

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2024
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NAME OF PROVIDER OR SUPPLIER DIXON ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3520 DIXON ROAD DURHAM, NC 27707
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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 May 15, 2024. 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 Disability.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<i>See attached</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Elizabeth Scott* TITLE *Executive Director* (X6) DATE *7/19/24*

STATE FORM 6896 Z90E11 If continuation sheet 1 of 6

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and record reviews and interview, the facility failed to ensure MARs were available for administered medication affecting three of three clients (#1, #2 and #3); failed to ensure medications were administered by a licensed person trained by a registered nurse, pharmacist or other legally qualified person privileged to prepare and administer medications affecting one of three audited staff (#1) and failed to keep an MAR current affecting one of three audited clients (#1). The findings are:</p> <p>The following is evidence the facility failed to ensure MARs were available for administered medication.</p> <p>Review on 5/14/24 of client #1's record revealed: -Admission date of 4/12/18. -Diagnoses of Moderate Intellectual Disability, Breast Cancer, Hypertension, History of Obesity, Diverticulosis, and Prediabetes. -There was no documentation of a March 2024 MAR.</p> <p>Review on 5/14/24 of physician's orders for client #1 revealed:</p> <p>Order dated 1/31/24:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Nutritional Supplement, drink once daily</p> <p>Order dated 12/13/23: -Exemestane 25 milligrams (mg) (Breast Cancer), one tablet daily</p> <p>Order dated 10/5/23: -Hydrochlorothiazide 10-12.5 mg (Diuretic), one tablet daily -Daily Gummy Multivitamin (Vitamin deficiency), one tablet daily -Fiber well Gummy 2.5 gram (gm) (Bowel movements), take one gummy daily -Caltrate Gummy bites (Bone Health), one gummy daily</p> <p>Observation on 5/14/24 at approximately 2:40 pm of the medication box for client #1 revealed: -The above medications and/or supplements were available.</p> <p>Review on 5/14/24 of client #2's record revealed: -Admission date of 6/15/07. -Diagnoses of Down's Syndrome, Mild Intellectual Disability, Oppositional Defiant Disorder, Dementia, Psychosis, Sleep Apnea and Gout. -There was no documentation of a March 2024 MAR.</p> <p>Review on 5/14/24 of a physician's order for client #2 revealed:</p> <p>Order dated 2/26/24: -Namenda Extended Relief (ER) 28 milligrams (mg) (Dementia), one capsule daily -Risperidone 0.5 mg (Schizophrenia), 1/2 tablet in morning and one tablet at night -Divalproex Sodium Delayed Release (DR) 250 mg (Bipolar Disorder), one tablet in the morning -Multivitamin, one tablet daily</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Metamucil powder 3.4 gm (Constipation), take with full glass of water -Prevident 5000 plus (Dental caries), brush teeth before bedtime -Allopurinol 100 mg (Gout), two tablets daily -Mirtazapine 15 mg (Depression), one tablet at bedtime -Famotidine 40 mg (Acid Reducer), one tablet at bedtime -Citalopram 30 mg (Depression), one 20 mg tablet and one 10 mg tablet at bedtime -Rivastigmine 9.5 mg (Dementia), one patch to skin every 24 hours -Divalproex Sodium Dr 500 mg, 2 tablets at bedtime <p>Observation on 5/14/24 at approximately 3:10 pm of the medication box for client #2 revealed:</p> <ul style="list-style-type: none"> -The above medications were available. <p>Review on 5/14/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/14/81. -Diagnoses of Moderate Intellectual Disability, Seizure Disorder, Scoliosis, Allergies and Hypertension. -There was no documentation of March and April 2024 MARs. <p>Review on 5/14/24 of a physician's order for client #3 revealed:</p> <p>Order dated 10/19/23:</p> <ul style="list-style-type: none"> -Clonazepam 1 mg (Seizure Disorder), ½ tablet in the morning -Clonazepam 1 mg, ½ tablet daily -Clonazepam 1 mg, one tablet at bedtime -Phenobarbital 32.4 mg (Seizure Disorder), 3 tablets at bedtime -Multivitamin, ½ tablet daily -Clobazam 10 mg (Seizure Disorder), two tablets 	V 118		

