

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIXON ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3520 DIXON ROAD DURHAM, NC 27707</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 8, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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.</p> <p>(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> <p>(E) name or initials of person administering the drug.</p>	V 118	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>AUG 18 2023</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	

Division of Health Service Regulation

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

*Elizabeth Scott*

TITLE

*Executive Director*

(X6) DATE

*8/15/23*

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 interviews, the facility failed to administer medications as ordered affecting one of three audited clients (#2). The findings are:</p> <p>Review on 8/7/23 of client #2's record revealed: -Admission date of 8/14/81. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Scoliosis, Allergies and Hypertension. -Physician's order dated 10/10/22 for Enalapril 5 milligrams (mg) (High Blood Pressure), one tablet daily.</p> <p>Observation on 8/7/23 of the medication container for client #2 at approximately 11:58 am revealed: -There were 3 bottles of Enalapril medication. -Bottle with dispense date 7/21/23-There were 5 mg tablets inside of bottle. Label had take 5 mg tablet once daily -Bottle with dispense date 5/1/23-There were 5 mg tablets inside of bottle. Label had take 5 mg tablet once daily. -Bottle with dispense date 4/6/23-There were 10 mg tablets inside of bottle. Label had take one half of pill (5 mg) tablet once daily.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 8/7/23 of the August 2023 MAR for client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Enalapril 10 mg, take one tablet twice a day was listed.</li> <li>-Staff initials indicated the Enalapril 10 mg was administered twice a day.</li> <li>-Enalapril 10 mg was administered on 8/1 thru 8/7 am and 8/1 thru 8/6 pm.</li> </ul> <p>Interview on 8/7/23 with a Pharmacy Technician revealed:</p> <ul style="list-style-type: none"> <li>-She had a physician's order dated 10/10/22 on file for client #2 to take Enalapril 5 mg once a day.</li> <li>-The medication was last filled on 7/21/23 and picked up by staff on 7/27/23.</li> </ul> <p>Interview on 8/7/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She knew there was an issue with client #2's Enalapril medication.</li> <li>-The August 2023 MAR had give Enalapril 10 mg twice a day, however the medication label on the bottles had give 5 mg.</li> <li>-She called the doctor's office and the call was never returned.</li> <li>-She thought she called the doctor on 8/2/23. She also called again this last past weekend about the medication for client #2.</li> <li>-"They normally give clients the medication as it is listed on the MAR."</li> <li>-She knew client #2 was getting Enalapril 10 mg twice a day in August 2023 because that was the way it was listed on the MAR.</li> <li>-She was giving client #2 Enalapril from the two bottles with the 5/1/23 and 4/6/23 dispense dates.</li> <li>-She confirmed the facility failed to ensure the medication as administered as ordered.</li> </ul> <p>Interview on 8/8/23 with the Executive Director revealed:</p>	V 118		

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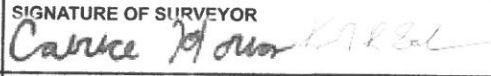
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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-She did not know staff were administrating client #2's Enalapril incorrectly until the Assistant Director brought it to her attention on 8/7/23.</li> <li>-Staff #1 did client #2's MAR for August 2023 and added the prescribed medications.</li> <li>-She did not review the August 2023 MAR for client #1 after staff #1 completed it to check for errors.</li> <li>-She confirmed the facility failed to ensure the medication as administered as ordered.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL032-267	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/8/2023
NAME OF FACILITY DIXON ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3520 DIXON ROAD DURHAM, NC 27707	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0119	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0209 (D)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/08/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 8/8/23
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/6/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

# Durham County Community Living Programs, Inc.

Post Office Box 51159  
Durham, N.C. 27717-1159  
(919) 489-0682

Dixon Road Group Home  
MHL # 032-267

Plan of Correction to Survey Completed August 8, 2023

## V 119 27G .0209 (C) Medication Requirements:

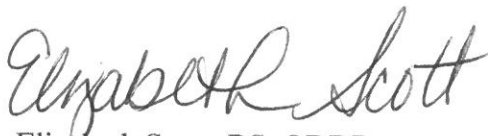
Facility staff failed to administer medication as ordered affecting one of three clients audited.

To Correct the Deficiency: Staff corrected the MAR, having received clarification from the doctor and pharmacy. The medication has been given correctly since the date of the survey. The Director reviewed with the staff the current policy for verifying the label to the order and to the MAR. Staff had signed off that this had been done, but had not received needed confirmation from the doctor's office as to the correct dosage. We discussed that this should have been reported to the supervisor since a call had not been received back from the doctor's office. Staff was retrained on the policy and procedure.

To Prevent the Deficiency from Occurring Again: DCCLP has a system in place in which the QP for the program verifies the MAR against the order and labels before each month for accuracy. In this case, this was a new QP to DCCLP, although she has years of experience. We should have followed up with her to make sure she did not have questions, and that all parts matched. We will do this in the future with new supervisors. Following the supervisor check, each staff coming into the home who will be administering the medication have to review the MAR versus the order versus the label, and sign off that they have done so. This way, the MAR will be checked by each staff person, verifying that they have checked for correctness, and understand their legal responsibilities for administering medication.

Who will Monitor: Supervisors (Division Directors) are responsible for monitoring medications each month, at the beginning of each month prior to medications being administered by direct care staff. The nurse that we use comes quarterly to monitor. Staff are trained to contact a supervisor if they have a question regarding a medication. Medication administration training takes place annually for all staff.

How Often the Monitoring will Take Place: Monthly and as needed.



Elizabeth Scott, BS, QDDP  
Executive Director  
August 15, 2023



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 14, 2023

Elizabeth Scott  
Durham County Community Living Programs, Inc.  
P.O. Box 51159  
Durham, NC 27717

Re: Annual and Follow Up Survey completed August 8, 2023  
Dixon Road Group Home, 3520 Dixon Road, Durham, NC 27707  
MHL # 032-267  
E-mail Address: [ewscott@dcclp.org](mailto:ewscott@dcclp.org)

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 8, 2023.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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**

- Re-cited standard level deficiencies.

#### **Time Frames for Compliance**

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is September 7, 2023.

#### **What to include in the Plan of Correction**

#### **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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 14, 2023  
Dixon Road Group Home  
Ms. Scott

- 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 Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section



Catrice Horton  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org  
Maggie Cveticanin, Director, Durham County DSS  
Pam Pridgen, Administrative Supervisor