the MARs She and facility staff checked behind the Pharmacy or busine MARs were correct If the Pharmacy printed out the MARs As far as she knew, clients #1 and #3 had been administered all of their medications correctly.  Interview on 10/26/2021 with the Executive Director revealed: - The Pharmacy printed out the MARs As far as she knew, clients #1 and #3 had been administered all of their medications correctly.  Interview on 10/26/2021 with the Executive Director revealed: - The Pharmacy printed out the MARs As far as she knew, clients #1 and #3 had been administered all of their medications correctly.  Interview on 10/26/2021 with the Executive Director revealed: - She did not review the MARs The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - Submany Subma		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S	
THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME  226 WEST NINTH STRET LEXINGTON, NC 27292  226 WEST NINTH STRET LEXINGTON, NC 27292  227 WEST NINTH STRET LEXINGTON, NC 27292  DPROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V118  Continued From page 3  - She thought that clients at the facility had been administered all of their medications correctly.  Interview on 10/26/2021 with Staff #2 revealed: - She did not know of any errors related to medication administration If a medication was not listed on the MAR, she did not administer it.  Interviews on 10/25/2021 & 10/26/20212 with the QP revealed: - The Pharmacy printed out the MARs She and facility staff checked behind the Pharmacy of ensure MAR's were correct If the Pharmacy did not fill in a medication on the MARs, the facility staff would write it in Facility staff may have forgotten to put Client #3's Vitamin B on the MARs As far as she knew, clients #1 and #3 had been administered all of their medications correctly.  Interview on 10/26/2021 with the Executive Director revealed: - She did not review the MARs The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had changed to a different Pharmacy - The facility had c			MHL029-025	B. WING			
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several months ago She thought that the change in Pharmacy had resolved issues with MARs.  V 736  27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  V 736  Ilsts are being completed and that cleaning and maintenance projects are being kept up to date. If duties are not being fulfilled or completed as required the Coordinator will meet with the SIC or RSIC to determine corrective actions, if repeated non-compliance with duty completion occurs the disciplinary process will be implemented. Additional retraining will occur as deemed necessary.  Currently a list of all maintenance or cleaning projects has been developed. Repairs and cleaning are in the process of occurring and will be completed as soon as possible. If replacement of the bath or shower has to	∨ 736	- She thought that clie administered all of the Interview on 10/26/202 - She did not know of medication administra - If a medication was ridid not administer it.  Interviews on 10/25/202 QP revealed: - The Pharmacy printe - She and facility staff Pharmacy to ensure Months - If the Pharmacy did rithe MARs, the facility shaff may have administered all of the Interview on 10/26/202 Director revealed: - She did not review the - The facility had changs everal months ago She thought that the resolved issues with Minimum and Staff Required (c) Each facility and its maintained in a safe, comanner and shall be keep to the safe and shall be keep to safe and safe, comanner and shall be keep to safe and safe, comanner and shall be keep to safe administered all of the safe, comanner and shall be keep to safe administered all of the safe and safe, comanner and shall be keep to safe administered all of the safe and safe, comanner and shall be keep to safe and safe	ents at the facility had been ein medications correctly.  21 with Staff #2 revealed: any errors related to tion. not listed on the MAR, she  221 & 10/26/20212 with the end out the MARs. checked behind the elangement of the end out with the end out with the end out with the end out the management of the end out the en		necessary and required job duties in reto procedures to keep the group home maintained in a clean, safe, attractive, orderly fashion as required. The Group Supervisor in Charge (SIC) or Relief (F will have an opportunity to ask questio clarification of duties or information after review of procedural re-training. All SI RSIC will complete a staff confirmation with their signature signifying their understanding of the procedures and the responsibilities. As part of the procedure retraining a checklist will be implement SIC or RSIC to complete as tasks are completed. These tasks will include duthat need to be completed on a daily, wand monthly occurrence. Completion coccur through supervision of resident(scompleting the tasks, assisting the resicompleting the tasks, or the staff independently completing the tasks. The check lists will be turned into the GHome Coordinator at the end of each infor review. The Group Home Coordinator complete a walk through of the group have end of the month and others times unannounced to ensure items on the chists are being completed and that clear and maintenance projects are being key to date. If duties are not being fulfilled of completed as required the Coordinator meet with the SIC or RSIC to determine corrective actions, if repeated non-comp with duty completion occurs the discipling process will be implemented. Additional training will occur as deemed necessary. Currently a list of all maintenance or clearing are in the process of occurring will be completed as soon as possible.	egards and b Home RSIC) ns for er the C and form heir ural ded for uties veekly, can dent in  Group nonth tor will form heck ning pt up or will epliance nary al re- y, eaning and If	By: Novemeber 25,2021

