

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-616</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>12/10/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREEN ACRES GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>119 GREEN ACRES LANE GREENSBORO, NC 27410</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 12/10/21. The complaint was unsubstantiated (intake #NC00183322). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 1 current client.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>DEC 29 2021</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 106	<p><b>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p>	V 106		<p>V 106</p> <p>The Regional Administrator will in-service the Qualified Professionals and nursing on the importance and requirement to notify guardians of incidents of unusual occurrence. The Regional Administrator will monitor all Incident Reports as they occur to ensure guardian notification is completed timely. In the future the Qualified Professional or designee will ensure guardians are notified of all incidents of unusual occurrence in a timely manner.</p>

	<p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for</p>		<p>By: 2/8/22</p>	
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Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Shelia Shaw* \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **12/23/21**

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V 106	<p>Continued From page 1</p> <p>facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their written policy regarding incident reporting of any incident or unusual occurrence. The findings are:</p> <p>Review on 12/2/21 of client #1's record revealed: -An admission date of 12/2/20; -Diagnoses included moderate Intellectual Developmental Disability with Down Syndrome, Alzheimer Disease with Behavioral Disturbance and a history of Epilepsy; -She was declared incompetent and a legal guardian appointed on 3/17/83.</p> <p>Interview on 12/2/21 with client #1's legal guardian revealed: -It was discovered by staff #1 on 11/8/21 that the client had fallen sometime during the previous night; -She was not informed of client #1's fall until she called the facility on the evening of 11/9/21 and was then informed by staff #1; -She was informed of incidents in the past by the Qualified Professional (QP) or the Registered Nurse (RN) employed by the facility.</p> <p>Review on 12/8/21 of the facility's policies 102.04</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>Informing Legal Representatives of Unusual Occurrences and 102.041 Notification of case responsible person revealed:</p> <ul style="list-style-type: none"> <li>- "This policy is developed to provide information to legal representatives as soon as possible, regarding significant events that occur concerning an individual, or any experience at the residence and/or any RHA service site that is out of the normal daily routine of the person's program or daily life;</li> <li>- Legal representatives will be promptly informed of unusual occurrences that are unanticipated and have a direct significant effect on a person receiving services or, if anticipated, represent a significant, sudden change in the person's normal status;</li> <li>- When something unusual and significant happens to an individual, the appropriate staff (e.g. nurse, doctor, Direct Support Associate) will immediately contact the case responsible person, or the Administrator/Director if the case responsible person cannot be reached;</li> </ul>	V 106		
	<p>- The case responsible person, with that staff, will determine the method and strategy for legal representative notification."</p> <p>Interview on 12/6/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She had been working the night of 11/7/21 and the morning of 11/8/21;</li> <li>- On the morning of 11/8/21, she observed client #1 sitting on her bed;</li> <li>- "Her (client #1) knee was red...it look like a scratch or something on her ankle and her forehead had a scratch;"</li> <li>- "The QP was out so I couldn't speak with her;"</li> <li>- She was not sure if it was the responsibility of the QP or the RN to inform legal guardians of incidents;</li> <li>- She had informed client #1's legal guardian of the fall when she called the facility on the evening</li> </ul>			

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V 106	<p>Continued From page 3 of 11/9/21.</p> <p>Interview on 12/2/21 with the QP revealed: -As the QP, she was the case responsible person that was referred to in the facility policies; -She had been out of work on 11/8/21 when client #1 fell; -"With me being out, another Q (QP) was filling in...he's brand new to the Q (QP position)...he may not been thinking to call (the legal guardian)...the ball did get dropped right there."</p> <p>Interview on 12/2/21 with the back up QP revealed he had not been notified that client #1 had fallen on 11/8/21.</p> <p>Interview on 12/2/21 with the RN employed by the facility revealed: -The legal guardian should have been notified of client #1's fall on 11/8/21; -"Yes, the QP should have done that...the QP has been out though."</p>	V 106		
V 118	<p>Interviews on 12/2/21 and 12/10/21 with the Regional Administrator revealed: -The legal guardian of client #1 should have been informed on 11/8/21 of her fall; -She was not aware that client #1's legal guardian had not been informed of the fall.</p> <p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>V 118</p> <p>The nurse will in-service staff on the importance of making sure nursing receives any new physician orders timely. The Regional Administrator will in-serve nursing on making sure all physician orders are followed and medications are ordered and placed in the home timely. The clinical team will monitor through chart reviews and review of physician orders to ensure medications are received and implemented as prescribed. In the future nursing will ensure all physician orders are implemented timely to avoid error.</p>	
	<p>This Rule is not met as evidenced by: .Based on record review and interviews the facility failed to ensure medications were administered as ordered by a physician affecting 1 of 1 audited client (#1). The findings are:</p> <p>Review on 12/2/21 of client #1's record revealed: -An admission date of 12/2/20; -Diagnoses included moderate Intellectual Developmental Disability with Down Syndrome,</p>		<p>By: 2/8/22</p>	



