

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2021	
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 11/17/2021. The complaints were unsubstantiated (intake #NC182432 & NC183039). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 3 - 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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> <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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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</p>	V 118	<p>Nursing will in-service the RTL and all staff on proper medication administration and documentation. The clinical team will monitor progress through medication pass assessments twice weekly for a period of 30 days and then on a routine basis. In the future, the QP will ensure that all staff are trained on medication administration and documentation.</p> <p>By: January 16, 2022</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure administration of medications was documented immediately following administration affecting 3 of 3 clients (#1, #2 & #3). The findings are:</p> <p>Reviews on 11/12/2021 and 11/15/2021 of Client #1's record revealed: - Admission date: 8/13/2021 - Diagnoses: Moderate Intellectual Disabilities; Autism Spectrum Disorder; Neurofibromatosis, Type I (condition that causes tumors to form on the brain, nerves and spinal column); PICA (eating non-food items); Constipation; and Insomnia - Age: 18 years, 4 months - Physician's orders for the following medications: -- Clonidine 0.1 mg (milligrams), 1 tablet QAM (every morning), dated 6/4/2021; -- Clonidine 0.1 mg, 2 tablets QHS (every night at bedtime), dated 6/4/2021 -- Melatonin 3mg, 1 tablet QPM (every evening), dated 6/4/2021; -- PEG powder (polyethylene glycol), dissolve 17 grams in 8 oz. (ounces) liquid and give QD (every day), dated 6/4/2021; -- Risperidone 1mg, 1-1/2 tablets (=1.5mg) BID (twice daily), dated 6/4/2021; -- Vitafusion fiber gummies, 1 gummie QAM, dated 6/4/2021.</p>	V 118		
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V 118	<p>Continued From page 2</p> <p>Reviews on 11/12/2021 ad 11/15/2021 of Client #1's MARs for September, October and November of 2021 revealed:</p> <ul style="list-style-type: none"> - Each medication had at least one date with a blank on the space used for facility staff to document medication administration. - There were a total of 30 blanks on the September MAR. - There were a total of 32 blanks on the October MAR. <p>Reviews on 11/12/2021 and 11/15/2021 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 3/18/2021 - Diagnoses: Autistic Disorder; Intermittent Explosive Disorder; Mild Intellectual Disabilities; Spastic diplegic cerebral palsy; Developmental disorder of speech and language, Dermatitis; and allergy to other foods. - Age: 12 years, 9 months. - Physician's orders for the following medications: <ul style="list-style-type: none"> -- Aripiprazole 5mg, 1 tablet BID, dated 8/24/2021; -- Citalopram 10mg, 1 tablet QHS with 20mg dose to equal 30mg, dated 7/13/2021; -- Citalopram 20mg, 1 tablet QHS with 10mg dose to equal 30mg, dated 7/13/2021; -- Guanfacine 2mg, 1 tablet TID (three times daily), dated 7/13/2021; -- Loratadine 10mg, 1 tablet QAM, dated 7/13/2021; -- Methylphenidate 27mg, 1 tablet after breakfast, dated 7/13/2021. <p>Reviews on 11/12/2021 ad 11/15/2021 of Client #2's MARs for September, October and November of 2021 revealed:</p> <ul style="list-style-type: none"> - Each medication had at least one date with a blank on the space used for facility staff to 	V 118		