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V 118	<p>Continued From page 4</p> <p>daily</p> <ul style="list-style-type: none"> -Carbatrol ER 200 mg (Seizure Disorder), one capsule two times daily -Keppra 500 mg (Seizure Disorder), 3 tablets twice a day -Oxybutynin 5 mg (Overactive Bladder), one tablet daily -Escitalopram 5 mg (Depression), one tablet daily <p>-Rosuvastatin 10 mg (High Cholesterol), one tablet daily</p> <p>-Enalapril 2.5 mg (High Blood Pressure), one tablet daily</p> <p>Observation on 5/14/24 at approximately 2:53 pm of the medication box for client #3 revealed:</p> <ul style="list-style-type: none"> -The above medications were available. <p>The following is evidence the facility failed to ensure a staff was trained in medication administration.</p> <p>Review on 5/14/24 of the personnel record for staff #1 revealed:</p> <ul style="list-style-type: none"> -Date of hire 2/18/24 -Hired as a Group Home Manager -There was no documentation of medication administration training <p>Review on 5/14/24 of MARs for clients #1 and #2 revealed:</p> <ul style="list-style-type: none"> -April 2024-Staff #1's initials were listed to indicate she administered the above medications. <p>The following is evidence the facility failed to keep the MAR current.</p> <p>Review on 5/14/24 of client #1's record revealed:</p> <p>May 2024:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>No staff initials as administered for the following medication/supplement: -Caltrate Gummy bite on 5/11 -Nutritional Supplement on 5/11</p> <p>Interview on 5/14/24 with the Assistant Director revealed: -The facility got new files cabinets and reorganized some of the paperwork. -She wasn't sure why the older MAR's were not in the file cabinet. -Staff #1 took the medication administration training with the agency Nurse. -Staff #1 had the copy of her medication training certificate and never gave it back to them. -Staff #2 was working on 5/11/24 and possibly forgot to document those medications were given for client #1. -She confirmed there was no documentation staff completed MAR's for administered medications. -She confirmed staff #1 had no documentation she was licensed by persons trained by a registered nurse, pharmacist or other legally qualified person privileged to prepare and administer medications. -She confirmed the MARs were not kept current for client #1.</p> <p>This deficiency has been cited 2 time(s) since the original cite on 5/6/22 and must be corrected within 30 days.</p>	V 118		

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Dixon Road Group Home
MHL # 032-267

Plan of Correction to Survey Completed May 15, 2024

V 119 27G .0209 (C) Medication Requirements:

Of three residents monitored, past MAR's were not able to be located at the time of the Survey. Two residents MAR's for March could not be located at the time of the Survey, and one resident's MAR's for March and April.

To Correct the Deficiency: The supervisor (this writer) tried to give direction to [REDACTED] Assistant Director, over the phone as to where the MAR's were located. I was out of town. [REDACTED] looked but did not see them. When this writer returned from out of town, the MAR's were located in the historical MAR files at the home and are all present for review on site at the group home.

To Prevent the Deficiency from Occurring Again: The supervisor has been monitoring to make sure all MAR's are filed correctly in each resident's MAR file. The group home managers are actually who files the MAR's at the end of the month, so their location has been reviewed with staff working at the home. As staff are hired, they will be trained as to where the MAR's are filed.

Who will Monitor: The supervisor will monitor.

How Often the Monitoring will take Place: Monitoring will take place at least monthly.

A review of the personnel record for Staff 1 did not contain documentation of medication training.

To Correct the Deficiency: Staff #1 did receive medication training. Her signature is on the sign-in for the Medication Administration training that occurred on 1/24/24. The RN completing the training verified that she was there. Staff #1 inadvertently took home the training sheet and test because she had stayed after class talking with the instructor. She says she brought it back to the office, and it was then put aside to go to the nurse to sign. It is now missing, so either it is here in the office, or the nurse has it, but we cannot locate it. In the meantime, her mother became ill, and she went to Florida to take care of her mom. Her employment has been terminated because her mom's illness was ongoing.

To Prevent the Deficiency from Occurring Again: Human Resources tracks training that occurs during the hiring and orientation process, as well as annual training. In this case, she did attend the training, but the documentation was taken home by her by accident. HR will continue to track all training and documents as training occurs to prevent this from occurring again.

Who will Monitor: Human Resources monitors training, and each program supervisor is responsible for making sure that their staff attends all required training, including annual updates to training.

How Often the Monitoring will take Place: Monitoring takes place prior to the new staff starting work, and monthly thereafter.


Facility staff failed to sign off medication administered.

To Correct the Deficiency: Staff wrote a medication error form when she returned to work stating that she did not sign off the Gummy Bite supplement at the time she administered it. We attached that form to the MAR.

To Prevent the Deficiency from Occurring Again: Staff were trained on Medication Administration in on April 24, 2024. When Staff returned on shift after the Survey, this writer met with Staff to review what had occurred and to get her to write a Medication Error Form stating that she had not signed off the supplement, even though she had administered it, which is what she stated happened. The staff who failed to document the administration resigned from DCCLP prior to training with the RN.

Who will Monitor: Supervisors are responsible for monitoring medications and MAR's each month, and as needed. The nurse that we use comes quarterly to monitor medications and MAR's. Staff are trained to contact a supervisor if they have a question regarding a medication, and that MAR's are to be signed each time medication is administered. Medication administration training takes place before starting work and annually.

How Often the Monitoring will Take Place: Monthly and additionally as needed.



Elizabeth Scott, BS, QDDP
Executive Director
July 19, 2024

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Fax Cover Sheet**To: DHHS, DHSR****Phone #: 919-855-3795****Fax #: 919-715-8078****From: Elizabeth Scott, Executive Director****Phone #: (919) 489-0682, extension 24****DCCLP Fax #: (919) 493-0869****Re: Dixon Road Group Home Survey Plan of Correction (MHL-032-267)****Pages: 11 Including Cover Sheet**

I am late returning this Plan of Correction. I have no live-in staff working at this home, and have been filling in myself for extended lengths of time. Providing quality care to the residents there has been my priority. All of the corrections were made immediately upon my return to Durham the week after the survey, and I have been monitoring the status weekly. I appreciate your reminder letter, and your patience, as I have done my best to make needed corrections and monitor our quality of care during this time.

Please contact me if you have additional questions or concerns. I can be reached most easily on my cell phone, (919) 616-7971. This Plan of Correction will also be sent in the regular mail. Thank you very much!



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