· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL024-104	B. WING			2/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURKHE	AD GROUP HOME		BURKHEAI LE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
		w up survey was completed 4. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 6 and currently has a irvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person a drugs.  (2) Medications shat clients only when at client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength,  (C) instructions for (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Ininistration Record (MAR) of led to each client must be kept s administered shall be ely after administration. The				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL024-104	B. WING		02/02	2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BURKHE	EAD GROUP HOME		BURKHEAILE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	checks shall be rec	for medication changes or orded and kept with the MAR appointment or consultation				
	interviews, the facili medications on the and failed to keep t	et as evidenced by: views, observations and ty failed to administer written order of a physician he MARs current affecting s (#1, #4, #6). The findings				
	-64 year old maleAdmitted on 10/6/1 -Diagnoses of Schi. Developmental Disa Hypertension, Histor	zophrenia, Mild Intellectual				
	order dated 6/8/23	f client #1's signed physician revealed: 5 milligram (mg) inhale 1 puff				
	1:00pm of client #1	/24 between 12:40pm - ls medications revealed: 5 mg inhaler was not available				
	Interview on 2/1/24	client #1 stated he received				

his medications daily. Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			D. WING			٦
		MHL024-104	B. WING		02/0	02/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURKHE	EAD GROUP HOME		BURKHEAI LE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM OF T	OULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	-65 year old maleAdmitted on 6/15/2 -Diagnoses of Deve Unspecified, Hyper -No signed physicia Cream twice daily.	of client #4's record revealed:  23.  elopmental Disability tension and Glaucoma.  an order for Ketoconazole 2%  of client #4's signed physician				
l	order dated 8/24/23	B revealed: .5% 1 drop in each eye twice				
	from 11/1/23 - 2/1/2 blanks: -Combigan 0.2%-0 8pm on 1/1/24, 1/3	and 2/2/24 of client #4's MARs 24 revealed the following 25% was not administered at 1/24, 1/9/24, 1/10/24, 1/13/24, 17/24, 1/19/24, 1/21/24 - 1/31/24.				
	during a review of o	/24 between 1:00pm - 1:30pm client #4 medications revealed: Cream was available onsite for				
	Interview on 2/1/24 his medications dai	client #4 stated he received ily.				
	-34 year old maleAdmitted on 8/9/16 -Diagnoses of Majo to Traumatic Brain Change due to TBI Schizoaffective Dis	or Neurocognitive Disorder due Injury (TBI), Personality				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
					R	
		MHL024-104	B. WING		02/0	2/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BURKHE	EAD GROUP HOME		BURKHEA LE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	Disorder.					
	orders revealed: -1/24/24 - Divalproe morning and 1 table -1/24/24 - Seroquel -3/31/23 - Lithium ( (Depression) -3/31/23 - Lorazepa (Agitation)  Review on 2/1/24 a from 11/1/23 - 2/1/2 blanks: -Divalproex ER 500 1/24/24 (8pm)Seroquel 400 mg o -Lithium Carbonate	150 mg on 1/18/24 (8pm). g on 1/1/24 (8am), 1/23/24				
	Interview on 2/2/24 his medications dai	client #6 stated he received ly.				
	stated: -The clients receive orderedStaff may have for clients received the	aiting on some prescriptions				
	stated: -He had delivered s on 2/1/24.	the Qualified Professional come medications to the facility are available onsite for the				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MIII 024 404	B. WING		F	
		MHL024-104			02/0	2/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S BURKHEAI	STATE, ZIP CODE		
BURKHE	AD GROUP HOME		LE, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				
V 120	27G .0209 (E) Med	ication Requirements	V 120			
	well-lighted, ventilat and 86 degrees Fal (B) in a refrigerator degrees and 46 degreerigerator is used shall be kept in a set or container; (C) separately for e (D) separately for e (E) in a secure mar for a client to self-m (2) Each facility that controlled substance registered under the	age: hall be stored: cked cabinet in a clean, ted room between 59 degrees hrenheit; , if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment ach client; xternal and internal use; hner if approved by a physician hedicate. It maintains stocks of tes shall be currently te North Carolina Controlled S. 90, Article 5, including any				
	interview the facility were stored in a loc	et as evidenced by: on, record review and railed to ensure medications ked container for three of s (#1, #4, #6). The findings				

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL024-104	B. WING		02/0	? 2/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BIIDKHE	AD GROUP HOME	411 WEST	BURKHEA	O STREET		
ВОККПЕ	EAD GROUP HOWE	WHITEVIL	LE, NC 284	72		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 120	Continued From pa	ge 5	V 120			
V 123	Finding #1 Review on 2/1/24 or -64 year old maleAdmitted on 10/6/1-Diagnoses of Schitted Developmental Distribution Hypertension, Historical Colonoscopy and his Finding #2 Review on 2/1/24 or -65 year old maleAdmitted on 6/15/2-Diagnoses of Developmental Distribution Hypertension, Historical Hypertension Hyper	f client #1's record revealed:  16.  zophrenia, Mild Intellectual ability, Insomnia, bry of colon cancer permanent story of seizure disorder.  f client #4's record revealed: 23. elopmental Disability tension and Glaucoma.  f client #6's record revealed: 6. br Neurocognitive Disorder due	V 120			
	Change due to TBI Schizoaffective Discondary to TBI m Disorder.  Observation on 2/1, pm during a tour of -All client medication bookshelfClient #1, client #4 tool boxes were not -Client #3 entered to the Group Home M	order, Psychotic Disorder nixed Intellectual Disability  /24 between 10:50 am - 11:30 the facility revealed: ons stored in tool boxes on a and client #6's medication tocked or secured. he staff's office to speak with				
		were always stored on the				

bookshelf in the staff's office.

STATE FORM 6899 If continuation sheet 6 of 7 D1D611

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
					R
	MHL024-104	B. WING			02/2024
NAME OF PROVIDER OR SUPPLIE			STATE, ZIP CODE		
BURKHEAD GROUP HOME		T BURKHEA LLE, NC 284			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
boxes for client # -The clients were and only stood in Interview on 2/1/. Professional stat -Client medication in a cabinetHe was not away not locked and si	ocks on the medication tool 1, client #4 and client #6. 2 not allowed in the staff's office the doorway. 24 and 2/2/24 the Qualified ed: 2 ns were supposed to be locked are the client medications were	V 120			

Division of Health Service Regulation STATE FORM