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V 118	<p>Continued From page 3</p> <p>document medication administration.</p> <ul style="list-style-type: none"> - There were a total of 30 blanks on the September MAR. - There were a total of 51 blanks on the October MAR. <p>Reviews on 11/12/2021 and 11/15/2021 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/1/2020. - Diagnoses: Autism Spectrum Disorder; Mild intellectual disability ; Cerebral Palsy; Strabismus with right estopia (strabismus in which one or both eyes turn inward); Severe Cerebellar Atrophy; Gastrostomy tube; History of stroke; and Extreme immaturity. - Age: 18 years, 10 months. - Physician's orders for the following medications: <ul style="list-style-type: none"> -- Baclofen 20mg, 1 tablet TID, dated 6/4/2021; -- Cetirizine 10mg, 1 tablet QD, dated 6/4/2021; -- Deep Sea nasal spray 0.65%, use 5 sprays in each nostril prior to administration of fluticasone, dated 6/4/2021; -- Divalproex 125mg, 3 capsules (=375mg) QAM, dated 6/4/2021; -- Divalproex 125mg, 4 capsules (=500mg) QHS, dated 6/4/2021; -- Fish oil softgel 500mg, 1 tablet QD, dated 6/4/2021; -- Fluticasone 50mcg (micrograms), 1 spray in each nostril QD, dated 6/4/2021; -- Fluvoxamine 100mg, 1 tablet BID with 50mg to equal 150mg, dated 6/4/2021; -- Fluvoxamine 50mg, 1 tablet BID with 100mg to equal 150mg, dated 6/4/2021; -- Propranolol 20mg, 1 tablet TID, dated 6/4/2021; -- Vitamin D3 1000units, 1 tablet QD, dated 6/4/2021. <p>Reviews on 11/12/2021 ad 11/15/2021 of Client</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>#3's MARs for September, October and November of 2021 revealed:</p> <ul style="list-style-type: none"> - Each medication had at least one date with a blank on the space used for facility staff to document medication administration. - There were a total of 42 blanks on the September MAR. - There were a total of 104 blanks on the October MAR. <p>Interview on 11/16/2021 with the Residential Team Leader (RTL) revealed:</p> <ul style="list-style-type: none"> - Nursing staff reviewed MARs for completeness and accuracy. - There was a possibility that some of the blanks on the MARs were due to clients being on home visits. - She believed that Clients' #1, #2 and #3 had been administered all of their medications correctly. <p>Interviews on 11/16/2021 and 11/17/2021 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She did not typically oversee MARs. - the Registered Nurse (RN) showed her the MARs with missing documentation. - The RN was already addressing the documentation issues with the MARs. <p>Interview on 11/16/2021 with the RN revealed:</p> <ul style="list-style-type: none"> - She had reviewed the MARs and had already begun investigating why blanks were left on them. - Some of the blanks were due to clients having been on home visits. - Facility staff had been trained to note "HV" for home visits on the MARs. - She compared the MARs to pills packs to ensure that the medication counts indicated that the medications were actually administered. - She had pulled the medication administration 	V 118		

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V 118	Continued From page 5 certification for some of the facility staff and required them to be re-trained in medication administration. - She was seeing improvements with documentation on the MARs.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is	V 289	The QP will submit age waiver requests to the MCO for a letter of support for individuals in the home 18 years of age or older. Once letter of support is received, requests will be sent to DHHS for final approval. The clinical team will monitor through routine chart reviews and QA audits. The QA Specialist will train the QP on regulatory requirements as they relate to age related waiver requirements when people over the age of 18 reside in facilities licensed to support children. In the future, the QP will ensure all individuals turning 18 years old obtain an age waiver as well as seek adult placement. By: January 16, 2022	

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V 289	<p>Continued From page 6</p> <p>substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that services were only provided to minors affecting 2 of 3 clients (#1 & #3). The findings are:</p> <p>Review on 11/16/2021 of the facility's Division of Health Service Regulation licensure documents</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> - The facility had obtained waivers in the past in order to provide time-limited services to clients older than 18. - There were no current waivers for Client #1 or #3 to receive services at the facility after they reached the age of 18. <p>Reviews on 11/12/2021 and 11/15/2021 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 8/13/2021 - Diagnoses: Moderate Intellectual Disabilities; Autism Spectrum Disorder; Neurofibromatosis, Type I (condition that causes tumors to form on the brain, nerves and spinal column); PICA (eating non-food items); Constipation; and Insomnia. - Age: 18 years, 4 months. <p>Reviews on 11/12/2021 and 11/15/2021 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 4/1/2020. - Diagnoses: Autism Spectrum Disorder; Mild intellectual disability ; Cerebral Palsy; Strabismus with right estopia (strabismus in which one or both eyes turn inward); Severe Cerebellar Atrophy; Gastrostomy tube; History of stroke; and Extreme immaturity. - Age: 18 years, 10 months. <p>Interview on 11/17/2021 with Client #3's Guardian revealed:</p> <ul style="list-style-type: none"> - When Client #3 was initially admitted to the facility, she was told by the former Administrator that he could remain at the facility until he was 21 if he continued to attend school. - Client #3 was attending school during part of each week. - She had not been informed that a waiver had been requested to allow Client #3 to remain at the 	V 289		

