Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL013-085 05/17/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 211 LONG AVENUE CABARRUS COUNTY GROUP HOME #3 CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed on May 17. 2022. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 117 27G .0209 (B) Medication Requirements V 117 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible: (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: RECEIVED (A) the client's name; (B) the prescriber's name; JUN 06 2022 (C) the current dispensing date; (D) clear directions for self-administration; **DHSR-MH Licensure Sect** (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing

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

Qualified Professional

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Division	of Health Service Regu	ulation			
STATEMEN'	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Í		MHL013-085	B. WING		05/17/2022
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	ATE, ZIP CODE	
CABARR	US COUNTY GROUP HO	ME #3	IG AVENUE RD, NC 28025		
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V 117	Continued From page	e 1	V 117		
	practitioner.				
	packaging label of ear dispensed contained administration affectin (Client #1). The findir Observation on 5/12/2 of Client #1's medicating agitation (tablet) by mouth ever dispensed 10/14/21. Review on 5/10/22 and record revealed: -Admitted 10/10/12; -Diagnosed with Interma Moderate Intellectual Interpretation orders data Lorazepam 0.5mg 1 taneeded for agitation and Interview on 5/12/22 werevealed: -Client #1's Lorazepam	contraction review, and contractions for sting 1 of 3 audited clients dings are: CCGH in an effort to correct the label issue identified, the stated medication revealed: Cation revealed: Cation with prescriber. Corrected label is nown 0.5mg (milligram) 1 tab is very day for agitation or anger and 5/12/22 of Client #1's Cermittent Explosive Disorder, all Developmental Disability, estroesophageal Reflux richoeic Dermatitis; dated 2/8/22 and 3/21/22 for tab by mouth twice daily as		ne labeling edication was ter clarifi- ted label is correct ing was	

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 MHL013-085 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 LONG AVENUE **CABARRUS COUNTY GROUP HOME #3** CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 117 Continued From page 2 V 117 Interview on 5/12/22 and 5/17/22 with the Administrator/Licensee revealed: -Will ensure Client #1's Lorazepam reflects the current dose of medication of 0.5mg 1 tablet by mouth twice daily as needed for agitation and anger; -Will ensure staff are re-trained in medication administration; -Will ensure all packaging labels of each prescription drug dispensed contain clear and current directions for administration. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION V118 27G 0209c Medication requirements REQUIREMENTS Noted in the Discussion included any (c) Medication administration: (1) Prescription or non-prescription drugs shall Medication Change should be only be administered to a client on the written accompanied by a order of a person authorized by law to prescribe Clear order for administration. Reviews of MARs when sending out and when (2) Medications shall be self-administered by clients only when authorized in writing by the Returned for filing will be done each client's physician. Month as a part of distribution of (3) Medications, including injections, shall be Medications and record retention. administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and Level1 Incident report was completed for privileged to prepare and administer medications. medication error. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept

Division of Health Service Regulation

current. Medications administered shall be recorded immediately after administration. The

(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and

MAR is to include the following:

(A) client's name;

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARABBILS COUNTY CROUD HOME #2

211 LONG AVENUE

MHL013-085

(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 118	Continued From page 3	V 118		
	(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 file followed up by appointment or consultation with a physician.			
	This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were administered on the order of person authorized by law to prescribe medications and failed to ensure MARs were kept current affecting 1 of 3 audited clients (Client #1). The findings are:			
	Review on 5/10/22 and 5/12/22 of Client #1's record revealed: -Admitted 10/10/12; -Diagnosed with Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability, Hypothyroidism, Gastroesophageal Reflux Disorder, and Seborrhoeic Dermatitis; -Medication order dated 11/10/21 for Lorazepam 0.5mg 1 tab by mouth every day as needed for agitation;			
	-Medication orders dated 2/8/22 and 3/21/22 for			
	Lorazepam 0.5mg 1 tab by mouth twice daily as			
	needed for agitation and anger; -February, 2022 MAR revealed administration of			
	Lorazepam 0.5mg 1 tab by mouth every day as	i i		
4.5	needed for agitation on 2/7/22 and 2/8/22;		£	
	-February, 2022 MAR was updated and revealed	10 m		
1	administration of Lorazepam 1.0mg tablet one	1		

