

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025
---	---

(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 follow up survey was completed on 2/9/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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:</p>	V 120		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025
---	---

(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 120	<p>Continued From page 1</p> <p>Based on record review, observation and interviews the facility failed to ensure that the medications were stored separately for each client, effecting 2 of 2 clients (client #1 and client #2). The findings are:</p> <p>Review on 2/2/22 of client #1's record and observation on 2/3/22 of medications bottles revealed:</p> <ul style="list-style-type: none"> - Admission date 2/19/18; - Diagnoses: Moderate Intellectual Disability; Autism Spectrum Disorder, with accompanying intellectual impairment without language impairment; Attention Deficit Hyperactivity Disorder (ADHD); Major Depressive Disorder, recurrent episode moderate; - Physician order dated 12/27/21 for Vyvanse (ADHD) 30 milligram (mg) Take 1 capsule by mouth every morning dispensed 1/28/22; clonazepam (Anxiety) 0.5mg Take one tablet by mouth everyday PRN (as needed) for anxiety or agitation dispensed 3/15/21. <p>Review on 2/2/22 of client #2's record and observation on 2/3/22 of medication bottles revealed:</p> <ul style="list-style-type: none"> - Admission date 2/1/1977; - Diagnoses Schizophrenia; Impulse Control Disorder; Severe Intellectual Disability; Vitamin B-12 deficiency; - Physician Order dated 2/15/21 for clonazepam 0.5 mg Take ½ tab by mouth 2 times a day on weekdays. (take ½ tab every morning prior to workshop and ½ tab as needed for agitation) dispensed 10/23/21. <p>Observation on 2/3/22 at approximately 12:28pm revealed:</p> <ul style="list-style-type: none"> - Grey metal lock box; - Client #1's medications Vyvanse and 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025
---	---

(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 120	<p>Continued From page 2</p> <p>clonazepam were stored together with client #2's medication clonazepam.</p> <p>Interview on 2/4/22 with staff #2 revealed: - "Oh, I didn't know they can't be in there together."</p> <p>Interview on 2/3/22 with the Qualified Professional (QP) revealed: - Not aware the medications were in the same box; - Don't oversee the medications; -"I don't know why that is. I went down there myself and fixed that last time."</p> <p>Interview on 2/9/22 with the Director revealed: - Staff #2 put the medications in the same lock box; - Staff #2 stated that other boxes were damaged and therefore put the medications in the same box; - "I have already fixed it."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 120		