

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
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V 000	INITIAL COMMENTS An annual survey was completed on 6/3/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: Review on 5/25/22 of the fire/disaster drill log	V 114		

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

6/21/2022

6899

SSRP11

If continuation sheet 1 of 4

Division of Health Service Regulation

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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		
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Plan of Correction – FCGH # 2

Date of Correction: August 2, 2022

Deficiency Cited: V114: 27G.0207 Emergency Plans and Supplies. Based on record review and interviews the failed to conduct fire/disaster drills at least quarterly and repeated for each shift.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that fire/disaster drills would be completed each month on varying shifts. There is a calendar of disaster drills, showing a variety of shifts drilled. This calendar will be adhered to by management of the home.

Responsible Parties: Residential Manager, QP, and Executive Director

Correction Date: 8/2/2022

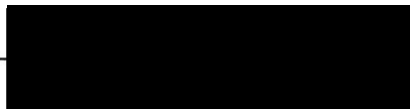
Deficiency Cited: V121: 10A NCAC 27G.0209. Medication Requirements. If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months.

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

Provider Signature: _____

A black rectangular redaction box covers the signature of the provider. A horizontal line extends from the right side of the redaction box across the page.



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

June 21, 2022

Mental Health Licensure and Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

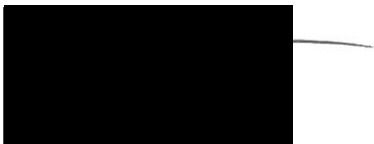
Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiencies cited at the Franklin County Group Home # 2, Located at 29 Strange Road, Louisburg, NC 27549. This is in conjunction with MHL #: 035-079.

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,



Executive Director





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

6/21/22

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

Re: Annual Survey completed 6/3/22
Franklin County Group Home #2, 29 Strange Rd., Louisburg, NC 27549
MHL # 035-079
E-mail Address: jjohnson@legacyhumanservices.org

Dear Ms. Johnson:

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

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

- All other tags cited are 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 please remember never to send confidential information (protected health information) via email.

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

6/21/22
Ms. Johnson
Legacy Human Services, Inc.

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,



Tinika Ferguson, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
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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