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		WITIE023-023		20 July 180	1 1	0/26/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
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		LEXINGT	ON, NC 2729	2		
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1/726	0 15			400000000000000000000000000000000000000	Control V	
V 736	Continued From page	4	V 736			
	This Rule is not met a					
	Based on record revie					
		was not maintained in a and orderly manner. The				
	findings are:	and orderly manner. The				
	mranigo aro.					
	Review on 10/10/25/20	021 of a local Sanitation				
	inspection report dated	d 8/25/2021 revealed:				
	- A total of 17 demerits	5.				
	- " All equipment and	d furnishings shall be easily				
	cleaned and shall be k	ept in good repair. Clean				
	inside the oven and sto	orage drawer underneath				
	the microwaya areals	side of the kitchen cabinets,				
	the microwave, crock p	n has a tub with the finish				
	coming off in the hottor	n, please refinish. Replace				
	the water faucet knob a					de la constant
		ne vanity cabinets, restock				
	paper towels. Clean 2n	nd bathroom shower and				
	repair the peeling paint	at ceiling and around				
	bottom of shower.					
		damage blinds throughout				
	the facility	aball ballont at a Ti				
		shall be kept clean. The oms needs to be dusted				
	and cleaned	onis needs to be dusted				
	40 1 CHAR - 40 CHAR THAT ATA TATA	ed in covered containers				
	and removed at a frequ	ency necessary to prevent				
10	attracting pests. **The 🤉	garbage cans are		la.		
	overflowing and can no	t be covered. If more trash				
	cans are needed please					
	acquire more so you ha	ve more storage."				
	Observation of the form					
	Observation of the facili	ity and it's grounds at				
3	approximately 1:00pm of the The demerits from the	on 10/25/2021 revealed:				
	isted above remained u					
'	iotod above remained t	monangeu.				

