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| V 000 | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on August 25, 2024. The complaint was unsubstantiated (intake #NC00218570) Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.<br><br>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 1 current client. | V 000 | | |
| V 120 | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. | V 120 | | |

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| V 120 | Continued From page 1 | V 120 | | |

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure medications were stored in a locked container for 1 of 1 audited current client (#2). The findings are:

Review on 7/24/24 of client #2's record revealed:
-32 year old male.
-Admitted on 9/13/19.
-Autistic Disorder, Mild Intellectual Disabilities, Unspecified Impulse Control Disorder.

Review on 7/24/24 of client #2's signed physician orders dated 3/11/24 revealed:
-Loratadine 10 milligram (mg) daily.
-Atorvastatin 20 mg at bedtime.
-Ergocalciferol - D-3 5000 daily.
-Fenofibrate 160 mg daily.
-Levothyroxine 25 microgram (mcg) 1/2 tablet daily.
-Metformin 500 mg daily.
-Propranolol 10 mg three times daily.
-Aripiprazole 15 mg daily.
-Benztropine 1 mg twice daily.
-Citalopram 40 mg at bedtime.
-Divalproex 500 mg 2 tablets in the morning and 1 tablet at bedtime.
-Guanfacine 2 mg at bedtime.

Observation on 7/24/24 at 11:15 of client #2's medications revealed:
-Client medications were stored in an unlocked filing cabinet in a unlocked closet.
-Staff #1 attempted to locate a key to lock the unlocked closet door.

Interview on 7/24/24 staff #1 stated:
-She unlocked the medication closet when she

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| V 120 | Continued From page 2<br>arrived at the facility.<br>-The medication closet was kept locked.<br>-She was unable to locate the key to lock the medications closet.<br><br>Interview on 7/24/24 the Qualified Professional stated:<br>-The medication cabinet was placed in the closet and was supposed to be locked.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 120 | | |
| V 132 | G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:<br>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>c. Misappropriation of the property of a healthcare facility.<br>d. Diversion of drugs belonging to a health care facility or to a patient or client.<br>e. Fraud against a health care facility or against | V 132 | | |

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| V 132 | Continued From page 3<br>a patient or client for whom the employee is providing services).<br>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:<br><br>Review on 7/24/24 of Former Staff (FS) #10's personnel record revealed:<br>-Hire date: 10/4/21.<br>-Job: Direct Care Staff.<br><br>Review on 7/24/24 of the facility record's revealed:<br>-No evidence of an allegation against Former Staff (FS) #10 reported to the HCPR.<br><br>Interview on 7/24/24 client #2 stated:<br>-FC #10 placed him in a restraint and hit him in the eye, nose and lip.<br>-It happened "last June" on "Father's Day."<br>-FC #10 went home, he's "fired."<br>-He had a red mark on his nose and lip.<br><br>Interview on 7/24/24 the Qualified Professional stated:<br>-FS #10 no longer worked for the company.<br>-He had to locate the internal investigation and incident report. | V 132 | | |

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| V 366 | Continued From page 4 | V 366 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(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<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(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.<br>(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 | V 366 | | |

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| V 366 | Continued From page 5<br>by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(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:<br>(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;<br>(B) gather other information needed;<br>(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, if different; and<br>(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 | V 366 | | |

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| V 366 | Continued From page 6<br>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<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interview, the facility failed to document their response to a level II or III incident. The findings are:<br><br>Review on 7/24/24 of client #2's record revealed:<br>-32 year old male.<br>-Admitted on 9/13/19.<br>-Autistic Disorder, Mild Intellectual Disabilities, Unspecified Impulse Control Disorder.<br><br>Review on 7/24/24 of the facility's records revealed:<br>-No documentation of a level II incident report for a restrictive intervention or a level III incident report for an allegation of abuse. | V 366 | | |

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| V 366 | Continued From page 7<br><br>Interview on 7/24/24 client #2 stated:<br>-FC #10 placed him in a restraint and hit him in the eye, nose and lip.<br>-It happened "last June" on "Father's Day."<br>-FC #10 went home, he's "fired."<br>-He had a red mark on his nose and lip.<br><br>Interview on 7/24/24 the Qualified Professional stated:<br>-FS #10 no longer worked for the company.<br>-He had to locate the incident reports. | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the | V 367 | | |

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| V 367 | Continued From page 8 | V 367 | | |

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 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

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| V 367 | Continued From page 9<br>include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:<br><br>Review on 7/24/24 of client #2's record revealed:<br>-32 year old male.<br>-Admitted on 9/13/19.<br>-Autistic Disorder, Mild Intellectual Disabilities, Unspecified Impulse Control Disorder.<br><br>Review on 7/24/24 of Former Staff (FS) #10's personnel record revealed:<br>-Hire date: 10/4/21. | V 367 | | |

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| V 367 | Continued From page 10<br>-Job: Direct Care Staff.<br><br>Review on 7/24/24 of the North Carolina Incident Response Improvement System (IRIS) revealed:<br>-No evidence of an incident report for client #10 being placed in a restraint or allegation of abuse.<br><br>Review on 7/24/24 of the facility's records revealed:<br>-No documentation of a level II incident report for a restrictive intervention or a level III incident report for an allegation of abuse reported to LME within 72 hours.<br><br>Interview on 7/24/24 client #2 stated:<br>-FC #10 placed him in a restraint and hit him in the eye, nose and lip.<br>-It happened "last June" on "Father's Day."<br>-FC #10 went home, he's "fired."<br>-He had a red mark on his nose and lip.<br><br>Interview on 7/24/24 the Qualified Professional stated:<br>-FS #10 no longer worked for the company.<br>-He had to locate the incident reports. | V 367 | | |
| V 500 | 27D .0101(a-e) Client Rights - Policy on Rights<br><br>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS<br>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.<br>(b) The governing body shall develop and implement policy to assure that:<br>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or | V 500 | | |

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| V 500 | Continued From page 11<br>G.S. 7A, Article 44; and<br>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.<br>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:<br>(1) any restrictive intervention that is prohibited from use within the facility; and<br>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.<br>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:<br>(1) the permitted restrictive interventions or allowed restrictions;<br>(2) the individual responsible for informing the client; and<br>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.<br>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:<br>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in | V 500 | | |

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| V 500 | Continued From page 12<br>accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);<br>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and<br>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services. The findings are:<br><br>Review on 7/24/24 of Former Staff (FS) #10's personnel record revealed:<br>-Hire date: 10/4/21.<br>-Job: Direct Care Staff.<br><br>Review on 7/24/24 of the facility record's revealed:<br>-No evidence of an allegation against FS #10 being reported to the local Department of Social Services.<br><br>Interview on 7/24/24 client #2 stated:<br>-FC #10 placed him in a restraint and hit him in the eye, nose and lip.<br>-It happened "last June" on "Father's Day."<br>-FC #10 went home, he's "fired."<br>-He had a red mark on his nose and lip.<br><br>Interview on 7/24/24 the Qualified Professional stated:<br>-FS #10 no longer worked for the company. | V 500 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL024-104 | A. BUILDING: _____ B. WING _____ | R-C 07/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BURKHEAD GROUP HOME | 411 WEST BURKHEAD STREET WHITEVILLE, NC 28472 |

| (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 500 | Continued From page 13<br>-He had to locate the internal investigation and incident report. | V 500 | | |