Division of Health Service Regulation

	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	T (V2) MI II TIPLE /	CONCEDUCTION	TWANDATE	SUSUEV.
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
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NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
CABARR	RUS COUNTY GROUP HO	OME #3	NG AVENUE DRD, NC 28025			
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	or anger administered and 8pm; -March, 2022 MAR retablet take two tablets as needed for agitatio twice on 3/16/22 and 3-Medication notes transprofessional #2 dated incorrectly and revealed daily as needed for agitated 2/21/22 revealed two times daily as needed two times daily as needed 1. Had been administeritabs twice daily as needed 1. Had been administeritable twice daily as needed 1. Had been administeritabs twice daily as needed 1. Had b	evealed Lorazepam 0.5mg is (1mg) by mouth every day on or anger administered is 3/29/22; anscribed by Qualified d 2/8/22 was written alled Lorazepam 1mg 2 times rigitation and additional note ed Lorazepam 0.5mg up to reded for agitation or anger. with House Manager #1 ring Lorazepam 0.5mg two reded for anger or agitation atten by the Qualified d 2/8/22. with the Qualified aled: ting the medication notes resulted in Client #1 pses of Lorazepam. with the dispensing ably would not have had any from that dose."	V 118			
	Administrator/Licenses					

Client #1;

Client #1;

incorrect doses of medication administered to

-Will ensure Client #1 is seen by his medication provider to assess any effects caused by the incorrect doses of medication administered to

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 MHL013-085 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 LONG AVENUE **CABARRUS COUNTY GROUP HOME #3** CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 V 118 Continued From page 5 -Will ensure staff are re-trained in medication administration: -Will ensure all medications are administered as ordered: -Will ensure all MARs are kept current. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to an offer of employment affecting 1 of 3 audited staff (House Manager (HM) #1). The findings are:

Division of Health Service Regulation

revealed:

-Hired 8/12/21:

-No HCPR check.

Professional #2 revealed:

Review on 5/10/22 of the HM#1's record

Interview on 5/10/22 with the Qualified

than the criminal background check;

-Did not know that the HCPR check was different

STATE FORM

or training.

V131 - Healthcare registry checks. Staff

was retrained by administrator regarding

application is submitted PRIOR to hiring

completing a HCR check when an

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 MHL013-085 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 LONG AVENUE **CABARRUS COUNTY GROUP HOME #3** CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 131 Continued From page 6 V 131 -Did not complete a HCPR check on HM#1. Interview on 5/10/22 with the Administrator/Licensee revealed: -Will make sure all HCPR checks be completed prior to an offer of employment in the future. V 133 G.S. 122C-80 Criminal History Record Check V 133

G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

- (a) Definition. As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.
- (b) Requirement. An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,		(X3) DATE SURVEY COMPLETED
		MHL013-085	B. WING		05/17/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	
CABARRU	IS COUNTY GROUP HOM	ME #3	NG AVENUE PRD, NC 28025		
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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
Continued From page 7 shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this		CROSS-REFERENCED TO THE APPROPRIATE	
request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. 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Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section, the term "private entity" means a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MISTS RECEIGED BY FULL REQULATORY OR 150 IDENTIFYING INFORMATION) Continued From page 7 V133 Continued From page 7 V133 Shall submit a request to the Department of Justice under G.S. 114-19-10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19-10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history record check required by this section offernial and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a

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 MHL013-085 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 LONG AVENUE **CABARRUS COUNTY GROUP HOME #3** CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 133 V 133 Continued From page 8 criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be

The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the

(6) The prison, jail, probation, parole,

a relevant offense.

rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of

- (d) Limited Immunity. A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
- (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.
- (2) Failure to check an employee's history of

applicant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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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 133	Continued From page 9 criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,	V 133		DATE
	False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or			

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CABARRUS COUNTY GROUP HOME #3

211 LONG AVENUE CONCORD, NC 28025

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V 133	Continued From page 10 sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five	V 133	DEL MICHOT)	
	business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were requested within 5 days of an offer of employment affecting 1 of 3 audited staff (House			