MHL029-025    NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS. CITY. STATE, ZIP CODE   228 WEST NINTH STREET LEXINGTON, NC. 27292		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	200 2000200-0000	LE CONSTRUCTION	(X3) DATE	SURVEY
MML OF PROVIDER OR SUPPLIER  THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME)  SUMMARY STATELED TO DEPOINCES  (PACH ID PRETIX TAG.)  SUMMARY STATELED TO PERFORMATION II (ME)  PRETIX TAG.  CONTINUED A FROM DEPOINT TRANSPORT OF DEPOINCES II (PACH DORNATE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE.)  V 736  COntinued From page 5  - Additional observation revealed: - 3 of 4 rocking chairs on the front porch had either broken seat slats or a broken armrest; - A large, outdoor orlling trash container had a hole on the side that was approximately 5 x 3 inches; - The microwave had splashed food debris sticking to the sides and top of the interior; - Grease-like film was on the exterior of the deep fryer; - Unidentified debris was present on interior of the kitchen and pantry cabinets: - Peeling paint was present on the bathroom we1; - Dust was present on the bathroom #1; - Dust was present on the bathroom #1; - Dust was present on the doorway to the cuttain rod at the tub fell when the curtain was being pulled to the side, there was a thick layer of dust on the ceiling vent, Mildew-like stains were present in the tub, and on the doorway to the toilet - The closet in the laundry area had black stains on a shelf; - In Client #1's bedroom: dust wafted up when the window was opened and there was no bulb in the closet light fixture; - In Client #4's bedroom: the curtain for the closet doorway was lying on the floor and there was dust on photos and careful that were was most our or curtain over the closet doorway In Client #4's bedroom: the cover for the ceiling-mounted forescent light fixture was missing and there was peeling paint along the							R
THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME  228 WEST NINTH STREET LEXINGTON, NC 27292  PRETIX TAG  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG  CONTINUED From page 5  - Additional observation revealed: - 3 of 4 rocking chairs on the front porch had either broken seat slats or a broken ammest; - A large, outdoor colling trash container had a hole on the side that was approximately 5 x 3 inches; - The microwave had splashed food debris sticking to the sides and top of the interior; - Grease-like film was on the exterior of the deep fryer; - Unidentified debris was present on interior of the kitchen and pantry cabinets; - Peeling paint was present on the bathroom #1; - Dust was present on the bathroom wents; - In bathroom #2: the spring-type shower curtain rod at the tub fell when the curtain was being pulled to the side, there was a thick layer of dust on the celling vent, Mildew-like stains were present in the tub, and on the doorway to the toilet - The closet in the laundry area had black stains on a shelf; - In Client #3's bedroom: dust wafted up when the window was opened and there was no boulb in the closet iight fixture; - In Client #4's bedroom: the curtain for the closet doorway was lying on the floor and there was dust on photos and careful that was present on correct the was in the wall; - In Client #4's bedroom: the cover for the celling-mounted florescent light fixture was missing and there was peeling paint lalong the			MHL029-025	B. WING		1	
CAU   DEPARTMENT OF DEVINION STATEMENT OF DEFICIENCIES   LEXINGTON, NC 27292	NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
PREFIX TAG  Continued From page 5  Additional observation revealed:  - 3 of 4 rocking chairs on the front porch had either broken seat slats or a broken armrest;  - A large, outdoor rolling trash container had a hole on the side that was approximately 5 x 3 inches;  - The microwave had splashed food debris sticking to the sides and top of the interior;  - Unidentified debris was present on interior of the kitchen and pantry cabinets;  - Peeling paint was present on the bathroom vents;  - In bathroom #2: the spring-type shower curtain rod at the tub fell when the curtain was being pulled to the side, there was a thick layer of dust on the celling vent, Mildlew-like slains were present in the tub, and on the doorway to the toilet  - The closet in the laundry area had black stains on a shelf;  - In Client #1's bedroom: dust wafted up when the window was opened and there was no bulb in the closet light fixture;  - In Client #3's bedroom: the curtain for the closet doorway was lying on the floor and there was dust on photos and cards that were pinned to the wall;  - In Client #3's bedroom: there was no door or curtain over the closet doorway;  - In Client #5's bedroom: the cover for the ceiling-mounted florescent light fixture was missing and there was poeling paint along the	THE WOR	RKSHOP OF DAVIDSON-G	ROUP HOME II /ME				
- Additional observation revealed: - 3 of 4 rocking chairs on the front porch had either broken seat slats or a broken amrest; - A large, outdoor rolling trash container had a hole on the side that was approximately 5 x 3 inches; - The microwave had splashed food debris sticking to the sides and top of the interior; - Grease-like film was on the exterior of the deep fryer; - Unidentified debris was present on interior of the kitchen and pantry cabinets; - Peeling paint was present on the wall and floor of the shower surround in bathroom #1; - Dust was present on the bathroom vents; - In bathroom #2: the spring-type shower curtain rod at the tub fell when the curtain was being pulled to the side, there was a thick layer of dust on the ceiling vent, Mildew-like stains were present in the tub, and on the doorway to the toilet - The closet in the laundry area had black stains on a shelf; - In Client #1's bedroom: dust wafted up when the window was opened and there was no bulb in the closet Inght fixture; - In Client #3's bedroom: the curtain for the closet doorway was lying on the floor and there was dust on photos and cards that were pinned to the wall, - In Client #4's bedroom: there was no door or curtain over the closet doorway; - In Client #5's bedroom: the cover for the ceiling-mounted florescent light fixture was missing and there was peeling paint along the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
Interview on 10/25/2021 with Client #1 revealed: - His bed was "messed up. They (facility management) are supposed to order a new part		- Additional observation - 3 of 4 rocking chairs either broken seat slath - A large, outdoor rolling hole on the side that winches; - The microwave had sticking to the sides ar - Grease-like film was fryer; - Unidentified debris with kitchen and pantry cabe - Peeling paint was present on - In bathroom #2: the stood at the tub fell when pulled to the side, there on the ceiling vent, Mile present in the tub, and toilet - The closet in the laum on a shelf; - In Client #1's bedroom window was opened ar closet light fixture; - In Client #3's bedroom doorway was lying on the control on photos and cards the land of the closet of the walls.  In Client #5's bedroom ceiling-mounted florescomissing and there was baseboard of the walls.	on the front porch had is or a broken armrest; and trash container had a vas approximately 5 x 3 splashed food debris and top of the interior; on the exterior of the deep as present on interior of the sinets; esent on the wall and floor in bathroom #1; the bathroom vents; pring-type shower curtain the curtain was being a was a thick layer of dust dew-like stains were on the doorway to the dry area had black stains  In: dust wafted up when the had there was no bulb in the wall; in: the curtain for the closet the floor and there was dust at were pinned to the wall; in: there was no door or doorway; in: the cover for the ent light fixture was peeling paint along the	V 736			

