STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-041	A. BUILDING: _____ B. WING _____	R 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

(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 November 15, 2023. 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 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are: Review on 11/9/23 of the facility's fire and	V 114		

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V 114	Continued From page 1 disaster drill logs dated 3/16/23 to 10/16/23 revealed: -There were no fire or disaster drills conducted on 2nd or 3rd shift for the 2nd quarter (April, May, June) of 2023. -There were no fire or disaster drills conducted on 3rd shift for the 3rd quarter (July, August, September) of 2023. Interview on 11/9/23 with Client #1 revealed: -He completed fire drills every month. -The facility did not complete any disaster drills. -"The last one was probably last year" for disaster drills. Interview on 11/9/23 with Client #3 revealed: -The facility completed fire drills. -The facility did not complete disaster drills. Interviews on 11/9/23 and 11/15/23 with the Executive Director revealed: -The facility operated under three shifts. -First shift was from 8:00am to 4:00pm. -Second shift was from 4:00pm to 12:00am. -Third shift was from 12:00am to 8:00am. -"We complete fire and disaster drills once a month." -When asked about the missing fire and disaster drills he replied "No comment." -He was aware that fire and disaster were to be completed quarterly on all three shifts at the facility. This deficiency has been cited 3 times since the original cite on 5/27/22 and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements	V 118		

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	MHL053-041	A. BUILDING: _____ B. WING _____	R 11/15/2023

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LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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V 118	Continued From page 2 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to keep the MARs	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-041	A. BUILDING: _____ B. WING _____	R 11/15/2023

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LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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V 118	Continued From page 3 current affecting three of three audited clients (#1, #2 and #3). The findings are: a. Review on 11/13/23 of client #1's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual Disability, Schizophrenia-Paranoid type, Diabetes Type II, Chronic Kidney Disease (CKD), High Blood Pressure, High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease and Gastroparesis. Observation on 11/13/23 at approximately 10:50 am of client #1's medication revealed: -A medication packet that contained Cinacalcet 60 milligrams (mg) (CKD). Review on 11/13/23 of a physician's order dated 8/23/23 revealed: -Cinacalcet 60 mg, one tablet with every meal. Review on 11/13/23 of client #1's November 2023 MAR revealed: -The Cinacalcet was listed as 90 mg, one tablet with every meal. -Staff were initialing they were administering 90 mg of Cinacalcet 11/1 thru 11/12 for all 3 meals and 11/13 for breakfast. b. Review on 11/8/23 of client #2's record revealed: -Admission date of 6/30/89. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Hypertension and Hyperlipidemia. Review on 11/9/23 of client #2's physician's orders dated 3/27/23 revealed: - Sertraline 100 mg (Depression), one tablet daily.	V 118		

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	MHL053-041	A. BUILDING: _____ B. WING _____	R 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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V 118	Continued From page 4 - Fish Oil 1200 mg (Hypertriglyceridemia), 2 capsules twice daily. -Tegretol Extended Release (ER) 400 mg (Seizure Disorder), one tablet twice daily. - Depakote Delayed Release (DR) 500 mg (Seizure Disorder), one tablet twice daily. Review on 11/9/23 of the September 2023 MAR for client #2 revealed: No staff initials as administered for the following medications: Sertraline 100 mg on 9/30 Fish Oil 1200 mg on 9/8, 9/10, 9/24 and 9/30 pm doses Tegretol ER 400 mg on 9/30 am dose Depakote DR 500 mg on 9/8, 9/10, 9/24 and 9/30 pm doses c. Review on 11/8/23 of client #3's record revealed: -Admission date of 2/4/17. -Diagnoses of Moderate Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder and History of Seizure Disorder. Review on 11/9/23 of client #3's physician's orders dated 3/23/23 revealed: -Quetiapine ER 200 mg (Schizophrenia), one tablet every evening. -Hydroxyzine HCL 50 mg (Anxiety), one tablet at bedtime. Review on 11/9/23 of the September 2023 MAR for client #3 revealed: No staff initials as administered for the following medications: -Quetiapine ER 200 mg on 9/8, 9/10 and 9/24	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-041	A. BUILDING: _____ B. WING _____	R 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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V 118	Continued From page 5 -Hydroxyzine HCL 50 mg on 9/30 Interviews on 11/9/23 and 11/13/23 with the Executive Director revealed: -The Cinacalet was prescribed to client #1 through the Dialysis Center. -He didn't realize the order and what was written on the MAR did not match. -Clients got their medications daily. -Staff were possibly not signing off to indicate the medication was given. -"I have no explanation for the reason staff did not sign off on those days for [client #2] or [client #3]." -He confirmed the MARs were not kept current for clients #1, #2 and #3. This deficiency has been cited 3 times since the original cite on 5/27/22 and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility on 11/9/23 at approximately 12:20pm revealed: -The bottom panel of the refrigerator was missing. -Exposed wires under the refrigerator were	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 6 covered in grey dust. -Bathroom #2 's exhaust vent had 3 rust marks approximately 2 inches in length. -Bathroom #2's sink was slow to drain when running the water continuously. -Peeling paint towards the bottom of the wall the floorboard approximately 8 inches in length. -Bathroom #1's toilet basin had 3 circular nickel sized brown stains. Interview on 11/15/23 with the Executive Director revealed: -A contractor completed maintenance requests for the facility. -Met once a month with the contractor to go over maintenance of the facility. -He was aware of the maintenance issues in the facility. This deficiency has been cited 3 time(s) since the original cite on 5/27/22 and must be corrected within 30 days.	V 736		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL053-041 Y1	A. Building B. Wing Y2	11/15/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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 V0107	Correction	ID Prefix V0108	Correction	ID Prefix V0109	Correction
Reg. # 27G .0202 (A-E)	Completed	Reg. # 27G .0202 (F-I)	Completed	Reg. # 27G .0203	Completed
LSC	11/15/2023	LSC	11/15/2023	LSC	11/15/2023
ID Prefix V0133	Correction	ID Prefix V0536	Correction	ID Prefix	Correction
Reg. # G.S. 122C-80	Completed	Reg. # 27E .0107	Completed	Reg. #	Completed
LSC	11/15/2023	LSC	11/15/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
				11/15/23
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE** Facility Compliance Consultant I	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/27/2022	☐ YES ☐ NO

