STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-170	A. BUILDING: _____ B. WING _____	R 07/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON COUNTY GROUP HOME #2	3108 TILGHMAN ROAD WILSON, NC 27893

(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 July 19, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 deceased client.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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 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.	V 108		

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V 108	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 3 audited staff (#2). The findings are: Review on 7/14/22 of staff #2's personnel record revealed: -Hire date 7/10/20. -Job: Direct Care Professional. Review on 7/14/22 of a Certification of Completion for CPR and First Aid for staff #2 revealed: -Date Completed 4/2/20. -Valid for 2 years. Interview on 7/14/22 staff #2 stated: -She worked at the group home for 2 years. -She had CPR/First Aid training from her previous employer. -She had not received CPR/First Aid training with the group home. Interview on 7/14/22 the Qualified Professional stated: -He was not aware staff #2 training had expired. -He would ensure staff #2 was signed up for next	V 108		

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V 108	Continued From page 2 CPR/First Aid training. Interview on 7/14/22 the Residential Director stated: -Staff #2 would be trained in CPR/First Aid.	V 108		
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. (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.	V 118		

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to administer medications as ordered by the physician, and maintain an accurate MAR affecting 1 of 3 clients audited (#4). The findings are: Review on 7/14/22 of client #4's record revealed: -68 year old male. -Admitted on 8/11/11. -Diagnoses of Intellectual Disability Severe, Cerebral Palsy, Heart Condition and Vision Loss. Review on 7/14/22 and 7/19/22 of client #4's physician records revealed: -No order for the following medications: Anti-Diarrhea 2 milligram (mg) every 8 hours PRN (as needed). (diarrhea) APAP/Codeine #3 tablet every 4 hours PRN. (pain) Ibuprofen 600mg tab 4 times daily PRN. (pain) Lidocaine 2% Viscous solution 20mg/ml (milliliter)every 3 hours PRN. (pain) Milk of Magnesia 400mg 30ml daily PRN. (constipation) Probiotic cap daily PRN (supplement) Zolpidem 5mg at bedtime PRN. (insomnia) Review on 7/14/22 of client #4's MARs from April 2022 to July 13, 2022 revealed: -Anti-Diarrhea 2mg, APAP/Codeine #3, Ibuprofen 600mg, Lidocaine 2% Viscous solution, Milk of Magnesia 400mg, Probiotic cap and Zolpidem 5mg were listed as PRN medications.	V 118		

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V 118	Continued From page 4 Observation on 7/14/22 at approximately 11:45am of client #4's medications revealed: -Anti-Diarrhea 2mg, APAP/Codeine #3, Ibuprofen 600mg, Lidocaine 2% Viscous solution, Milk of Magnesia 400mg, Probiotic cap and Zolpidem were not available onsite for review. Interview on 7/14/22 client #4 stated: -He had received his medications daily. Interview on 7/14/22 and 7/19/22 the Qualified Professional stated: -Client #4 had a medical appointment on 7/18/22. -Client #4's physician renewed all his current orders at his appointment. -The physician had renewed all client #4's PRN medications. -Client #4 had not taken any of the PRN medications listed. -He would follow up with client #4's physicians about PRN medications.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive	V 736		

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V 736	Continued From page 5 and orderly manner. The findings are: Observation on 7/13/22 at approximately 3:30pm a tour of the facility revealed: -The back hallway was closed off with clear plastic lining to the clients. The bottom half of the wall beneath the crown molding had the sheet rock torn out and exposed the frame and pipes. Above the crown molding there was a 2 x 2 missing piece of sheet rock. There was ply board laid on the floor and sheet rock leaned against the opposite wall. -The 2nd full bathroom shower had brown/black stains between the tiles in the corner of the shower. The paint beside the toilet and behind the toilet was discolored and peeling. Client #3's bedroom window was missing a window screen. Client #4's bedroom window blinds had broken slates. There was a missing knob from his dresser. Interview on 7/14/22 the Qualified Professional stated: -The back hallway was closed off to the clients. -The 2nd full bathroom had a leak that went under the floor. -The hallway had been in that phase since around September. -He was in contact with the landlord and had estimates to have the wall repaired. -He was still in the process of getting everything set up for client #3 to include window screen. -The facility would replace the blinds in client #4's bedroom. Interview on 7/14/22 the Residential Director stated: -It had taken a while for the repairs to be completed.	V 736		

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V 736	Continued From page 6 -The facility was working with the landlord and their contact changed often.	V 736		