

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2021
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NAME OF PROVIDER OR SUPPLIER WELCOME HOME GROUP HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1522 GLEN EAGLE COURT NASHVILLE, NC 27856
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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 A Follow Up and Complaint Survey was completed on November 30, 2021. The complaint was substantiated (Intake #NC00181574). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
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. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Tracy Dapt-Baird, Administrator

12/21/2021

STATE FORM

6899

QZGK11

If continuation sheet 1 of 5

RECEIVED

By DHSR Mental Health Licensure & Certification at 12:09 pm, Jan 07, 2022

Division of Health Service Regulation

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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 review, observation and interview the facility failed to administer medication as prescribed and assure the MAR was current for one of two audited current clients (#1). The findings are:</p> <p>Review on 11/18/21 of client #1's record revealed: -Admitted: 8/3/21 -Diagnoses: Autism, Demetia, Intellectual Developmental Disability Borderline, Intermittent Explosive Disorder (D/O), Schizoaffective D/o, Generalized Anxiety D/O, Impaired Memory, Visual Impairment, Incontinet bowel and bladder -FL-2 dated 8/17/21 listed medications which included Tenex 1 mg take three tablets at night (used to treat Attention Deficit Disorder and Hypertension) -September-November MARs listed Tenex as administered nightly</p> <p>Observation on 11/18/21 between 3:00 PM-7:00 PM of client #1's medications revealed -No Tenex.</p> <p>Interview between 11/18/21 and 11/19/21 the Licensee reported: -11/18/21: Medications were prepakcaged daily by the pharmacist. Client #1's Tenex was not placed inside the prepackaged medications for</p>	V 118	<p>Plan of Correction</p> <p>V 120 27G .0209 (E) Medication Requirements</p> <p>It should be noted that the Refrigerator is Not shared by Residents.</p> <p>It should be noted that the Refrigerator is for medication use only.</p> <p>It should be noted that there is a large locked plastic container in the refrigerator to store the medication. There was a 1 dose supply (12 vials) in the locked box.</p> <p>A New shipment was received the previous day and was put directly in the refrigerator but not in the locked box.</p> <p>Staff have been informed about the importance and instability of the medication. The medication must be delivered only when a staff member is on premises, and they must immediately put the medication in the refrigerator to ensure the medication is kept at the correct temperature. The staff member inventoried the incoming medication and did not put the medication in the lock box. When asked why they didn't put the medication in the lock box, the staff member replied that they didn't want to confuse the oldest medication dose with the newly received medication.</p>	
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V 118	<p>Continued From page 2</p> <p>this month. She would go to the pharmacist and obtain a 7 day supply of the Tenex for him. Client was given last pill on 11/17/21. She would go to the pharmacist to obtain the Tenex</p> <p>-11/19/21: When she went to the pharmacist, she was told they did not have the Tenex pills. She would follow up with the physician. She sent her son/staff #1 to the pharmacist to try to get the Tenex medication. She had contacted the prescribing physician to have the medication discontinued.</p> <p>Continued interview on 11/19/21, the Licensee reported:</p> <p>-Initially, the doctor signed a discontinue order. Her son had the discontinue order in the car with him but he had left. When he stopped, he would take a picture via text to the Licensee.</p> <p>-Later, the pharmacist called and stated the physician changed his mind and decided to write the prescription for Tenex. The pharmacist provided enough pills to last for the remainder of the month/medication cycle.</p> <p>Interview on 11/22/21, the pharmacist reported:</p> <p>-Tenex 90 tablets were last dispensed August 3, 2021. This would equal to a month's supply as Tenex was administered three tablets at a time.</p> <p>-The physician did not respond to requests to update the Tenex order</p> <p>-The Licensee was contacted about this issue.</p> <p>-Per the records, no other dosages were dispensed or given to the group home since August 2021.</p> <p>-Tenex can not be obtained as an over the counter medication.</p>	V 118	<p>WHGH contracted nurse suggested that we put any incoming delivered doses in a zip lock bag and put the received date on the bag. This will ensure that medication will be used in the order that it was received. On 12/20/2021 All staff members received an Inservice from the contracted nurse on the receiving and storage of this refrigerated medication. All staff members demonstrated their knowledge off the new procedure of receiving refrigerated medication.</p> <p>In addition, to further prevent any issue, we have added an additional lock on the outside of the refrigerator. This was completed on December 20,2021.</p> <p>WHGH Administrator will continue to monitor daily and QP will continue to monitor for compliance monthly.</p>	
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Division of Health Service Regulation

