

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-117</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

STREET ADDRESS, CITY, STATE, ZIP CODE

**ROANOKE AVENUE GROUP HOME**

**264 S BECKFORD DRIVE  
HENDERSON, NC 27536**

(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 6/3/22. Complaint Intake (NC#00188767) 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 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 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></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		

DHSR - Mental Health

JUN 27 2022

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

*EXECUTIVE DIRECTOR*

*6/20/2022*

5899

7QDR11

If continuation sheet 1 of 7

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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 (#1) training in First Aid (FA) and Cardiopulmonary resuscitation (CPR) were current. The findings are:</p> <p>Review on 5/24/22 of staff #1's record revealed: -Hire date of 1/1/21 -FA/CPR dated 1/23/20 and expired 1/23/22.</p> <p>Interview on 5/25/22 staff#1 stated: -Worked alone on her shifts. -Was aware she 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 121	27G .0209 (F) Medication Requirements  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.  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 three of three clients (#1, #3, #5). The findings are:  A. Review on 5/25/22 of client #1's record revealed: -Admission date of 3/6/15 -Diagnoses of Traumatic Brain Injury, History of	V 121			

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V 121	<p>Continued From page 3</p> <p>Alcoholism and Anxiety</p> <p>Review on 5/25/22 of client #1's physician orders dated 3/11/22 and 4/4/22 for the following psychotropic medications revealed:</p> <ul style="list-style-type: none"> <li>-Bupropion XL 150 mg- one a day (anxiety)</li> <li>-Citalpram 40 mg- one a day (anxiety)</li> <li>-Clonazepam 1 mg- one a day (anxiety)</li> </ul> <p>B. Review on 5/25/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 9/23/21</li> <li>-Diagnoses of Moderate IDD, Intermittent Explosive Disorder, Attention Deficit Hyperactive Disorder (ADHD), Depressive Disorder</li> </ul> <p>Review on 5/25/22 of client #3's physician order dated 3/21/22 for the following psychotropic medications revealed:</p> <ul style="list-style-type: none"> <li>-Benzotropine .5 mg- twice a day- (movement disorder)</li> <li>-Depakote Sodium ER 250 mg-one a day (Bipolar Disorder)</li> <li>-Risperidone 4 mg-one at PM (Bi-polar Disorder)</li> <li>-Trazodone 100 mg-one at PM (anti depressant)</li> <li>-Clonazepam .5mg- twice a day as needed (anxiety)</li> </ul> <p>C. Review on 5/25/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 11/22/21</li> <li>-Diagnoses of Moderate IDD, Intermittent Explosive Disorder and Cerebral Palsy</li> </ul> <p>Review on 5/25/22 of client #5's physician order dated 11/4/21 for the following psychotropic medications revealed:</p> <ul style="list-style-type: none"> <li>-Depakote Sodium ER 500 mg-one AM and three bedtime (Bipolar Disorder)</li> <li>-Haloperidol 1 mg- one a day (antipsychotic)</li> </ul>	V 121			

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V 121	Continued From page 4  -Hydroxyzine HCL 25 mg- one evening and 1-2 additional times in needed (anxiety)  Review on 5/25/22 of Drug Regimen reviews for client #1 and #3 from the pharmacist was dated 6/1/21. No Drug Regimen review was completed for client #5.  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.	V 121			
V 289	27G .5601 Supervised Living - Scope  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 illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental	V 289			

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V 289	Continued From page 5  illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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 family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(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).	V 289		



NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROANOKE AVENUE GROUP HOME

264 S BECKFORD DRIVE  
HENDERSON, NC 27536

V 289

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V 289

PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETE  
DATE

This Rule is not met as evidenced by:  
Based on interview and observation the facility failed to maintain the home environment and provide services for one of one sister facility client (sister facility D1). The findings are:

Observation on 5/25/22 at 1:30 PM of sister facility D1 present in the facility.

Record review on 5/26/22 of sister facility D1's record revealed:

-Admission date of 10/1/09

-Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Seizure Disorder

Interview on 5/24/22 the Executive Director stated:

-Sister facility D1 had been going to the facility every day for the last two weeks.

-Sister Facility D1'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 the facility where staff was present.

-Been struggling over the last few months maintaining staff.

-The sister facility D's home manager had left a few weeks ago and they had not filled that position.

-Sister Facility D1 should start her day program in the next week or so.

# Plan of Correction – Roanoke Avenue

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*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:** 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:** V291: 27G.05603. Operations. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities.

**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

**Provider Signature:**  \_\_\_\_\_



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 Roanoke Avenue Group Home, Located at 264 S. Beckford Drive, Henderson, NC 27536. This is in conjunction with MHL #: 091-117.

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 handwritten signature in black ink, appearing to read "Jacinta Johnson", with a long horizontal line extending to the right.

Jacinta Johnson

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

Ms. Jacinta Johnson, Executive Director  
Legacy Human Services, Inc.  
P.O. Box 88  
Henderson, NC 27536

Re: Annual and Complaint Survey completed 6/3/22  
Roanoke Avenue Group Home, 264 S. Beckford Drive, Henderson, NC 27536  
MHL # 091-117  
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](mailto:DHSRreports@eastpointe.net)  
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Joy Futrell, CEO, Trillium Health Resources LME/MCO  
Fonda Gonzales, Director of Quality Management, Trillium Health  
Resources LME/MCO  
Pam Pridgen, Administrative Supervisor