

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/14/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WAKE COUNTY GROUP HOME #2

**4808 WHITEHALL AVENUE
RALEIGH, NC 27604**

(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	INITIAL COMMENTS An annual and follow up survey was completed on 7/14/22. 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 has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 deceased client.	V 000		
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.	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one deceased client (DC#3) medications were administered on the written order of a physician. The findings are:</p> <p>Review on 7/11/22 of DC#3's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/10/99 and passed away on 4/29/22 - diagnosed with Mild Intellectual Developmental Disorder - no physician's order for Phenytoin 100mg (milligrams) 2 morning and 2 bedtime (treat & prevent seizures) <p>Review on 7/13/22 of the facility's 2022 MAR's for DC#3 revealed:</p> <ul style="list-style-type: none"> - no MARs for February & March 2022 - Phenytoin administered the entire month of April 2022 <p>During interview on 7/14/22 the Administrator/Acting Qualified Professional reported:</p> <ul style="list-style-type: none"> - he thought the physician's order was at the facility - will submit the physician's order if located - DC#3 had a seizure disorder but no seizures in years 	V 118	<p>V 118</p> <p>The Administrator will in-service nursing on the importance of Physician orders and Medication Administration Records are on site for each person supported. The Nursing Supervisor will monitor one time a week through observations for one month and then on a routine basis to ensure current Physician Orders and Medication Administration Records are on site and available for each person supported. In the future the Nursing Supervisor will ensure Physician Orders and current Medication Administration Orders are available in the home.</p>	9/12/22

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER WAKE COUNTY GROUP HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 WHITEHALL AVENUE RALEIGH, NC 27604		
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V 118	Continued From page 2 * the Phenytoin was not submitted by exit of the survey.	V 118		08/13/22
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 psychotropic drug reviews were completed at least every 6 months for 1 of 1 Deceased Client (DC#3). The findings are: Review on 7/11/22 of DC#3's record revealed: - admitted 5/10/99 and passed away on 4/29/22 - diagnosed with Mild Intellectual Developmental Disorder - physician order dated 2/10/22: Trazadone 100mg daily (depression) - no 6 months drug regimen reviews	V 121	V 121 The Administrator will in-service nursing on the importance of Psychotropic Drug Reviews at least every 6 months for all people supported. The Administrator and or the Qualified Professional will monitor to ensure all Psychotropic Drug Reviews are completed at least every 6 months. In the future the Nursing Supervisor will ensure Psychotropic Drug Reviews are completed at least quarterly.	

Division of Health Service Regulation

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V 121	Continued From page 3 documented in the record During interview on 7/14/22 the pharmacist reported: - DC#3 been on Trazadone for years - last prescription for Trazadone documented in the system was 12/15/12 During interview on 7/14/22 the Administrator/Acting Qualified Professional reported: - a drug review was completed January 2022, however, it was documented January 2021 - did not submit the drug review due to the discrepancy in the dates This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121			
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least	V 291			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER WAKE COUNTY GROUP HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 WHITEHALL AVENUE RALEIGH, NC 27604			
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V 291	<p>Continued From page 4</p> <p>annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other professionals who are responsible for the treatment of 1 of 2 current clients (#4). The findings are:</p> <p>Based on record review on 7/13/22 & 7/14/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/5/05 - diagnoses of Moderate Intellectual Disorder - a physician's order dated 3/28/22 for Aristada injection 1064 every 2 months - no documentation of the injections <p>During interview on 7/14/22 the Administrator/Acting Qualified Professional reported:</p> <ul style="list-style-type: none"> - the nurse documented the January 2022 injection but not the April 2022 injection - will submit documentation of the January 2022 injection <p>* the Aristada injection was not submitted by exit of the survey.</p>	V 291	V 291	09/12/22	
			<p>The Administrator will in-service nursing on the importance of documentation of coordination of care with providers/professionals who provide care for people supported. The Administrator and or the Qualified Professional will monitor to ensure all documentation of care provided by other providers/professionals is obtained, current, and in the medical record. In the future the Nursing Supervisor will ensure documentation by providers/ professionals is available and in the medical chart.</p>		

If continuation sheet 6 of 7

Division of Health Service Regulation

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V 736	Continued From page 6 During interview on 7/14/22 the Administrator/Acting Qualified Professional reported: - he was not sure if anyone had followed up with the organization that owned the facility since 6/27/22 - they could not hire their own maintenance without approval from the organization - he would follow up with the organization	V 736		



July 25, 2022

Mrs. Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Annual & Follow up Survey Completed on 07/14/22
Wake County Group Home, 4808 Whitehall Avenue, Raleigh, NC 27604
MHL #092-389
Provider Number: 34G125

Dear Mrs. Smith

Thank you for your recent survey of Wake County Group Home #2. It was a pleasure working with you and we look forward to your follow up and return to ensure all deficiencies have been corrected.

Enclosed you will find the plan of correction for all deficiencies cited. If anything was missed please let me know and I will make the proper corrections.

Sincerely

A handwritten signature in black ink, appearing to read "Morris Thomas". The signature is fluid and cursive, with a large, prominent loop at the end.

Morris Thomas
Administrator



RHA Health Services, LLC
2527 E. Lyon Station Rd
Creedmoor, NC 27522
Phone: 919-528-2558
Fax: 919-528-2971

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To:	Rhonda Smith	Fax:	919-715-8078	
From:	Morris Thomas	Date:	07/27/22	
Re:		Pages:	9 (Including Cover)	
CC:				
Urgent		For Review	As Requested	Please Reply
				Please Recycle

Additional Comments: _____

Confidentiality Note: The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law. Those laws limit your ability to further disclose this confidential medical information without the prior written consent of the patient/client and his/her legal guardian or unless otherwise permitted by State and Federal law. If you are not the intended recipient, you are hereby notified that any USE, disclosure, copying, distribution, or OTHER action taken WITHOUT RESPECT TO the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.