STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-402	A. BUILDING: _____ B. WING _____	R-C 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONWEALTH GROUP HOME	3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205

(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 A complaint and follow up survey was completed on 2/16/24. The complaint was substantiated (Intake #NC00211830). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure treatment plans had consent by responsible party for 3 of 3 current clients (#1, #2, #3). The findings are:

Review on 2/14/24 of Client #1's record revealed:
- Admission date 5/23/19;
- Diagnoses Intellectual Developmental Disorder, Cerebral Palsy, Deaf, Depression, Spinal Cord Injury, Quadriplegia, Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Depressed Mood, excessive menstrual cycles;
- PCP dated 4/13/23 was not signed by the Legal Guardian.

Review on 2/15/24 of Client #2's record revealed:
- Admission date 5/22/19;
- Diagnoses Mild Intellectual Disability, Major Depressive Disorder, Generalized Anxiety Disorder, Cerebral Palsy;
- PCP dated 7/1/23 was not signed by the Legal Guardian.

Review on 2/15/24 of Client #3's record revealed:
- Admission date 12/28/18;
- Diagnoses Moderate Intellectual Development Disorder, Congenital Quadriplegia;
- PCP dated 4/12/23 was not signed by the Legal Guardian.

Interview on 2/16/24 with the Program Manager

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V 112	Continued From page 2 revealed: - Qualified Professional was responsible for the treatment plans. Interview on 2/16/24 with the Qualified Professional revealed: - Unable to provide an explanation to why the treatment plans have not been signed by the guardians; - Planned to meet with the guardians of the clients to have the treatment plans signs. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 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;	V 118		

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V 118	Continued From page 3 (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 record review, observation and interview, the facility failed to ensure medications were administered on a written order of a physician and failed to ensure medications were available for administration affecting 2 of 3 current clients (#1, #2). The findings are: Review on 2/14/24 of Client #1's record revealed: - Admission date 5/23/19; - Diagnoses Intellectual Developmental Disorder, Cerebral Palsy, Deaf, Depression, Spinal Cord Injury, Quadriplegia, Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Depressed Mood, Allergic Rhinitis; - Physician's order Fluticasone-Salmeterol (steroid for allergic rhinitis), Use 1 inhalation by mouth twice daily rinse mouth and spit after use 12/5/23; Senna Laxative (constipation) 8.6 milligrams (mg), Take 2 tablets by mouth twice daily, 7/18/23; Vitamin C(nutrient for bones) 500mg, Take 1 tablet by mouth twice daily,7/26/23; Baclofen (muscle spasm) 10mg Take 1 tablet by mouth twice daily, 11/6/23; Gabapentin (restless leg syndrome) 300mg, Take	V 118		

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V 118	Continued From page 4 2 capsule by mouth every evening at 9pm, 1/17/24. Review on 2/13/24 of Client #1's Medication Administration Record (MAR) from January 14, 2024- February 13, 2024 revealed: - Fluticasone-Salmeterol was unavailable from January 14, 2024- February 1, 2024; - No signature on February 6, 2024- Fluticasone-Salmeterol, Senna Laxative 8.6mg, Vitamin C 500mg, Baclofen 10mg, Gabapentin 300mg. Review on 2/15/24 of Client #2's record revealed: - Admission date 5/22/19; - Diagnoses Mild Intellectual Disability, Major Depressive Disorder, Generalized Anxiety Disorder, Cerebral Palsy; - Physician's order Venlafaxine (antidepressant) 75mg, Take 1 tablet by mouth every day 1/22/24; Bupropion (antidepressant) 150mg tab, Take 1 tablet by mouth every morning for 12/18/23; NeilMed Sinus Rinse (sinuses) Use as directed twice daily, 5/22/19. Review on 2/13/24 of Client #2's MAR from January 14, 2024- February 13, 2024 revealed: - Venlafaxine 75mg was unavailable from January 26-28, 2024; - Bupropion 150mg was not administered on January 16, 2024; - NeilMed Sinus Rinse was unavailable from January 29-31, 2024. Interview on 2/15/24 with Client #1 revealed: -Received medications daily. Interview on 2/16/24 with the Program Manager revealed: - Responsible for medications and MAR;	V 118		