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V 289	<p>Continued From page 8</p> <p>facility beyond his 18th birthday.</p> <p>Interviews on 11/16/2021 and 11/17/2021 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Client #1 had been scheduled for discharge to his mother's home before he turned 18, but that placement did not occur because his mother decided to leave him at the facility. - Referrals to other residential providers had been sent out for Client #1, but none of the facilities contacted had expressed interest in admitting Client #1. - She had started working at the facility after Client #3 had already turned 18. - There were not currently any waivers for Clients #1 and #3 that she was aware of. - She had never requested a waiver from DHSR to continue providing services at a facility for minors for clients who were turning 18. - She thought that the QP would be the staff responsible for requesting waivers from DHSR for clients who could not be transferred to adult placements before they turned 18. <p>Interview on 11/17/2021 with the Administrator revealed:</p> <ul style="list-style-type: none"> - She had started in the position of Administrator within the past year. - She had not seen any documentation from the former Administrator about waivers for Clients #1 or #3. - She had any conversations about Client #3 being able to stay at the facility until he was 21. 	V 289		

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NAME OF PROVIDER OR SUPPLIER TEST FACILITY MHL		STREET ADDRESS, CITY, STATE, ZIP CODE 805 BIGGS DRIVE RALEIGH, NC 27603		
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V 131	<p>G.S. 131E-256(d2) HCPR - Prior Employment Verification</p> <p>(d2)Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to assure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 4 of 4 staff (#1, #2, #3, #4). The findings are:</p> <p>(The surveyor's findings will be entered here.)</p>	V 131	<p>Pursuant to NCGS 122C-24.1, you must develop one Plan of Correction (POC) that addresses each deficiency listed on the Statement of Deficiency (SOD). Please enter your POC in this column on your SOD.</p> <p>Do not include confidential information (protected health information) in your plan of correction, and never send confidential information via email.</p> <p><u>Time Frames for Compliance</u> A completed Plan of Correction addressing all cited deficiencies must be returned to our office within ten days of receipt of this letter.</p> <ul style="list-style-type: none"> Type A violations must be corrected within 23 days from the exit date of the survey. Type B violations must be corrected within 45 days from the exit date of the survey. Re-cited standard level deficiencies must be corrected within 30 days from the exit of the survey. Standard level deficiencies must be corrected within 60 days from the exit of the survey. <p><u>What to include in the Plan of Correction</u></p> <ul style="list-style-type: none"> 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. Indicate the date you will be in compliance for each cited deficiency. Sign and date the bottom of the first page of the State Form. <p>Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.</p> <p>Send the original completed form to our office within 10 days of receipt of the SOD.</p>	

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TITLE

(X6) DATE

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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 22, 2021

Malissa Pompey, Administrator
RHS Health Services NC, LLC
190 Commerce Boulevard
Statesville, NC 28625

Re: Annual & Complaint Survey Completed November 17, 2021
The Grove, 247 Chestnut Grove Road, Statesville, NC 28625
MHL# 049-145
E-mail Address: marissa.pompey@rhanet.org
Intake #: NC182432 & NC183039

Dear Ms. Pompey:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed November 17, 2021. The complaints were 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 January 16, 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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

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

November 22, 2021
The Grove
Malissa Pompey

- 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.

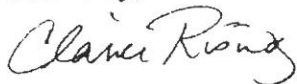
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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Pam Pridgen, Administrative Assistant

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: The Grove
Exit Date: 11/17/2021

MHL Number: 049-145
Surveyor(s): Clarice Rising

EXIT PARTICIPANTS:

Tempestt Shepherd, QP,
Te'Osha Miller, Program Specialist
Malissa Pompey, Administrator

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G Medication Requirements (c) (V118) / Standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .5601 Scope (V289) / Standard

Rule Violation/Tag #/Citation Level: _____

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Rule Violation/Tag #/Citation Level: _____

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Client & Staff Identifier List
(Indicate staff title or number beside each name)

Client # 1: [REDACTED]
Client # 2: [REDACTED]
Client # 3: [REDACTED]

Staff #: Deneen Whitaker, Residential Team Leader
Staff #: Tempest Shepherd, Qualified Professional
Staff #: Te'Osha Miller, Program Specialist
Staff #: Nita Young, Registered Nurse
Staff #: Latasha Sciascio, Licensed Practical Nurse
Staff #: Malissa Pompey, Administrator
Former Staff #1: [REDACTED]
Former Staff #2: [REDACTED]
Former Staff #3: [REDACTED]

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