

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/07/2024
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NAME OF PROVIDER OR SUPPLIER VANCE ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 941 HWY 158 BY PASS HENDERSON, NC 27536
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 2/7/24. 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p style="text-align: center;">RECEIVED FEB 26 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM 

EXECUTIVE DIRECTOR

2/20/2024

6899

IB8111

If continuation sheet 1 of 7

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement 1 of 3 audited clients (#2) treatment plans. The findings are:</p> <p>Review on 2/7/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 3/1/10 - diagnoses: Moderate Intellectual Developmental Disorder, Congestive Heart Failure, Obesity & Sleep Apnea - a treatment plan dated 7/20/23: will follow a 1500 calorie diet as order by her doctor - Goal data sheet for month of January 2024: regarding 1500 calorie diet: "goal: will select healthy foods over regular food choices... (intervention): staff allow her to pick out healthy foods when packing her lunch ..." <p>During interview on 2/7/24 the Team Leader reported:</p> <ul style="list-style-type: none"> - there was no physician order for client #2 to be on a 1500 calorie diet - she monitored client #2's food intake by portion sizes - she exercised with all the clients <p>During interview on 2/7/24 the Residential Manager II reported:</p> <ul style="list-style-type: none"> - she attended treatment team meetings for client #2 - was not aware client #2 was on a 1500 calorie diet 	V 112		
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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - she reached out to the facility's nurse today & was informed there was not a physician's order for a 1500 calorie diet - was not sure how staff meet the goal of a 1500 calorie diet for client #2 - there was not a 1500 calorie diet menu at the facility - the treatment team will revisit the 1500 calorie diet goal <p>During interview on 2/7/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - had been the QP for the facility since 2014 - the 1500 calorie diet goal had always been in client #2's treatment plan - would not incorporate the goal into the treatment plan, if not instructed by a nurse or a physician's order - staff should be following a 1500 calorie diet menu for client #2 - plan to follow up with staff regarding the 1500 calorie diet 	V 112		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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</p>	V 117		

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V 117	<p>Continued From page 3</p> <p>may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(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.</p> <p>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 & #5) medications had packaging labels. The findings are:</p> <p>Review on 2/7/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/11/22 - diagnoses: Epilepsy, Hypertension, Diabetes, Moderate Intellectual Developmental Disability (IDD) & Morbid Obesity - a FL2 dated 5/24/23 listed the following medications: - Metformin 500mg (milligrams) twice a day - Potassium 10mg daily - Dilantin 100mg morning 400mg bedtime (qhs) - Lisinopril 20mg daily <p>Review on 2/7/24 of client #2's record revealed:</p>	V 117		
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V 117	<p>Continued From page 4</p> <ul style="list-style-type: none"> - admitted 3/1/10 - diagnoses: Moderate IDD, Congestive Heart Failure, Obesity & Sleep Apnea - a FL2 dated 2/6/24 listed the following medications: <ul style="list-style-type: none"> - Furosemide 40mg daily - Aspirin 81mg daily - Diltiazem 120mg daily - Potassium 20mg 3 daily <p>Review on 2/7/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/12/19 - diagnoses: Depressive Episodes & IDD - a FL2 dated 2/6/24 listed the following medications: <ul style="list-style-type: none"> - Lamotrigine 100mg am & 1.5mg bedtime - Trazadone 50mg 2 bedtime qhs - Melatonin 5mg qhs - Loratadine 10mg qhs - Bupropion 300mg daily <p>Observation on 2/7/24 between 10:30am - 12pm of client #1, #2 & #5's medication bin revealed:</p> <ul style="list-style-type: none"> - pre-packaged pills of different sizes & colors in individualized blister packs on a pill roll - the pill roll was in a white box without the following information: <ul style="list-style-type: none"> - 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 <p>During interview on 2/7/24 the Residential Manager II reported:</p> <ul style="list-style-type: none"> - the pharmacy was contacted today - pharmacy agreed to place medication labels 	V 117		
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V 117	Continued From page 5 on the white box that included the pill roll 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 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit. The findings are: Observation on 2/7/24 at 10:16am & 1:46pm revealed the following: - at 10:16am: the kitchen sink water temperature was 90 degrees - at 1:46pm: the kitchen sink was 90 degrees Fahrenheit (F) - the clients' bathroom water temperature was 85 degrees F - bathroom sink in staff's office was 116 degrees F During interview on 2/7/24 the Team Leader	V 752		

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V 752	<p>Continued From page 6</p> <p>reported:</p> <ul style="list-style-type: none"> - she checked water daily - water temperatures were between 100 - 101 <p>During interview on 2/7/24 the Residential Manager II reported:</p> <ul style="list-style-type: none"> - maintenance plan to check the water temperatures on 2/8/24 	V 752		
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626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
252-438-6700 Office
252-438-6720 Fax

February 20, 2024

Mental Health Licensure and Certification Section
NC Department of Health and Human Services
Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Vance Adult Group Home, Located at 941 Hwy 158 Bypass, Henderson, NC 27536. This is in conjunction with MHL #: 091-118.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of April 7, 2024. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director



Plan of Correction – Vance Adult

Date of Correction: April 7, 2024

Deficiency Cited: V112: 10A NCAC 27G.0205. Assessment / Treatment / Habilitation Plan. The facility failed to maintain a client record for 1 of 3 audited clients.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that each client has a maintained client record inclusive of the proper diet orders from the physician if the physician wishes the diet to be modified. The Residential Manager or designated staff will attend physicians' appointments with the client to assure that the proper paperwork is secured per the requirements of the agency's license. The PCP will be revised to meet the current physician recommended diet.

Responsible Parties: Residential Manager, RN, QP, and Executive Director

Correction Date: 4/7/2024

Deficiency Cited: V117: 10A NCAC 27G. 0209. Medication Requirements; Medication packaging and labeling. Packages of client medications will have a label that contains at minimum the client's name, prescriber's name, current dispensing date, clear directions for self-administering, the name, strength, quantity, and expiration date of the prescribed drug, and the name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that each facility has correctly packaged medications. The Residential Manager will contact Medical Arts Pharmacy and advise them that the white box that pre-packaged medications come in MUST have a label PER client. The Residential Manager is not to accept anything less from the pharmacy.

Responsible Parties: Residential Manager, QP and RN.

Correction Date: 4/7/2024

Deficiency Cited: V752: 27G.05603. Hot Water Temperatures. A facility shall ensure that in areas where clients are exposed to hot water, the temperature of the water shall be maintained between 100 – 116 degrees Fahrenheit.


Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that water temperatures are checked daily and if they vary other than 110 – 116, a plumber is called out to adjust it.

The Residential Manager is responsible for reviewing the hot water temperatures no less than monthly and maintaining documentation on the Facility Maintenance Chart.

Responsible Parties: Residential Manager, QP, and Executive Director

Correction Date: 4/7/2024

Provider Signature:

 EXECUTIVE DIRECTOR
2/20/2024