

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2022
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NAME OF PROVIDER OR SUPPLIER OXFORD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH COUNTRY CLUB DRIVE OXFORD, NC 27565
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/3/22. Complaint Intake (NC#00188763) was substantiated and 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 six beds and currently has a census of six clients. The survey sample consisted of audits of three current clients.</p> <p>Two sister facilities were identified in this report as sister facility A and sister facility B.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and</p>	V 108	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 27 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

EXECUTIVE DIRECTOR

6/22/2022

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of three audited staff's (Lead Staff -LS) training in First Aid (FA) and Cardiopulmonary resuscitation (CPR) were current. The findings are:</p> <p>Review on 5/24/22 of the LS record revealed: -Hire date of 1/10/22 -FA/CPR dated 3/20/20 and expired 3/20/22.</p> <p>Interview on 5/26/22 the LS stated: -Worked alone on her shifts. -Struggling keeping the home staffed. -Was behind on one of her trainings, CPR/FA.</p> <p>Interview on 5/24/22 the Executive Director reported: -She went over a list of trainings in their monthly meetings. -Staff had missed some trainings due to lack of staffing. -It was hard to schedule staff training when there was not staff to work in their place to receive the training.</p>	V 108		

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V 108	Continued From page 2 -It's the house manager's responsibility to schedule trainings -There was no house manager currently at this facility. -They were starting to get the trainings done although some are late.	V 108		
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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of three audited clients medications were given on the written order of a physician was current. The findings are:</p> <p>Review on 5/26/22 of client #5's record revealed: -Admission date of 10/1/09 -Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Seizure Disorder</p> <p>Review on 5/26/22 of client #5's physicians order dated 10/20/21 revealed: -"Clotrimazole 1% cream- PRN (as needed) twice a day."</p> <p>Review on 5/26/22 of client #5's medications revealed -Clotrimazole 1% cream-expired 7/8/21.</p> <p>Review on 5/26/22 of client #5's MAR revealed the Clotrimazole 1% cream was used 5/23/22, 5/24/22 and 5/25/22.</p> <p>Interview on 5/26/22 the Lead Staff (LS) stated: -Client #5 had used her cream several times this month. -All staff is responsible for checking medications to ensure they are not expired. -Not sure how this medication was missed. -Had a lot of staff turnover lately and this could have been easily missed.</p>	V 118		
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V 121	<p>27G .0209 (F) Medication Requirements</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 six months for two of three clients (#1, #4). The findings are:</p> <p>A. Review on 5/26/22 of client #1's record revealed: -Admission date of 9/2/09 -Mild Intellectual Development Disability (IDD), Oppositional Defiant Disorder (ODD), and Visual Impairment.</p> <p>Review on 5/26/22 of client #1's physician orders dated 3/2/21 and 4/29/22 for the following psychotropic medications revealed: -Fluoxetine 20 mg- one AM- (for depression) -Olanzapine 15 mg- on PM- (Antipsychotic)</p>	V 121		
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V 121	<p>Continued From page 5</p> <p>B. Review on 5/26/22 of client #4's record revealed: -Admission date of 1/24/20 -Diagnoses of Autism, Mild IDD, Bipolar Disorder, Depression, Post Traumatic Disorder (PTSD), Generalized Anxiety and Gender Disorder.</p> <p>Review on 5/26/22 of client #4's physician order dated 6/17/21 and 2/23/22 for the following psychotropic medications revealed: -Hydroxyzine HCL 25 mg- PRN (as needed if urge to bite, scratch or self harm)- (Anxiety) -Lithium Carb 450 mg- twice a day- (Bipolar) -Lorazepam 1 mg- 1 bedtime- (anxiety) -Quetiapine Fumate 25 mg- 1 bedtime (Bipolar)</p> <p>Review on 5/26/22 of Drug Regimen reviews for client #1 and #4 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 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be</p>	V 290		

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V 290	Continued From page 6 present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum number of staff present to supervise two of three audited clients (#1 & #5). The findings are:</p> <p>A. Record review on 5/26/22 of client #1's record revealed: -Admission date of 9/2/09 -Mild Intellectual Development Disability (IDD), Oppositional Defiant Disorder (ODD), and Visual Impairment.</p> <p>During interview on 5/26/22 the 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 client #1. -She took client #1 to sister facility A to stay the night. -Sister facility A only had three clients at the time, so client #1 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 A's home. -There was no issues with client #1 while staying at sister facility A.</p> <p>B. Record review on 5/26/22 of client #5's record revealed: -Admission date of 10/1/09 -Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Seizure Disorder</p>	V 290		
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V 290	<p>Continued From page 8</p> <p>Observation on 5/25/22 at 1:30 PM of client #5 present at sister facility B.</p> <p>Interview on 5/24/22 the Executive Director stated:</p> <ul style="list-style-type: none"> -Client #5 had been going to sister facility B every day for the last two weeks. -Client #5's day program had closed and she was waiting on an authorization to begin a new day program. -Did not have enough staff to stay home with her during the day so they sent her to sister facility B where staff was present. -Been struggling over the last few months maintaining staff. -The home manager had left a few weeks ago. -Client #5 should start her day program in the next week or so. 	V 290		
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Plan of Correction – Oxford