	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY
		JETTIN IS A TON NOMBER.	A. BUILDING	S:	COMPLETED
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(X4) II PREFI TAG	X (EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V7	- He did not know who dusting in the facility He was supposed to - The sink in one of the forever" and needed to Interview on 10/25/202 - Another client had be porch on an unknown - He was responsible for bedroom.  Interview on 10/25/202 - Clients were responsible for the front porch He did not know how the bathroom had been Interview on 10/26/202 - "Deep cleaning" was every 2-3 months The clients at the facilinterested in keeping the The entire facility nee - New handles for the sordered to replace the sordered to repl	keep his own room clean. be bathrooms had been "bad of be replaced.  If with Client #2 revealed: oken the chairs on the front date.  Or cleaning his own  If with Client #3 revealed: ible for cleaning their own  Oken the chairs that were  long the shower knob in a broken.  If with Staff #1 revealed: completed approximately  lity were all males and not be facility clean. If the deep cleaning the tub remove the mildew stains, after cleaning.  If with Staff #2 revealed: deep cleaning in the booth during her weekend	V 736		

PRINTED: 11/08/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING\_ MHL029-025 10/26/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 226 WEST NINTH STREET THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 Continued From page 7 V 736 The facility was old. - When she cleaned the mildew in the bathrooms on one weekend, the stains would return again by the next weekend. - New blinds were needed in client bedrooms. Interviews on 10/25/2021 and 10/26/2021 with the QP revealed: - She had already ordered new bed frames for two clients, but they had not been delivered yet. - Several repairs had already been made at the facility, including replacing missing siding, repairing the crawlspace door, and replacing the kitchen sink. - She was awaiting approval for the purchase a new stove. - The tub and shower had never been replaced, but they had been painted over in the past. - Clients and staff were responsible for cleaning in the facility. Interview on 10/26/2021 with the Executive Director revealed: - Maintenance and repairs that had been completed at the facility included fixing a porch, pressure washing the exterior, closet doors were removed and replaced with curtains, and the tub had been refinished. - She thought that all needed repairs had already been made at the facility. This deficiency constitutes a recited deficiency

Division of Health Service Regulation

and must be corrected within 30 days.







## Training Memo

To: All Group Home II Staff

From: Kara Cody, Executive Director

CC: Aracele Tith, Group Home Coordinator

Date: 11/9/2021

Re: Medication/ Documentation Accountability and Group Home Cleanliness and Upkeep

As a part of our recent DHHS and Health Department Inspection reviews we have run across several errors/problems that have been addressed previously and will be reviewed again here as retraining towards safely assisting residents with medication administration, your responsibilities for documentation on each shift worked, and your responsibilities for keeping the group homes safe, clean, and orderly.