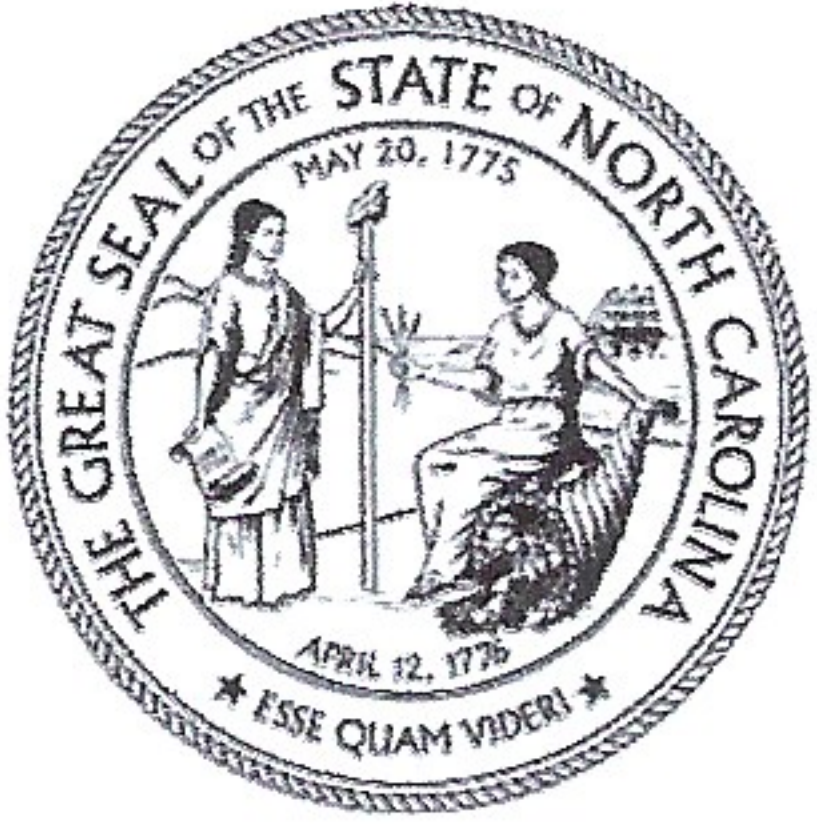
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V 120	Continued From page 3	V 120		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure medications were stored in a securely locked manner for one of one client (#3) whose medication required refrigeration. The findings are:</p> <p>Review on 11/30/21 of client #3's record revealed: -Admitted: 7/26/07 -Diagnoses: Intellectual Developmental Disability, Autism, Depression, Aortic Heart Valve, Mucopolysacchardosis (MPS) Type 1 and</p>	V 120		

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V 120	<p>Continued From page 4</p> <p>memory loss</p> <p>-Doctor's order dated 3/12/21 listed infuse Aldurazyme-Genzyme 34.8 mg (milligram)/250 ml (milliliter) NS (normal saline) every 7 days via pump at the following ramping scheduled:</p> <p>Initial rate of 5 ml/hr (hour) for 15 minutes.</p> <p>If tolerated, increase rate to 10 ml/hr for 15 minutes</p> <p>If tolerated, increase rate to 20 ml/hr for 15 minutes</p> <p>If tolerated, increase rate to 40 ml/hr for 15 minutes</p> <p>If tolerated, increase rate to 80 ml/hr for remainder of infusion until bag is empty</p> <p>Observation on 11/19/21 between 12 Noon-1:00 PM of client #3's refrigerated medications revealed:</p> <p>-Refrigerator located in the bedroom he shared with a peer</p> <p>-No evidence the refrigerator was secured to prevent tampering of content</p> <p>-12 unopened packets of Aldurazyme-Genzyme 2.9 mg/5ml. Packaging noted refill date 11/15/21 and 4 dosages</p> <p>-Storage container inside with some packets of Aldurazyme-Genzyme inside. No evidence the storage container was secured from tampering</p> <p>Interview on 11/19/21, client #3 reported:</p> <p>-A nurse came and administered the medication (Aldurazyme-Genzyme) to him</p> <p>-Neither he nor his roommate opened the refrigerator</p> <p>Interview on 11/19/21, the Licensee reported:</p> <p>-She would assure the medication was secured or locked to reduce the risk of tampering</p>	V 120	<p>Plan of Correction</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>Administrator contacted the Residents PCP about the medication. Dr. Bello, PCP, did send a refill of the prescribed medication but asked that we make an appointment with the Resident's Mental Health Physician, Dr. Monique Brown, to clarify if the Resident should remain on the medication. On December 13th at 9am, Dr. Brown discontinued the medication.</p> <p>In addition, to further prevent any issue, Administrator has initiated the transfer of this Residents medication to our contracted Long term care pharmacy (Omnicare of Hickory) It should be noted that WHGH had been using a local retail pharmacy for this Resident, since admission, to ensure that his medication was stable before transferring him to the Long term care mail order pharmacy. This transfer will take place at the end of his current medication cycle. This will be on January 19, 2022</p> <p>WHGH Administrator will continue to monitor daily and QP will continue to monitor for compliance monthly.</p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 8, 2021

Stacy Davenport Baird, Administrator/Licensee
522 Glen Eagle Court
Nashville, NC 27856

Re: Annual and Complaint Survey completed November 30, 2021
Welcome Home Group Home II, 1522 Glen Eagle Court, Nashville NC 27856
MHL #064-088
E-mail Address: stacyandme@aol.com
Intake #NC00181574

Dear Mrs Stacy Davenport Baird:

Thank you for the cooperation and courtesy extended during the Annual and Complaint Survey completed November 30, 2021. The complaint was substantiated.

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 29, 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.
- 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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 8, 2021
Welcome Home II
Stacy Davenport Baird

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 Renee Kowalski at 919-552-6847.

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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