

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL098-167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 04/21/2023
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NAME OF PROVIDER OR SUPPLIER  WILSON COUNTY GROUP HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1502 PINEVIEW AVENUE WILSON, NC 27893
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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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 21, 2023. The complaint was unsubstantiated (Intake #NC00200262). A deficiency was 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 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118	<p>V118</p> <p>QM Director notified all managers via email of Process Improvement action plan.</p> <p>Effective 5/1, If monthly batch meds are not received 3 days prior to the established delivery date, the manager will inform Blue Ridge they will need to contact the backup pharmacy to complete a partial fill.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAY 04 2023</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	5/1/23

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Leslie Flowers, Smr. QM Director*

TITLE  
4/28/23

(X6) DATE

Division of Health Service Regulation

STATE FORM

6899

R68911

If continuation sheet 1 of 5

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to administer medications as ordered by the Physician affecting 2 of 3 audited clients (#3 and #6) and to keep the MARs current for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 4/20/23 of client #3's record revealed: - 26-year-old admitted 7/26/16.</p> <ul style="list-style-type: none"> <li>- Diagnoses included Intellectual/Developmental Disability, mild; Schizoaffective Disorder, bi-polar type.</li> <li>- Physician's orders signed 9/01/22 for the following: Benztropine (treats side effects of other medications) 1 milligram (mg) 1 tablet at bedtime Fluticasone (allergy symptoms) 50 micrograms (mcg) 2 sprays each nostril daily Hydrochlorothiazide (HCTZ) (high blood pressure) 25 mg 1 tablet every morning Loratadine (antihistamine) 10 mg 1 tablet daily Norethindrone (birth control, menstrual problems, endometriosis) 0.35 mg 1 tablet daily Therems-M (multi-vitamin) 1 tablet daily Triamcinolone 0.1% Ointment (eczema,</li> </ul>	V 118		
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V 118	<p>Continued From page 2</p> <p>dermatitis) "apply topically to scalp and skin every day . . ."</p> <ul style="list-style-type: none"> <li>- No physician's order for Triamcinolone 0.1% Ointment to be applied as needed.</li> </ul> <p>Review on 4/20/23 of client #3's MARs for February - April 2023 revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for Triamcinolone 0.1% Ointment "apply eternally twice daily as needed."</li> <li>- Transcriptions for other medications as listed above.</li> <li>- Circled staff initials for 4/01/23 7:00 am administrations of benztropine, fluticasone, HCTZ, loratadine, norethindrone, Therems-M, and Triamcinolone 0.1% ointment with documented ". . . Exceptions . . . Medication Unavailable . . ." for each of the above medications.</li> <li>- Blank 2/01/23 for norethindrone with no documented explanation.</li> </ul> <p>Observation on 4/20/23 at 3:00 pm of client #3's medications on hand revealed:</p> <ul style="list-style-type: none"> <li>- Benztropine 1 mg 1 tablet at bedtime.</li> <li>- Fluticasone 50 mcg 2 sprays each nostril daily.</li> <li>- HCTZ 25 mg 1 tablet every morning.</li> <li>- Norethindrone 0.35 mg 1 tablet daily.</li> <li>- Therems-M 1 tablet daily.</li> <li>- Triamcinolone 0.1% ointment apply twice daily as needed.</li> </ul> <p>During interview on 4/20/23 client #3 stated:</p> <ul style="list-style-type: none"> <li>- She self-administered her medications.</li> <li>- She took "4 pills in the morning and 2 at night."- Her medications were available "almost every day unless the pharmacy messes up."</li> </ul> <p>Review on 4/20/23 of client #6's record revealed: - 41-year-old admitted 2/09/09.</p> <ul style="list-style-type: none"> <li>- Diagnoses included Intellectual/Developmental</li> </ul>	V 118	