As this is the second citation for these errors they hold higher requirements for compliance and issues must be resolved by November 25, 2021.

If in the future there is further disregard towards the accurate and through completion of these duties, the disciplinary process will be implemented for the staff that are not appropriately completing their required responsibilities.

All staff will review this training memo, ask questions if necessary for clarification, and once understanding of the subject is reached, complete the staff confirmation form. Keep the memo – return the staff confirmation form to Kara Cody.

### Reminders of Responsibilities in SIC and RSIC Job Descriptions:

- Maintenance and upkeep of residential facility
- Responsible for cleanliness of house
- Responsible for supervising chore schedule and providing training and assistance as necessary
  - a. Keeping individuals room clean and in order
  - b. Cleaning bathrooms
  - c. Assigning laundry schedule
  - d. Rotate assignments
    - 1. washing dishes
    - 2. cleaning and mopping kitchen, dining room, bathrooms, and laundry room
    - 3. Empty trash
    - 4. Cleaning hallways and den
    - 5. Cleaning porches and walkways
    - 6. Upkeep of lawn and shrubbery

- Keep house and grounds ready for inspection by Federal, State, County, City, Vocational Rehabilitation, Probation, Health, and Fire Officials, Board of Directors, Administrators, and Parents of current or prospective persons served.
- Medication administration records kept daily as medications are administered
- Keeping all medications in stock, refills ordered as needed, medications in date and orderly, and ensure all medications match doctor's orders.
- Effective Immediately: All MAR reports will be sent for Coordinator review each Monday.
- If at any time MARs have not been accurately completed the Coordinator will communicate with the staff in error and review corrective actions. Repeated errors will be subject to the disciplinary process.

#### Medication Assistance/ Documentation Accountability

- All Medications should be distributed as prescribed.

Staff needs to ensure that each medicine that is active is written on the MAR. Not all meds are automatically included on the MAR so each staff should verify meds that are in place and ensure they are listed on the MAR. SIC/RSIC will make sure any med changes are documented as required and that MARs are updated when meds are added or discontinued.

Please read the medication label and the MAR before you initial the MAR – if you are going down the page and initialing every box without reading it and confirming that you are actually distributing the medication then this leads to error and is not proper procedure. If staff are just blindly going down the page and initialing – you may not realize that you are following another person's error. Such as initialing a PRN when you did not give it- or you may be missing a medication that is not listed.

- Always read and check them off as you give the medication. If you have a conflicting Med name look it up or call the pharmacist if you have a question, but always make sure the number of meds you give and the number of meds you initial is the same.
- Another Example: If a medication is not on the MAR and is supposed to be given, check current doctors orders and check with the SIC or on call to make sure if it has been discontinued or accidently left off MAR to ensure it is not being missed in error.

Also be sure that you initial all places given and if something is not given because it is PRN mark it with a / through the block or a capital J or TL if the person is on leave. \*\*\* We have been cited because blocks are being skipped and not initialed as required or are being initialed haphazardly and are causing inaccuracies.

All staff need to review all MAR's, Grids, daily notes, etc. BEFORE your shift ends, your name, title, dates, initials, types of prompts and progress should be accurately documented in ALL required places. If you miss MAR blocks you have created a MED Error, repeated MED errors will be subject to the disciplinary process.

I also remind you that there is a documentation log for all medications, and all staff should be counting meds and documenting on these forms at the beginning and end of every shift. SIC should ensure that **ALL** prescription medications are kept in one central double locked location and included in the logs.