STATE FORM

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 MHL013-085 05/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 LONG AVENUE CABARRUS COUNTY GROUP HOME #3 CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 133 V 133 Continued From page 11 Manager (HM) #1). The findings are: Review on 5/10/22 of the HM's record revealed: -Hired 8/12/21: -Criminal background check requested 8/27/21. Interview on 5/10/22 with the Qualified Professional #2 revealed: V133 Criminal Background checks. Staff -Did not know the criminal background check Was retrained by administrator regarding needed to be requested within 5 days of an offer completing a criminal background check of employment; -HM#1's criminal background check was not at least 5 days prior to employment hire requested within 5 days of an offer of employment. and date of hire. Staff will complete this when application is submitted for Interview on 5/10/22 with the Employment, Administrator/Licensee revealed: -Will make sure all criminal background checks be completed within 5 days of an offer of employment.

Division of Health Service Regulation

STATE FORM

STAFF TRAINING

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Labeling

- Fill out Labeling form COMPLETELY
- Send medications w/ delivery driver on next scheduled delivery
- Expect a 24hr turn around (if the pharmacy does not have an active order for this medication then expect to receive it once we receive an active order)

New orders

- Pharmacy receives new order from the doctor
- Pharmacy faxes a copy of the order to (Cabarrus office) for patients records
- If the order is received before 11am and the medication is in stock the pharmacy will deliver same day
- If the order is received after 11am and is not an emergency medication (ANTIBIOTIC OR STAT MEDICATION) it will be delivered next day
- If there is a problem with the new order (directions coverage etc.) pharmacy will notice Cabarrus office staff and may ask for help to get in contact with the Doctor to resolve the issue

Order changes

- Pharmacy to receive NEW ORDER AND DISCONTINUE ORDER
- Pharmacy to fax a copy of New order and discontinue order to Cabarrus Office staff for patient records
- Pharmacy to do what is best moving forward with New order (meaning add to what the patient already has until the next cycle starts or Pharmacy to send new medication with directions given

- to office staff to get the old medication back from the home to return to the pharmacy for destruction)
- Again order changes use the same rules for medication being sent out meaning (if order is received before 11am it will be sent out same day, if received after 11am it will be sent out next day unless it is an ANTIBIOTIC OR STAT ORDER)

REFILLS NEEDED

- Cabarrus office staff to fill out REFILL FORM COMPLETELY and fax it to the pharmacy before 11am for same day delivery (faxing instead of calling will make it easier on the pharmacy and Cabarrus staff)
- Having a paper trail and time stamp helps not only the pharmacy staff to prioritize delivery's for the day but it also will help Cabarrus staff to keep up with what has been ordered, when it was order and knowing when they can expect to receive the medication
- If there are any problems filling the medication the pharmacy will call Cabarrus Office staff and let you know (again eliminating unnecessary phone calls helps us make sure we are getting what is needed to each and everyone in a timely manner)
- Refills as far as bulk items (items not on cycle examples miralax, nose sprays, insulin's or as needed medication) will <u>NOT</u> be considered an emergency meaning if you were to call after <u>11am</u> and ask for these items saying the patient is out it will still come next day

- All bulk or as needed medications should be faxed in on the refill form completely filled out 3 days before the patient is out of medications
- Again this makes sure your patients are never out of medications and if it is an item that has to be ordered there is time to do so
- Also having that paper trail helps the pharmacy know deadlines and same for the staff expecting the medication

How to chart New medications on MAR

- Once you receive a new order (NOT JUST A COPY OF THE ORDER BUT THE ACTUAL MEDICATION IN HAND)
- Write the following on the MAR
- Medication Name
- Medication Strength
- Medication directions
- Time medication is to be given
- Start date of the medication
- Stop date of the medication (if there is one)
 (example. Amoxicillin 500mg Give 1 Capsule by
 mouth twice daily with meals for 7 days) (script was
 written 5/24/2022) (so you would put the start date
 of 5/24/22 with a stop date of 5/30/22)
- Then the med tech or Caregiver would only chart there initials on the dates of 5/24-5/30/22

• If this was a medication that is on going example (Gabapentin 300mg Give 1 capsule by mouth three times daily) (written 5/24/22) (delivered 5/24/22) (then you are going to write it in with the start date that you are receiving the medication and giving it to the patient) (the next month if the patient is still on this medication it will then appear on the MAR)

