STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL091-116	A. BUILDING: _____ B. WING _____	R 02/07/2024

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GRAHAM AVENUE GROUP HOME	1642 GRAHAM AVENUE HENDERSON, NC 27536

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 2/7/24. 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 is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a client record for 1 of 3 audited clients (#4). The findings are: Review on 2/6/24 of client #4's record revealed: - admitted 7/8/20 - diagnoses: Mild Intellectual Developmental Disability , Major Depression, Anxiety Disorder and Cerebral Palsy - the facility's form labeled "physician's contact form" revealed the following: - "statement of the problems/reason for contact" for the physician to complete - 2 facility of the physician's contact forms with the following information: - 10/17/24: "Anxiety & Insomnia- will continue medications..." signed by physician #1 - 1/30/24: "will continue current medications	V 113		

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V 113	Continued From page 2	V 113		

and will send prescriptions to pharmacy" signed by physician #2
- no documentation of services provided from either medical providers

During interview on 2/6/24 the Group Home Manager reported:
- she started work at the facility December 2023
- client #4's mom took her to the physician appointments without staff
- she recently requested client #4's mom to bring documentation of the visits from the physician's appointments
- client #4's mom only submitted the 10/17/23 & 1/20/24 physician appointments to the facility
- she was unsure who the physicians were listed on the 10/17/24 & 1/30/24 physician contact forms
- she was not sure what services were provided during the 10/17/23 & 1/30/24 physician's visit
- was not able to locate any other physician visits for client #4

During interview on 2/6/24 the Team Lead reported:
- had worked at the facility for years
- would ask for documentation from client #4's mom when she took her to medical visits
- mom would inform her "she does not want them (staff) in their business"

During interview on 2/7/24 the Qualified Professional reported:
- had a meeting with client #4's mom during the last treatment team meeting (4/13/23)
- informed client #4's mom documentation from medical visits needed to be given to staff
- was not aware staff did not receive

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V 113	Continued From page 3 documentation from client #4's mom regarding medical visits - would follow up with staff	V 113		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 4 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 3 of 3 current clients (#1, #2 & #4)'s medications had packaging labels. The findings are: Review on 2/6/24 of client #1's record revealed: - admitted 6/18/01 - diagnoses: Intellectual Developmental Disorder (IDD), Seizure Disorder & Hyperlipidemia - the following orders listed as follows: - 10/21/22: Loratadine 10mg (milligrams) daily - 1/23/23: Phenytoin 100mg 3 bedtime (qhs) - 10/21/22: Atorvastatin 40mg daily - 8/24/22: Oxybutynin 10mg daily - 9/22/22: Losartan/HCTZ 100-25 daily - 12/20/22: Bupropion 150mg daily Review on 2/6/24 of client #2's record revealed: - admitted 1/10/98 - diagnoses: Severe IDD - a FL2 dated 7/18/23 listed the following medications: - Fish Oil 1200mg daily - Melatonin 10mg qhs - Cetirizine 10mg qhs - Fluoxetine 10mg daily - Olanzapine 10mg morning - Trazadone 150mg 2 qhs - Benztropine .5mg twice day Review on 2/6/24 of client #4's record revealed: - admitted 7/8/20 - diagnoses: Mild Intellectual Developmental Disability , Major Depression, Anxiety Disorder and Cerebral Palsy - FL2 dated 7/28/23 listed the following medications:	V 117		

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V 117	Continued From page 5 - Escitalopram 20mg daily - Melatonin 5mg qhs - Bupropion 150mg daily Observation on 2/6/24 between 1:07pm - 3:02pm of client #1, #2 & #4's medication bin revealed: - pre-packaged pills of different sizes & colors in individualized blister packs on a pill roll - the client's name - prescriber's name - current dispense date - name, strength, quantity, and expiration date of the prescribed drug - name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner During interview on 2/6/24 the Group Home Manager reported: - the pre-packaged pills came from the pharmacy in a white box - she was trained by the Lead Staff to throw the white box in the trash after the pre-packaged pills were removed During interview on 2/6/24 the Lead Staff reported: - the pre-packaged pills came in a white box with no medication label During interview on 2/7/24 the Executive Director reported: - staff worked with the pharmacy to get medication labels on the white box of the pre-packaged pills	V 117		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS	V 291		

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V 291	Continued From page 6 (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 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. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain coordination between the facility operator and the qualified professionals responsible for treatment/habilitation for 1 of 3 audited clients (#4). The findings are:	V 291		

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V 291	Continued From page 7	V 291		

Review on 2/6/24 of client #4's record revealed:
- admitted 7/8/20
- diagnoses: Mild Intellectual Developmental Disability , Major Depression, Anxiety Disorder and Cerebral Palsy
- the facility's form labeled "physician's contact form" revealed the following:
- "statement of the problems/reason for contact" for the physician to complete
- 2 facility of the physician's contact forms with the following information:
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- she was not sure what services were provided during the 10/17/23 & 1/30/24 physician's visit
- was not able to locate any other physician visits for client #4

During interview on 2/7/24 the Executive Director reported:
- staff would accompany client #4 to her medical appointments

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