#### **Group Home Maintenance and Cleanliness**

- Effective Immediately: Group Home Cleanliness and Maintenance forms will be reviewed on a daily basis by SIC or Relief SIC all duties must be initialed as completed on each shift as scheduled. SIC or Relief SIC will supervise residents in completion of tasks or assist residents in completion of tasks as necessary or will complete the duties to ensure accurate and timely completion.
- See attached Group Home Cleanliness and Maintenance forms. Tasks are scheduled on a daily, weekly, or
  monthly basis. Please review the tasks in each section, ask questions if you need any duties clarified. Request
  maintenance that you cannot complete yourself on the appropriate written maintenance form as repairs or
  maintenance needs occur.
- Completed forms will be sent in to the Coordinator with other end of month paperwork.
- The Coordinator will review the forms and will go to the home and do an inspection at the end of the month. Drop in and other unscheduled inspections will occur as needed.
- Please ensure if any emergency cleaning situations arise (such as toileting issues or other bio-hazard messes) that they are addressed immediately and not left unattended. No staff should leave the home or shift if there is a bio-hazard or human waste issue present in the house without cleaning the area and properly sanitizing and disinfecting the area and ensuring that a risk is not occurring to other residents. If extra supplies are necessary then obtain the supplies and complete the job before ending your time on the clock.
- Please also review the list of current demerits from our recent H.Dept inspection and the findings of required cleaning items and maintenance from the DHHS review. All items need to be completed by November 25, 2021 and will be subject to re-inspection from DHHS.

I know we have a considerable amount of responsibilities in our hands and that there are many distractions and obligations during your shift, but it is our job to ensure we are completing all tasks with the upmost concern to accuracy. Proper documentation is also a safeguard to you as a staff, to be able to accurately account for medications and the safety, health, and well-being of our residents is always our number one priority in all regards but especially with the administration of medication and the cleanliness and healthy atmosphere of the home.

If you have any questions, please feel free to discuss those with me.

Thank you,

Kara Cody

Mailing Address P.O. Box 906 Lexington, NC 27293-0906

Location: 275 Monroe Road Lexington, NC 27292

Group Homes 226 West Ninth Street, Lexington, NC 509 Shoaf Street, Lexington, NC Telephone: (336) 248-2816
Fax: (336) 248-4995
Email: info@workshopofdavidson.org
www.workshopofdavidson.org







# Persons Served Medication Administration and Documentation Requirements Group Home Maintenance/Cleanliness Requirements Staff Confirmation Form

My signature stands as confirmation that I have received training or reviewed information in Medication Administration and Documentation Requirements and Group Home Maintenance/Cleanliness Requirements. I understand that I am responsible for the implementation of these requirements as it applies to my job and that failure to properly complete tasks as required can lead to the disciplinary process. I also understand my responsibility to the persons to whom I provide care and that maintaining the safety and well being of these persons are my duty as a staff of The Workshop of Davidson.

Staff Signature		Date	

Mailing Address
P.O. Box 906
Lexington, NC 27293-0906

Location: 275 Monroe Road Lexington, NC 27292

Group Homes 226 West Ninth Street, Lexington, NC 509 Shoaf Street, Lexington, NC Telephone: (336) 248-2816
Fax: (336) 248-4995
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Dates of Week:	Staff Initi	al as comple	eted on sh	ift			
DAILY DUTIES	SUN	MON	TUE	WED	THUR	FRI	SAT
Bedrooms			1100 Edward College				0,
Make Beds							
Fold and put away clothes							
Declutter/Straigten rooms							
Closet door covers are in place			10.30°				
Empty bedroom trash							
Dining Room							
Wipe tables							
Sweep floor (mop if needed)							
Kitchen							
Wash dishes							
Clean counter tops							
Take out Trash							
Sweep floor (mop if needed)							
Check appliances for cleanliness and clean prn							
Clean Sink							
Bathroom							
Wipe Toilet seats							
Clean mirror and countertops							
Wipe out or spray daily cleaner in shower							
Empty trash							
Living Room/Hallways/Laundry Room							
Straighten up couches and pillows							
Declutter							