Date of Correction: August 2, 2022

Deficiency Cited: V108: 27G.0202 Personnel Requirements. Based on record review and interviews the facility failed to ensure one of three audited staff's training in CPR/FA were current.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that each staff member is current and up to date with their required trainings. Monthly at the Quality Management Team meeting, managers will be given a list of staff needing training, and they will mandate that staff attend necessary training. Staff whose training expires, will be taken off the schedule. The Executive Director will assure that trainings are scheduled routinely.

Responsible Parties: Residential Manager, QP, Human Resources, and Executive Director

Correction Date: 8/2/2022

Deficiency Cited: V118: 27G. 0209 Medication Requirements. Based on record review and interviews the facility failed to ensure one of three audited clients medications were given on the written order of a physician was current.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that each facility checks medications on a monthly basis to assure that expired medications are not administered and that new medications are ordered as needed. The Residential Manager will check medications on a monthly basis. The QP will spot check medications on a monthly basis. The RN will check all medications on a quarterly basis.

Responsible Parties: Residential Manager, QP, and Registered Nurses.

Correction Date: 6/8/2022

Deficiency Cited: V121: 10A NCAC 27G.0209. Medication Requirements. 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.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that each facility shall have a scheduled Medication Review by the pharmacist at Medical Arts Pharmacy. These are scheduled March, June, September, and December. Pharmacy reviews will be monitored by the clinical staff and filed by residential managers. Completing four per year, will assure that standard is met and exceeded.

Responsible Parties: Residential Manager, RN, QP, Quality Improvement Committee, and Executive Director

Correction Date: 6/8/2022

Deficiency Cited: V289: 10A NCAC 27G. 5601. Supervised Living – Scope. 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 illness, an I/DD, or a substance abuse disorder, and who require supervision when in the residence.

Provider’s Plan of Correction: Legacy Human Services, Inc. will assure that each facility is adequately staffed such that residents are able to receive services in their own facility without having to be supervised in another facility due to staff shortages, COVID outbreaks, or disruptions in day placements. Legacy accepts the responsibility of providing the staffing at whatever extent necessary so that residents experience continuity and consistency. This will be accomplished by utilizing the clinical on call system to provide staffing when the home does not have Direct Support Professionals available.

Responsible Parties: Residential Manager, On Call salaried employees, and Executive Director

Correction Date: 8/2/2022

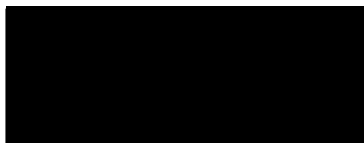
Deficiency Cited: V290: 27G.05602. Supervised Living - Staff. Based on record review and interview the facility failed to ensure a minimum number of staff present to supervise tow of three audited clients.

Provider’s Plan of Correction: Legacy Human Services, Inc. will assure that each facility is adequately staffed such that residents are able to receive services in their own facility without having to be supervised in another facility due to staff shortages, COVID outbreaks, or disruptions in day placements. Legacy accepts the responsibility of providing the staffing at whatever extent necessary so that residents experience continuity and consistency. This will be accomplished by utilizing the clinical on call system to provide staffing when the home does not have Direct Support Professionals available. Clients will not be allowed to sleepover at other licensed facilities.

Responsible Parties: Residential Manager, On Call salaried employees, and Executive Director

Correction Date: 6/8/2022

Provider Signature:

A solid black rectangular box redacting the signature of the provider.



626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
252-438-6700 Office
252-438-6720 Fax

June 20, 2022

Mental Health Licensure and Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiencies cited at the Oxford Group Home, Located at 605 North Country Club Drive, Oxford, NC 27565. This is in conjunction with MHL #: 039-062.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of August 2, 2022. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,

A black rectangular redaction box covers the signature area. A thin horizontal line extends from the right side of the box.

Executive Director





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 14, 2022

[REDACTED]
Legacy Human Services, Inc.
P.O. Box 88
Henderson, NC 27536

Re: Annual and Complaint Survey completed 6/3/22
Oxford Group Home, 605 North Country Club Drive, Oxford, NC 27565
MHL # 039-062
E-mail Address: jjohnson@legacyhumanservices.org

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed 6/3/22. 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

- Standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 8/2/22.

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**

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

please remember never to send confidential information (protected health information) via email.

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,



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
[DHSR Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health
Resources LME/MCO
Pam Pridgen, Administrative Supervisor