

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAIN ST UNIVERSAL GROUP HOME 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>904 NATIONAL DRIVE GOLDSBORO, NC 27534</b>		
(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, complaint and follow-up survey was completed on November 5, 2024. The complaint was unsubstantiated (Intake #NC002223684). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

TITLE

(X6) DATE

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MAIN ST UNIVERSAL GROUP HOME 1**

**904 NATIONAL DRIVE  
GOLDSBORO, NC 27534**

Division of Health Service Regulation  
STATE FORM

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V 120	<p>Continued From page 2</p> <p>(1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (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; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medications in a refrigerator used for food items were kept in a locked compartment or container for 1 of 3 current clients (#4). The findings are:</p> <p>Observation of the contents of the facility's kitchen refrigerator on 11/05/24 at approximately 9:55am revealed: - An unlocked metal box contained 2 boxes. 1 box of Humalog injection pens (diabetes); 1 box of Lantus injection pens (diabetes) all with pharmacy labels for client #4.</p> <p>During interview on 11/05/24 the Licensee stated she would make sure a lock was placed on the</p>	V 120		

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V 120	Continued From page 3  metal box that contained client #4's insulin pens.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to obtain drug regimen reviews for 3 of 3 audited clients (#1, #2 and #4) who received psychotropic medications. The findings are:  Finding #1 Review on 11/04/24 of client #1's record revealed: -Admission date of 10/30/19. -Diagnoses of Schizoaffective Disorder, Bipolar, Seizure Disorder and Mild Intellectual Developmental Disability. -No drug regimen review documented in the past	V 121		

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V 121	<p>Continued From page 4</p> <p>6 months.</p> <p>Review on 11/04/04 of client #1's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>-Flonase Spray 0.05%</li> <li>-Hailey 21 1.5mg-30mcg</li> <li>-Benztropine 1mg</li> <li>-Divalproex 500mg</li> <li>-Haldol 10mg</li> <li>-Keppra 500mg</li> <li>-Metoprolol Tartrate 100mg</li> </ul> <p>Interview on 11/04/24 client #1 stated:</p> <ul style="list-style-type: none"> <li>-She took his medications daily.</li> </ul> <p>Finding #2</p> <p>Review on 11/04/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date 02/15/15.</li> <li>-Diagnoses of Schizophrenia Paranoid Type, Mild Intellectual Developmental Disability, Seizure Disorder, Vitamin D Deficiency and Glaucoma.</li> <li>-No drug regimen review documented in the past 6 months.</li> </ul> <p>Review on 11/04/04 of client #2's current drug regimen revealed:</p> <ul style="list-style-type: none"> <li>-Aspirin 81mg</li> <li>-Lithium Carbonate 300mg</li> <li>-Vitamin D 2000 IU</li> <li>-Cogentin 1mg</li> <li>-Keppra 250mg</li> <li>-Ativan 1mg</li> <li>-Timolol Maleate 0.5%</li> <li>-Propranolol 20mg</li> <li>-Clozapine 200mg</li> <li>-Clozapine 50mg</li> <li>-Lithium Carbonate 300mg</li> <li>-Crestor 5mg</li> </ul> <p>Interview on 11/04/24 client #2 stated:</p>	V 121			

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V 121	<p>Continued From page 5</p> <p>-He took his medications daily.</p> <p>Finding #3 Review on 11/4/24 of client #4's record revealed: -Admission date 07/05/16. -Diagnoses of Schizophrenia Paranoid Type, Acid Reflux, Diabetes, Heart Murmur, High Blood Pressure. -No drug regimen review documented in the past 6 months.</p> <p>Review on 11/04/04 of client #4's current drug regimen revealed: -Aspirin 81mg -Zyrtec 10mg -Clozapine 200mg -Farxiga 10mg -Prilosec 40mg -Diltiazem 180mg -Vitamin D 2000 IU -Cogentin 0.5mg -Clozapine 200mg -Humalog 100 units -Lipitor 20mg -Lantus 100 units</p> <p>Interview on 11/04/24 client #4 stated: -He took his medications daily.</p> <p>Interview on 11/05/24 the Licensee revealed: -A drug review was completed with the previous pharmacy. -She would contact the current pharmacy to get a drug regimen completed.</p>	V 121			
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 131			

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V 131	<p>Continued From page 6</p> <p><b>REGISTRY</b> (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited staff (#2). The findings are:</p> <p>Review on 11/5/24 of staff #2's personnel record revealed: -Hire date 09/10/23. -HCPR was accessed on 11/04/24.</p> <p>During interview on 11/05/24 the Licensee revealed: -She was aware that the HCPR was supposed to be done before hire. -She would ensure the HCPR was completed before hire with any new staff.</p>	V 131		