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V 118	<p>Continued From page 5</p> <p>Alzheimer Disease with Behavioral Disturbance and a history of Epilepsy;</p> <ul style="list-style-type: none"> <li>-She was declared incompetent and a legal guardian appointed on 3/17/83;</li> <li>-An order dated 10/18/21 for Lamotrigine (used for seizures) 50 milligrams (mg) twice daily;</li> <li>-An order dated 11/23/21 for Lamotrigine 75 mg twice daily.</li> </ul> <p>Interview on 12/2/21 with client #1's legal guardian revealed:</p> <ul style="list-style-type: none"> <li>-She transported the client to doctor on 11/23/21;</li> <li>-The doctor wrote an order increasing Lamotrigine from 50mg twice daily to 75 mg twice daily;</li> <li>-She provided staff #2 the order on 11/23/21 when she transported the client back to the facility;</li> <li>-She had been informed yesterday (12/1/21) by staff #1 that the client had not yet been administered the increased dosage of Lamotrigine;</li> </ul>	V 118		
	<ul style="list-style-type: none"> <li>-She didn't understand why it took 9 days for the client to be administered the correct amount of medication;</li> <li>-"This is serious to me...it's ridiculous."</li> </ul> <p>Interview on 12/2/21 with the Registered Nurse (RN) employed by the facility revealed:</p> <ul style="list-style-type: none"> <li>-An order was written on 11/23/21 to increase client #1's Lamotrigine from 50mg twice daily to 75mg twice daily;</li> <li>-The new dose of Lamotrigine had arrived yesterday (12/1/21) at the office;</li> <li>-She was going to update client #1's MAR today to reflect the new dosage of Lamotrigine and the client was going to be administered the increased dosage today.</li> </ul> <p>Interviews on 12/2/21 and 12/10/21 with the</p>			

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V 118	Continued From page 6  Regional Administrator revealed: -She discussed with the RN on 12/2/21 why it took so long for the increased dosage of Lamotrigine to be administered; -She thought that the holiday was the primary cause for the delay; -She was informed by the RN that the order was provided to facility staff on 11/23/21; -"With the holiday, it didn't get to her (the RN) until Friday (11/26/21) morning...she (the RN) faxed it (the order) the same day...there's some issues with shipping so it didn't arrive until Tuesday (11/30/21) afternoon...I'm not sure why they (facility staff) didn't pick it up yesterday (12/1/21)."	V 118		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 17, 2021

Sheila Shaw, Regional Administrator  
RHA Health Services NC, LLC  
1701 Westchester Drive, Suite 940  
High Point, NC 27262

Re: Complaint Survey completed December 10, 2021  
Green Acres Group Home, 119 Green Acres Lane, Greensboro, NC 27410  
MHL # 041-616  
E-mail Address: sshaw@rhanet.org  
Intake # NC00183322

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the complaint survey completed December 10, 2021. The complaint was unsubstantiated.

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 8, 2022.

**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.).
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**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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



December 17, 2021  
Green Acres Group Home  
Sheila Shaw, Regional Administrator

- 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.**

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 Barbara Perdue at (336) 861-6283.

Sincerely,



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Sheri Spicer  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR\\_Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)  
Pam Pridgen, Administrative Assistant