

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERY COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 CEMETARY ROAD NEWLAND, NC 28657</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3/27/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of an audit of 3 current clients.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months for 3 of 3 audited clients (#1, #2, #3). The findings are:</p>	V 121		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 121	<p>Continued From page 1</p> <p>Record review on 3/26/24 for Client #1 revealed: -Date of admission-8/31/93. -Diagnoses- mild intellectual developmental disability (IDD), obsessive compulsive disorder, atypical psychotic disorder, diabetes, hypertension, low oxygen, prolapsed bowel. -Physician ordered medications dated 5/30/23 included: -Paroxetine 30mg (milligram) (mood)- daily at bedtime. -Lamotrigine 25mg (mood) - 2 tablets at bedtime. -Risperidone 2mg (mood) - daily at bedtime. -There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #1.</p> <p>Record review on 3/26/24 for Client #2 revealed: -Date of admission-8/29/88. -Diagnoses- mild IDD, post traumatic stress disorder, dwarfism, hydrocephaly. -Physician ordered medications dated 3/8/23 included: -Sertraline 50mg (mood)- 3 tablets daily. -Guanfacine ER (extended release) 2mg (attention deficit hyperactivity disorder)- 1 tablet at bedtime. -Risperidone 0.5mg (mood)- 3 tablets at bedtime. -There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #3.</p> <p>Record review on 3/26/24 for Client #3 revealed: -Date of admission-5/8/18. -Diagnoses- moderate IDD, atypical psychosis, hypoglycemia, sleep apnea, glaucoma. -Physician ordered medications dated 4/19/23 included: -Olanzapine 10mg (mental disorder)- 1 tablet</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>at bedtime.</p> <p>-Fluoxetine 20mg (mood)- 1 tablet in the morning.</p> <p>-There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #3.</p> <p>Interview on 3/26/24 with the House Manager revealed:</p> <p>-Their primary care physician wrote the orders for psychotropic medications.</p> <p>-Was not aware of the 6 month review requirement but would make sure these were completed</p>	V 121		