

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2022
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NAME OF PROVIDER OR SUPPLIER WESTGLEN ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD DURHAM, NC 27705
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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 September 6, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for six bed and currently has a census of six. The survey sample consisted of audits of three current clients.</p>	V 000		
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. (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 interviews, the facility failed to obtain drug regimen reviews every six months for one of three audited clients (Client #2) who received psychotropic drugs. The findings are:</p>	V 121		

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

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V 121	<p>Continued From page 1</p> <p>Review on 9/1/22 of Client #2's record revealed: -Admission date of 1/1/75. -Diagnoses of Mild Mental Retardation -Physician order dated 4/13/22 for Levetiracetam 1000 milligrams (mg) take one tablet two times a day. -There was no evidence of a current drug regimen review completed within the last six months for Client #2.</p> <p>Interview on 9/2/22 and 9/6/22 with the Qualified Professional revealed: -The document was normally filed in the chart. -She contacted doctor's office to obtain a copy and was awaiting a callback. -The doctor office could not provide a copy of the drug review for Client #2. -She confirmed the facility failed to obtain drug regimen reviews every six months.</p>	V 121		