

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2022
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 29 STRANGE ROAD LOUISBURG, NC 27549
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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
V 000	<p>INITIAL COMMENTS</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>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire/disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 5/25/22 of the fire/disaster drill log</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>from January 1, 2022 through May 30, 2022 revealed:</p> <ul style="list-style-type: none"> - No fire drills were conducted on 2nd or 3rd shift. - No disaster drill was conducted on 3rd shift. <p>Interview on 5/25/22 the House Manager reported:</p> <ul style="list-style-type: none"> - He completed the fire drills. - There was a schedule posted that they followed. - Did 1 fire and 1 disaster drill each month. <p>Interview on 5/24/22 the Executive Director reported:</p> <ul style="list-style-type: none"> - There was a schedule posted that staff followed for fire/disaster drills at each facility. - That schedule was not being followed and the house manager needed to start following the schedule. - She would make sure that the staff started following the schedule that's posted. - There were 3 shifts but with the staff shortage, the schedules had been varying according to staff coverage. 	V 114		
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.</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>(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 psychotropic drug regimen reviews were completed for 2 of 3 audited clients (#2, #5). The findings are:</p> <p>Review on 5/25/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/1/18 - Diagnosis: Unspecified Intellectual Disability - FL2 dated 5/20/21 revealed: <ul style="list-style-type: none"> - Risperidone 0.5 milligram (mg) tablet (tab) (antipsychotic) - Benztropine Mes 0.5mg tab (antipsychotic) - FL2 dated 5/10/22 revealed: <ul style="list-style-type: none"> - Benztropine Mes 0.5mg tab - Risperidone 0.5 mg tab - Last drug regimen review was completed 6/1/21 <p>Review on 5/25/22 of Client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 11/22/21 - Diagnoses: Schizoaffective disorder, bipolar type, Autism, Anxiety and unspecified Intellectual disability - Doctor's order dated 12/7/22 revealed: <ul style="list-style-type: none"> - Aripiprazole 30 mg tab (schizophrenia) - Benztropine Mes 2 mg tab (antipsychotic) - Buspirone Hcl 30 mg tab (anxiety) - Quetiapine Fumarate 400 mg (antipsychotic) 	V 121		

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V 121	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Trazodone 50 mg tab (antidepressant) - Last drug regimen review was completed 6/1/21 <p>Interview on 5/25/22 the Executive Director reported:</p> <ul style="list-style-type: none"> - She believed they were behind on having medication reviews - Called the pharmacy this morning to see if they had another review on file and was told they didn't - The pharmacist was in the process of doing a review now to get them on schedule 	V 121		