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V 118	Continued From page 5 - Checked MAR once a month; - Staff would be retrained in medication administration. Interview on 2/16/24 with the Qualified Professional revealed: - Staff would be retrained; - MAR checked weekly by the nurse. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.	V 366		

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V 366	Continued From page 6 (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides,	V 366		

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V 366	Continued From page 7 if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level I incidents	V 366		

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V 366	Continued From page 8 affecting 2 of 3 current clients (#1, #2). The findings are: Review on 2/13/24 of the facility's incident reports for Client #1from January 14, 2024-February 13, 2024 revealed: -No Incident Reports or Risk/Cause/Analysis (RCA) for: - Client #'s1 Fluticasone-Salmeterol was unavailable 1/14/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/15/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/16/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/17/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/18/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/19/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/20/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/21/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/22/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/23/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/24/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/25/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/26/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/27/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/28/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/29/24;	V 366		

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V 366	Continued From page 9 - Client #1's Fluticasone-Salmeterol was unavailable 1/30/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/31/24; - Client #1's Fluticasone-Salmeterol was unavailable 2/1/24; - No signature in Medication Administration Record (MAR) for Fluticasone-Salmeterol, Senna Laxative 8.6mg, Vitamin C 500mg, Baclofen 10mg, Gabapentin 300mg on 2/6/24. Review on 2/13/24 of the facility's incident reports for Client #2 from January 14, 2024- February 13, 2024 revealed: - No Incident Reports or Risk/Cause/Analysis (RCA) for: - Client #2's Bupropion 150mg was not administered on 1/16/24; - Client #2's Venlafaxine 75mg was unavailable 1/26/24; - Client #2's Venlafaxine 75mg was unavailable 1/27/24; - Client #2's Venlafaxine 75mg was unavailable 1/28/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/29/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/30/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/31/24; Interview on 2/16/24 with the Program Manager revealed: - Did not know an incident report should be completed when a client is out of medication. - Staff would be retrained in incident reporting. Interview on 2/16/24 with the Qualified Professional revealed: - Staff would be retrained;	V 366		

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V 366	Continued From page 10 - Nurse would be responsible for overlooking incident reports and reporting back to Program Manager to ensure they were being completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	Continued From page 11	V 367		

report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;

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V 367	Continued From page 12 (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 2 of 3 current clients (#1,#2). The findings are: Review on 2/13/24 of the facility's incident reports from January 14, 2024- February 13, 2024 revealed: - There were no incident reports from January 14, 2024- February 13, 2024 for the following: - Client #'s1 Fluticasone-Salmeterol was unavailable 1/14/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/15/24; - Client #1's Fluticasone-Salmeterol was unavailable 1/16/24; - Client #1's Fluticasone-Salmeterol was	V 367		

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V 367	Continued From page 13	V 367		

unavailable 1/17/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/18/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/19/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/20/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/21/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/22/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/23/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/24/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/25/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/26/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/27/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/28/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/29/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/30/24;
- Client #1's Fluticasone-Salmeterol was unavailable 1/31/24;
- Client #1's Fluticasone-Salmeterol was unavailable 2/1/24;
- No signature in Medication Administration Record (MAR) for Fluticasone-Salmeterol, Senna Laxative 8.6mg, Vitamin C 500mg, Baclofen 10mg, Gabapentin 300mg on 2/6/24.
- Client #2's Bupropion 150mg was not administered on 1/16/24;
- Client #2's Venlafaxine 75mg was unavailable 1/26/24;
- Client #2's Venlafaxine 75mg was unavailable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-402	A. BUILDING: _____ B. WING _____	R-C 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONWEALTH GROUP HOME	3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205

(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 367	Continued From page 14 1/27/24; - Client #2's Venlafaxine 75mg was unavailable 1/28/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/29/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/30/24; - Client #2's NeilMed Sinus Rinse was unavailable 1/31/24; Interview on 2/16/24 with the Program Manager revealed: - Did not know an incident report should be completed when a client is out of medication. - Staff would be retrained in incident reporting. Interview on 2/16/24 with the Qualified Professional revealed: - Staff would be retrained; - Nurse would be responsible for overlooking incident reports and reporting back to Program Manager to ensure they were being completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		