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 4, 2023

Jeremy Baldwin
Lee County Group Homes, Inc.
P.O. Box 1373
Sanford, NC 27330

Re: Annual and Follow up Survey completed November 15, 2023
Lee County Group Home II, 2412 Knollwood Drive, Sanford, NC 27330
MHL # 053-041
E-mail Address: leecountygrouphomes@windstream.net

Dear Mr. Baldwin

Thank you for the cooperation and courtesy extended during our Annual and Follow up survey completed 11/15/23. This survey was conducted as a result of the deficiencies cited during the February 23, 2023 survey.

As a result of the follow up survey, it was determined that all of the following deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

- 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) – Imposed Type B
- 10A NCAC 27G .0202 Personnel Requirements (V107) – Cross Referenced
- 10A NCAC 27G .0202 Personnel Requirements (V108) – Cross Referenced
- G.S. 122C-80 Criminal History Record Check (V133) – Cross Referenced
- 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) – Cross Referenced

Due to the above information, the Imposed type B cited in 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) is back into compliance.

Although the reviewed deficiencies are now in compliance, you remain responsible for payment of penalties levied against Lee County Group Homes, Inc. during the Follow up completed August 19, 2022.

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 deficiencies must be ***corrected*** within 30 days from the exit of the survey, which is 12/15/23.

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 Bryson Brown at 919-855-3822.

Sincerely,

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

Sylvia Jarrett

Sylvia Jarrett
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

_DHSR_Letters@sandhillscenter.org
Takishia McMiller, Director, Lee County DSS
Pam Pridgen, Administrative Supervisor

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

December 4, 2023

Jeremy Baldwin, Executive Director
Lee County Group Homes, Inc.
P.O. Box 1373
Sanford, North Carolina 27330

RE: Type B Administrative Penalty Amount
Lee County Group Home II, 2412 Knollwood Drive, Sanford, NC 27330
MHL # 053-041
E-mail Address: leecountygrouphomes@windstream.net

Dear Mr. Baldwin:

Based on the findings of this agency from a survey completed May 27, 2022, we found that Lee County Group Homes, Inc. operated Lee County Group Home II in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities and Substance Abuse Services.

In response to the Statement of Deficiencies that was generated as a result of the survey, the facility was to have the deficient practice corrected by July 11, 2022. A follow-up survey of the facility was performed on February 23, 2023 and it was determined the deficiency remained out of compliance with 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109).

Another follow-up survey was performed on November 15, 2023 and it was determined that the facility is now in compliance with 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109). After a review of the findings, this office is planning the following action:

Type B Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is imposing an administrative penalty of $200.00 against Lee County Group Homes, Inc. for each day the deficiency remained out of compliance beyond the 45th day of the survey (July 11, 2022). The November 15, 2023 follow-up survey found the deficiency to be back in compliance as of March 18, 2023. Our office has determined the facility

was out of compliance with the deficiency a total of 250 days which brings the penalty amount to $50,000.00. Payment of the penalty is to be made to the Division of Health Service Regulation. Mail your payment to the following address:

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based are set out in the May 27, 2022 and February 23, 2023 Statement of Deficiencies for Lee County Group Home II.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the OAH is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Julie Cronin, General Counsel. This person may receive service of process by mail at the following address:

Ms. Julie Cronin, General Counsel

Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action.*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 919-630-5591 within thirty (30) days of the mailing of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Renee Kowalski, Eastern Branch Manager at 919-630-5591.

Sincerely,

Robin Sulfridge, Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov
specialassistanceadmin@dhhs.nc.gov
Medicaid.dhsr.notice@dhhs.nc.gov
accreditationNotifications@nctracks.com
DHSR_Letters@sandhillscenter.org
Takishia McMiller, Director, Lee County DSS
Pam Pridgen, Administrative Supervisor