

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VANCE ADULT GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 HWY 158 BY PASS HENDERSON, NC 27536</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 6/3/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for five beds and currently has a census of five clients. The survey sample consisted of audits of three current clients.</p> <p>A sister facility was identified in this report as sister facility D.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a drug regimen review for psychotropic medications were completed every</p>	V 121		

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

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V 121	<p>Continued From page 1</p> <p>six months for one of three audited clients (#3). The findings are:</p> <p>A. Review on 5/25/22 of client #3's record revealed: -Admission date of 11/14/79 -Severe Intellectual Development Disability (IDD) and Conduct Disorder.</p> <p>Review on 5/25/22 of client #3's physician orders dated 4/7/22 and 3/18/21 for the following psychotropic medications revealed: -Lithium Carbonate 300 mg- three at bedtime- (depression) -Lithium Er 450 mg-one a day (depression) -Paxil 40 mg-one at bedtime (anxiety/depression) -Quetiapine 200 mg-one in am and 1/2 at bedtime (depression)</p> <p>Review on 5/25/22 of Drug Regimen reviews for client #3 from the pharmacist was dated 6/1/21.</p> <p>During interview on 6/3/22 the Executive Director stated: -During the last year they had not been able to get a pharmacist out to do the reviews. -Had called last week to get someone to come out and complete them. -With all the short staff over the last year, it has been difficult to maintain those reviews.</p>	V 121		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>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</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is 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</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(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 interviews the facility failed to ensure three of three clients and one of one sister facility D (sister facility #D1) received services in a home environment. The findings are:</p> <p>During interview on 5/26/22 the sister facility D Lead Staff (LS) stated: -They have been struggling with staffing issues in the home over the last few months. -A few weeks ago during Easter weekend, all clients were gone for an overnight visits except sister facility #D1. -She took sister facility #D1 to the facility to stay the night. -The facility only had three clients at the time, so sister facility #D1 had her own room that was a vacant room at the time. -They did not have enough staff to cover both houses, so they combined the clients. -They were not over ratio while in sister facility #D1 stayed in home.</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>-There was no issues with the sister facility #D1 while staying at the facility.</p> <p>Interview on 5/24/22 the Executive Director stated:</p> <ul style="list-style-type: none"> <li>-Been struggling over the last few months maintaining staff.</li> <li>-The sister facility D home manager had left a few weeks ago.</li> <li>-Had to move clients and staff around in the last few months to maintain coverage.</li> </ul>	V 289		