Charting Order Change On MAR

- Mark the medication that is discontinuing with a stop date (again not the date that you just receive a copy of the discontinue and the new order but the actual date that you receive the new medication to start giving)
- Write in the new medication on the MAR
- Medication Name
- Medication Strength
- Medication directions
- Time Medication is to be given
- Start date of the New medication
- Start charting this new medication on the date you receive the medication

Example (Discontinue Gabapentin 300mg Giving 1 capsule by mouth twice daily) (Start Gabapentin 300mg Giving 1 capsule by mouth three times daily) (order written on 5/23/2022) (driver delivers the medication on 5/24/22)

- On the MAR Discontinue the Gabapentin twice daily order (write stop date 5/24/22)
- send the old pack of medication to the Cabarrus Office staff to return to the pharmacy
- On the MAR write in the new medication with the start date of 5/24/22 (start charting on that date of the MAR)
- The next month as long as the patient is on that medication still it will appear on your new set of MARS

PRN MEDICATIONS NEEDING TO BE DISCONTINUED

- IF THE PATIENT HAS NOT USED OR TAKEN THESE MEDICATIONS IN OVER 90 DAYS IT IS TIME TO GET A DISCONTINUE ORDER
- FILL OUT THE DISCONTINUE ORDER FORM I AM PROVIDING AND FAX TO THE DOCTOR OFFICE FOR DOCTOR SIGNATURE
- Once you receive the order back from the doctor then fax it to the pharmacy for it to be charted in patients profile and taken off of the MAR for the next month MARS
- Also make sure to let the care staff know to write a stop date on the medication listed on the current MAR to complete out the month

CHECKING IN CYCLE MEDICATIONS MONTHLY

- MAKE SURE ALL MEDICATIONS MATCH ORDERS IN PATIENTS
 CHART
- MAKE SURE YOU RECEIVE ALL MEDICATIONS
- SIGN EACH DELIVERY SHEET ATTACHED TO EACH PATIENTS MEDICATIONS
- AFTER SIGNING THEM THEY ARE TO BE <u>FAXED</u> TO THE PHARMACY NOT SENT WITH A DRIVER BUT FAXED

- IF THERE ARE MEDICATIONS MISSING OR MEDICATIONS
 MISSING FROM THE MAR PLEASE PUT A LIST TOGETHER OF
 WHAT IS MISSING AND FAX IT TO THE PHARMACY FOR THE
 PHARMACY TO REVIEW AND RESPOND (MEANING WE WILL CALL
 YOU IF THERE IS A PROBLEM IF THERE IS NO PROBLEM WE WILL
 MAKE SURE WE GET IT FIXED AND SENT OUT TO YOU BEFORE
 CYCLE STARTS)
- RETURN PHARMACY TOTES ASAP
- ANY MEDICATION LEFT OVER FROM THE PREVIOUS MONTH CYCLE NEEDS TO BE SENT BACK TO THE PHARMACY FOR DESTRUCTION
- THIS PREVENTS MEDICATION ERROR
- THERE SHOULD NEVER BE EXTRA CYCLE MEDICATIONS IN THE HOME

PATIENT LEAVE OF ABSENCE

- Pharmacy is to be notified as soon as a patient is absence from the home greater than 48 hours
- All Patients medications should be returned to the pharmacy for credit and destruction (not just cycle but all medications)
- This prevents the pharmacy from billing cycle medications to come out on the next cycle when the patient is absence (billing during a part A stay hospital, rehab etc. is frowned upon)

Once Patient has returned

- Pharmacy is to be notified as soon as the home knows about a returning patient
- We will need there returning FL2 to re-admit them and fill any medications needed upon arrival of the patient

The sooner we know the better that way we can plan for you to have what you need June 2nd, 2022

Mental Health Licensure and Certification NC Division of Health Service Regulations 2718 Mail Service Center Raleigh, NC 27699-2718

RECEIVED
JUN 0 6 2022

DHSR-MH Licensure Sect

Re: Annual Survey Plan of Correction- CCGH #3

Dear Ms. Moreno,

Enclosed please find the plan of correction for Cabarrus County Group Home #3- 211 Long Ave. Training ticket for medication retraining is included and also the hand outs from the pharmacy. Please contact us a 704-855-0004 if any additional items are needed.

Thank you,

Cindy VanCamp

CCGH- QP