Dates of Week:	Staff Initial as completed on shift						
WEEKLY DUTIES	SUN	MON	TUE	WED	THUR	FRI	SAT
Bedrooms							
Dust all rooms							
Dust all windowsills							
Change bed linens							
Vaccum bedrooms							
Wipe down/dust televisions/electronics						sil.	
Ensure closets are tidy and door covers in place							
Ensure laundry has been completed and put away							
Bathroom							
Clean and Disenfect Sink			11332				
Clean and Disenfect toilets							
Clean showers and tubs and faucets							
Clean out, dust/wipe down vanities							
Clean mirrors							
Sweep and Mop floors							
Living Room/Hallways/Laundry Room							
Vacuum							
Wipe down exterior of washer and dryer						10-10-10-10-10-10-10-10-10-10-10-10-10-1	
Inspect and clean dryer vent							
Kitchen							
Clean out expired food from pantry/fridge							
Clean/wipe down fridge and pantry							
Deepclean microwave & wipe down all appliances							
Porch							
Sweep porches							

Dates of Week:	Staff Initia	al as comple					
MONTHLY DUTIES	SUN	MON	TUE	WED	THUR	FRI	SAT
Bedrooms					····on		JAI
Wipe and clean blinds							
Wash all blankets and bedding							
Inspect pillows for replacement							
Organize closet and drawers							
Bathroom							
Wash rugs							
Do deep clean of shower/faucets/shower heads							
Clean out and organize cabinets/drawers							
Wipe down cabinets							
Check shower curtains/replace as needed							
Kitchen							
Deep clean stove/hood and oven inside and out							
Clean and wipe down inside of all cabinets/pantry							
Clean dishwasher							
Throughout House							
Wipe down/dust baseboards, doors, walls, etc.							
Clean out and disenfect trashcans							
Wash windows/sills							
Wipe and clean blinds							
Check and replace burnt out lightbulbs							
Inspect all furniture for damage- report damages							
Organize and replenish cleaning supplies							
Clean/dust all ceiling and floor vents							
Replace filters as scheduled							
Vacuum sofas and curtains							
Dust lampshades, light fixtures, wipe switches							
PRN- Schedule Power washing and Carpet cleaning						İ	

11-2021 Infractions By DHHS and DC Health Dept.	Resolved Date	How Resolved/By Whom/ What Documentation Presented for Proof (copy of reciepts/repair bills/pictures, etc.)
Clean inside the oven		
Clean storage drawer underneath oven		
Clean inside kitchen cabinets (Top and Bottom Cabinets) remove all debris		
Clean Pantry (remove all dust and debris)		
Clean microwave- outside and inside food splatters		
Clean all appliances- crock pot, film on outside of fryer, wipe all down		
Replace damaged blinds in entire house /or dirty blinds		
Hallway bathtub finish needs repair		
Replace water faucet knobs in showers that have black mildew		
Clean inside bathroom vanity cabinets		
Replace paper towels		
2nd Bathroom - clean shower		
2nd Bathroom - repair peeling paint at ceiling and around the bottom of shower		
Window sills in all rooms including bathrooms need cleaning (thick dust)		
All vents in bathroom and rest of house need dusting		
Garbage cans have holes- replace damaged cans		

Garbage cans are overflowing- order more cans from City	
All broken furniture needs to be removed (rocking Chairs)	
Replace Rocking Chairs	
Laundry room closet has black stains- clean stains	
Shower curtain rod fell when opening- install brackets to secure shower curtain rods	
Replace burnt out or missing closet light bulbs and any other lightbulbs	
Clean mildew from bathroom door	
Install brackets under all closet door curtain rods to hold up rods - ensure curtains stay up, and are cleaned/replaced if they get dusty	
Dust walls - dust was on posters/pictures, etc. that were pinned to walls	
Light fixture Cover in client bedroom missing and paint was peeling on baseboards in same room	
Replace Broken Beds (Print out reciept and turn in/take picture of new beds)	







November 18, 2021

Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. Rising:

Please find enclosed the plan of correction required per your survey completed October 26, 2021 at The Workshop of Davidson Group Home II. Thank you for your assistance during this review.

Enclosed:
State Form
Training Memo
Confirmation of Staff Understanding signoff
Daily/Weekly/Monthly Checklist
Current list of maintenance project and resolution form

Sincerely,

Kara Cody

**Executive Director** 

Mailing Address P.O. Box 906 Lexington, NC 27293-0906

Location: 275 Monroe Road Lexington, NC 27292

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