STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL039-062	B. WING		06/0	3/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OXFORD	GROUP HOME			Y CLUB DRIVE		
OAI OILE	OROGI HOME	OXFORD,	NC 27565			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	8	V 000			
	on 6/3/22. Complaisubstantiated and complained and complained and complained are substantiated and complained are substantiated and complained are substantial and complained are substantial are substantial and complained are substantial a	plaint survey was completed int Intake (NC#00188763) was leficiencies were cited. sed for the following service C 27G .5600C Supervised h Developmental Disability.				
	has a census of six consisted of audits Two sister facilities	ed for six beds and currently clients. The survey sample of three current clients.  were identified in this report				
V 108	as sister facility A at	rsonnel Requirements	V 108			
V 100	10A NCAC 27G .02 REQUIREMENTS (f) Continuing eduction (g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathogony, and (4) training in infect bloodborne pathogony, and (5602(b) of this Submember shall be available and times when a client member shall be traincluding seizure members	cation shall be documented. In programs shall be minimum, shall consist of the cational orientation; at rights and confidentiality as CAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the in the treatment/habilitation tious diseases and				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL039-062	B. WING		06/	03/2022
	PROVIDER OR SUPPLIER  O GROUP HOME	605 NORT		STATE, ZIP CODE Y CLUB DRIVE		
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V 108	trained in the Heiml techniques such as the American Heart equivalence for relic (i) The governing b implement policies reporting, investigat	ge 1 lich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. Body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108			
	failed to ensure one Staff -LS) training in Cardiopulmonary re current. The finding Review on 5/24/22 -Hire date of 1/10/2	view and interviews the facility of three audited staff's (Lead in First Aid (FA) and esuscitation (CPR) were gs are:  of the LS record revealed:				
	Interview on 5/24/2: reported: -She went over a lismeetingsStaff had missed staffingIt was hard to sche	ner shifts.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL039-062	B. WING		06/0	3/2022
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V 108	Continued From pa	ge 2	V 108			
	-It's the house man schedule trainings -There was no hous facility.	ager's responsibility to se manager currently at this to get the trainings done				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	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 file followed up by appointment or consultation with a physician.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 118	Continued From pa	ge 3	V 118			
	failed to ensure one medications were g physician was curre Review on 5/26/22 -Admission date of -Diagnoses of Mode	view and interviews the facility of three audited clients liven on the written order of a ent. The findings are:  of client #5's record revealed: 10/1/09				
	dated 10/20/21 reve	of client #5's physicians order ealed: cream- PRN (as needed) twice				
	revealed	of client #5's medications ream-expired 7/8/21.				
		of client #5's MAR revealed % cream was used 5/23/22, 2.				
	-Client #5 had used month. -All staff is responsi to ensure they are r -Not sure how this r	medication was missed. Irnover lately and this could				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL039-062	B. WING		06/	03/2022
	PROVIDER OR SUPPLIER  O GROUP HOME	605 NOR	DDRESS, CITY, ST TH COUNTRY , NC 27565	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 121	10A NCAC 27G .02 REQUIREMENTS (f) Medication revie (1) If the client rece governing body or of for obtaining a revie regimen at least ev shall be to be perfo physician. The on-s the client's physicia the review when me (2) The findings of	w: ives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that n is informed of the results of edical intervention is indicated, the drug regimen review shall client record along with	V 121			
	failed to ensure a d psychotropic medic six months for two findings are:  A. Review on 5/26/2 revealed: -Admission date of -Mild Intellectual De Oppositional Defiar Impairment.  Review on 5/26/22 dated 3/2/21 and 4/ psychotropic medic -Fluoxetine 20 mg-	view and interview the facility rug regimen review for rations were completed every of three clients (#1, #4). The 22 of client #1's record 9/2/09 evelopment Disability (IDD), at Disorder (ODD), and Visual of client #1's physician orders 29/22 for the following				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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OXFORE	GROUP HOME		TH COUNTR' , NC 27565	Y CLUB DRIVE		
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V 121	Continued From pa	ge 5	V 121			
	revealed: -Admission date of -Diagnoses of Autis Depression, Post Ti Generalized Anxiety Review on 5/26/22 dated 6/17/21 and 2 psychotropic medic -Hydroxyzine HCL 2 urge to bite, scratch -Lithium Carb 450 r -Lorazepam 1 mg -Quetiapine Furmat Review on 5/26/22 c client #1 and #4 fro 6/1/21.	m, Mild IDD, Bipolar Disorder, raumatic Disorder (PTSD), y and Gender Disorder.  of client #4's physician order 2/23/22 for the following				
	get a pharmacist ou -Had called last we out and complete th -With all the short s	ek to get someone to come				
V 290	27G .5602 Supervis	sed Living - Staff	V 290			
	numbers specified i of this Rule shall be enable staff to responeeds.	STAFF os above the minimum on Paragraphs (b), (c) and (d) of determined by the facility to ond to individualized client one staff member shall be				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL039-062		B. WING		06/03/2022		
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OXEORI	GROUP HOME	605 NORT	H COUNTRY	CLUB DRIVE		
OAI OIL		<u> </u>	NC 27565			
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V 290	premises, except whabilitation plan doc capable of remainir without supervision as needed but not I the client continues the home or commispecified periods of (c) Staff shall be proposed following client-staft child or adolescent (1) children or abuse disorders shor one staff present clients present. Hopresent during slee emergency back-up the governing body (2) children or developmental disa one staff present for present and two staff present du specified by the emdetermined by the (d) In facilities which diagnosis is substaft (1) at least or duty shall be trained withdrawal symptor secondary complicating addiction; and (2) the service	when any adult client is on the hen the client's treatment or cuments that the client is ag in the home or community. The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for time.  The seent in a facility in the fratios when more than one client is present:  The adolescents with substance all be served with a minimum for every five or fewer minor owever, only one staff need be ping hours if specified by the procedures determined by the procedures	V 290			

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OVEODE	GROUP HOME	605 NOR	TH COUNTRY	Y CLUB DRIVE		
OXFORL	GROUP HOWE	OXFORD	NC 27565			
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V 290	Continued From pa	ge 7	V 290			
	failed to ensure a m present to supervise (#1 & #5). The find A. Record review of revealed: -Admission date of -Mild Intellectual De Oppositional Defian	view and interview the facility ninimum number of staff e two of three audited clients ings are:  n 5/26/22 of client #1's record				
	stated: -They have been st the home over the I -A few weeks ago d clients were gone for client #1She took client #1 nightSister facility A only so client #1 had her room at the timeThey did not have houses, so they cor -They were not ove home.	uring Easter Weekend, all or an overnight visits except to sister facility A to stay the had three clients at the time, own room that was a vacant enough staff to cover both				
	revealed: -Admission date of -Diagnoses of Mode					

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V 290	Continued From pa	ge 8	V 290			
V 290	Observation on 5/24/22 present at sister factors at sister factors at the control of the control	5/22 at 1:30 PM of client #5 cility B. 2 the Executive Director a going to sister facility B every weeks. gram had closed and she was rization to begin a new day gh staff to stay home with her ney sent her to sister facility B	V 290			

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