

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL091-118</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>06/03/2022</b> |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VANCE ADULT GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>941 HWY 158 BY PASS<br/>HENDERSON, NC 27536</b> |
|---|---|

| (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><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<br/>(f) Medication review:<br/>(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.<br/>(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:<br/>Based on record review and interview the facility failed to ensure a drug regimen review for psychotropic medications were completed every</p> | V 121 | <p>DHSR - Mental Health</p> <p>JUN 27 2022</p> <p>Lic. &amp; Cert. Section</p> |  |

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

TITLE

(X6) DATE

STATE FORM 

**EXECUTIVE DIRECTOR**

**6/20/2022**

6899

JHG011

If continuation sheet 1 of 5

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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:<br/>-Admission date of 11/14/79<br/>-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:<br/>-Lithium Carbonate 300 mg- three at bedtime- (depression)<br/>-Lithium Er 450 mg-one a day (depression)<br/>-Paxil 40 mg-one at bedtime (anxiety/depression)<br/>-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:<br/>-During the last year they had not been able to get a pharmacist out to do the reviews.<br/>-Had called last week to get someone to come out and complete them.<br/>-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<br/>(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:<br/>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:<br/>-They have been struggling with staffing issues in the home over the last few months.<br/>-A few weeks ago during Easter weekend, all clients were gone for an overnight visits except sister facility #D1.<br/>-She took sister facility #D1 to the facility to stay the night.<br/>-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.<br/>-They did not have enough staff to cover both houses, so they combined the clients.<br/>-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 |  |  |
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# Plan of Correction – Vance Adult

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*Date of Correction: August 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

**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 Vance Adult Group Home, Located at 941 Hwy 158 Bypass, Henderson, NC 27536. This is in conjunction with MHL #: 091-118.

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 flourish 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  
Vance Adult Group Home, 941 Hwy 158 By Pass, Henderson, NC 27536  
MHL # 091-118  
E-mail Address: [jjohnson@legacyhumanservices.org](mailto: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](http://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)  
[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