STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL091-117	A. BUILDING: _____ B. WING _____	R 02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE AVENUE GROUP HOME	264 S BECKFORD DRIVE HENDERSON, NC 27536

(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 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 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	V 117		

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V 117	Continued From page 1 practitioner. 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, #3 & #4)'s medications had packaging labels. The findings are: Review on 2/2/24 of client #1's record revealed: - admitted 3/6/15 - diagnoses: Intellectual Developmental Disorder (IDD), Alcohol Abuse & Traumatic Brain Injury - a FL2 dated 4/4/23: - Propranolol 40mg (milligram) daily - Escitalopram 20mg daily - Melatonin 3mg bedtime (qhs) - Bupropion 150mg daily Review on 2/2/24 of client #3's record revealed: - admitted 11/22/21 - diagnoses: Cerebral Palsy, Attention Deficit Hyperlipidemia, Hypothyroidism and Obsessive Compulsive Disorder - FL2 dated 11/8/23 revealed the following: - Divalproex 500mg morning & 3 qhs - Ezetimibe 10mg daily - Fenofibrate 48mg daily - Gabapentin 300mg 3 qhs - Haloperidol 1mg daily - Metformin 500mg afternoon - Pantoprazole 40mg daily Review on 2/2/24 of client #4's record revealed:	V 117		

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V 117	Continued From page 2 - admitted 10/1/97 - diagnoses: Moderate Intellectual Developmental Disability & Bipolar - FL2 dated 1/30/24 revealed the following: - Aripiprazole 15mg daily - Divalproex 250mg qhs - Quetiapine 200mg morning - Quetiapine 300mg 2 qhs - Pravastatin 80mg qhs Observation on 2/2/24 between 11:16am - 12:53pm of client #1, client #3 & client #4's medication bin revealed: - pre-packaged pills of different sizes & colors in individualized blister packs on a pill roll - the pill roll was located in a white box - the white box did not have a medication label that identified the following: - 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 2/2/24 the Supervisor reported: - she spoke with the pharmacy representative today regarding medication labels for the pre-packaged pills - the pharmacy representative will complete labels for the pre-packaged pills	V 117		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum	V 290		

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V 290	Continued From page 3 numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and	V 290		

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V 290	Continued From page 4 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 clients (#1) treatment plan was reviewed as needed but not less than annually to ensure the clients continued to be capable of remaining in the community without supervision for specified periods of time. The findings are: Review on 2/2/24 of client #1's record revealed: - admitted 3/6/15 - diagnoses: Intellectual Developmental Disorder, Alcohol Abuse & Traumatic Brain Injury - a treatment plan dated 8/10/23: what's important to client #1: "to have a job and working...in the process of getting a job..." - no documentation of unsupervised time in the community During interview on 1/31/24 client #1 reported: - he worked at a restaurant on Mondays, Tuesdays and Fridays During interview on 2/7/24 the Qualified Professional reported: - client #1 stopped working at the restaurant during the pandemic - he recently started back to work at the restaurant and he forgot to add unsupervised time to client #1's treatment plan	V 290		