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V 118	<p>Continued From page 3</p> <p>Disability, moderate; Type 2 Diabetes; and Hypertension.</p> <p>- Physician's orders signed 1/12/23 for the following: Aspirin (prevents heart attacks and strokes) 81 mg 1 tablet every morning Farxiga (diabetes) 5 mg 1 tablet daily Ferrous sulfate (iron deficiency) 325 mg 1 tablet daily Fish Oil (heart health) 1000 mg 1 capsule twice daily Flovent (asthma) 44 mcg 1 puff twice daily Loratadine 10 mg 1 tablet daily Metformin (diabetes) 500 mg 2 tablets daily Sertraline (depression) 25 mg 1 tablet daily Vitamin D3 (vitamin deficiency) 2000 international units (iu) 1 capsule twice daily Check blood pressure twice daily Weigh monthly.</p> <p>Review on 4/20/23 of client #6's MARs for February - April 2023 revealed:</p> <p>- Transcriptions as listed above.</p> <p>- Circled staff initials for 4/01/23 7:00 am administrations of aspirin, Farxiga, ferrous sulfate, fish oil, Flovent, loratadine, Metformin, sertraline, and vitamin D3; and for 4/01/23 7:00 am blood pressure check and monthly weight check; with documented ". . . Exceptions . . . Medication Unavailable" for each medication. - Circled staff initials for 3/01/23 7:00 am administrations of loratadine, Metformin, sertraline, and vitamin D3 with documented ". . . Exceptions . . . Medication Unavailable . . ." for each medication.</p> <p>Observation on 4/20/23 at 2:45 pm of client #6's medications on hand revealed:</p> <p>- Aspirin 81 mg 1 tablet every morning.</p> <p>- Farxiga 5 mg 1 tablet daily.</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Ferrous sulfate 325 mg 1 tablet daily.</li> <li>- Fish Oil 1000 mg 1 capsule twice daily.</li> <li>- Flovent 44 mcg 1 puff twice daily.- Loratadine 10 mg 1 tablet daily.</li> <li>- Metformin 500 mg 2 tablets daily.</li> <li>- Sertraline 25 mg 1 tablet daily.</li> <li>- Vitamin D3 2000 iu 1 capsule twice daily.</li> </ul> <p>During interview on 4/20/23 client #6 stated:</p> <ul style="list-style-type: none"> <li>- She self-administered her medications.- Her medications were available "most of the time."</li> <li>- The pharmacy sometimes delivered medication late.</li> <li>- If a medication was delivered late, she would take it late.</li> </ul> <p>During interviews on 4/20/23 and 4/21/23 the Group Home Manager/Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She was responsible for reconciling medications delivered by the pharmacy against the transcriptions on the MARs and the Physicians' orders.</li> <li>- Medications were always available unless the pharmacy failed to deliver them.</li> <li>- The facility recently changed to a new pharmacy because the previous pharmacy delivered medications late.</li> <li>- When medications were not delivered in time for administration she did an incident report and contacted the pharmacy or the physician for instructions.</li> <li>- The facility had no further issues with medication delivery since the pharmacy change.</li> </ul>	V 118		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

*\* See Attached Plan of Correction*

April 26, 2023

Heather Humphrey-Greer  
Licensing and Regulatory Coordinator  
Easter Seals UCP North Carolina & Virginia, Inc.  
5171 Glenwood Avenue Suite 211  
Raleigh, NC 27612

Re: Annual, Complaint and Follow-Up Survey completed 4/21/23  
Wilson County Group Home #4, 1502 Pineview Avenue, Wilson NC 27896  
MHL # 098-167  
E-mail Address: [heather.humphrey-greer@eastersealsucp.com](mailto:heather.humphrey-greer@eastersealsucp.com);  
[tomeka.savage@eastersealsucp.com](mailto:tomeka.savage@eastersealsucp.com)  
Intake #NC00200262

Dear Ms. Humphrey-Greer:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow-up survey completed April 21, 2023. The complaint was unsubstantiated.

As a result of the follow-up survey, it was determined that the deficiency is now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find the deficiency 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 the 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 deficiency found, the time frame 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 deficiency must be **corrected** within 60 days from the exit of the survey, which is June 20, 2023.

**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

April 25, 2023  
Wilson County Group Home #4  
Easter Seals UCP North Carolina & Virginia, Inc.

**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.***

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 Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[dhhs@vayahealth.com](mailto: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