PRINTED: 10/01/2024

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL096-149 09/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE **HOWELL & HOWELL'S** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on September 19, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients. V 112 27G .0205 (C-D) V 112 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 RECEIVED outcome achievement; and (6) written consent or agreement by the client or OCT 18 2024 responsible party, or a written statement by the

Division of Health Service Regulation

obtained.

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

provider stating why such consent could not be

TITLE

(X6) DATE

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SYGU11

10-14-2029

**DHSR-MH Licensure Sect** 

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 09/19/2024 MHL096-149 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 LUTHER DRIVE **HOWELL & HOWELL'S** GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies in the treatment/habilitation plan to address the client's needs for 1 of 2 audited clients (#2). The findings are: Review on 9/18/24 of client # 2's record review: - 51 year old male. - Admission date of 9/15/17. - Diagnoses included Intellectual Developmental Disability- Moderate, Impulse Control Disorder, and Mood Disorder. - No current treatment/habilitation or service plan with goals and strategies for residential services. Interview on 9/18/24 client #2 stated: - He lived at the facility for a couple of years. - He liked living at the facility. - He was not sure what his treatment goals were. Interview on 9/18/24 the Qualified Professional/Director/Owner stated: - She was responsible for completing treatment plans. - She needed to check another location for client #2's current treatment plan and would forward to surveyor by 12:00pm 9/19/24. The treatment plan for client #2 was not received by the surveyor prior to 12:00pm 9/19/24.

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 09/19/2024 B. WING MHL096-149 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 LUTHER DRIVE **HOWELL & HOWELL'S** GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 Continued From page 3 V 114 - No disaster drill documented for the 7:00am-7:00pm or the 7:00pm-7:00am shifts for the September 2023 - November 2023 quarter. - No disaster drill documented for 7:00am-7:00pm shift for the March - May 2024 quarter. During interview on 6/15/22 the Qualified Professional/Director/Owner stated: - Shifts at the facility were 7:00 am - 7:00 pm and 7:00 pm - 7:00 am everyday. - Disaster drills were conducted quarterly on each shift. - She was not sure what happened to the missing drills. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 118 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

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	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION ::	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page	ge 4	V 118		
	MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the (E) name or initials of drug.  (5) Client requests for checks shall be reco	5.0			
	facility failed to ensur were documented im administration for 2 of #2). The findings are Review on 9/18/24 of - Admission date of 4 - Diagnoses included Disability- Profound, 0 Disorder. Physician's orders sig - Zyrtec 10mg (allergi - Miralax Powder 335 8 ounces liquid once - Vitamin D 2000 (sup - Tegretol 200mg (sei - Zyprexa 5mg (mood	rews, and interview the re medications administered imediately after of 2 audited clients (#1 and a:  client #1's record revealed: //29/04. Intellectual Developmental Cerebral Palsy and Seizure  gned and dated 2/28/24 for: es) 1 daily 0 (constipation) 17 grams in daily. oplement) 1 daily zures) 1 three times daily			

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 09/19/2024 B. WING MHL096-149 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 LUTHER DRIVE **HOWELL & HOWELL'S** GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 blanks: July 31, 2024 - Zyrtec 1 daily at 8:00am. - Miralax Powder 3350 8:00am. - Vitamin D 2000 1 at 8:00am. - Tegretol 200mg 1 at 8am, 12:00pm and 8:00pm. - Zyprexa 5mg 1 at 8:00pm. - No staff initials to document administration of the medication on 7/31/24 with no documented explanation for the blanks. Client #1 was non-verbal and therefore was not interviewed. Reviews on 9/18/24 of client #2's record revealed: - Admission date of 9/15/17. - Diagnoses included Intellectual Developmental Disability- Moderate, Impulse Control Disorder, and Mood Disorder. Physician's order signed and dated 2/29/24 for: - Allopurinol 100mg (gout) 1 daily - Lisinopril 20mg (hypertension) 1 daily. - Banophen 25mg (allergies) 1 at bedtime - Cogentin 1mg (tremors) 1 at bedtime - Prozac 20mg (mood) 1 at bedtime - Haldol 10mg (anti-psychotic) 1 at bedtime Review on 9/18/24 of client #2's MARs for June 2024 - September 2024 revealed the following blanks: July 31, 2024 - Allopurinol 100mg, 1 daily at 8:00am. - Lisinopril 20mg, 1 daily at 8:00am. - Banophen, 25mg 1 at bedtime at 8:00pm - Cogentin 1mg, 1 at bedtime at 8:00pm - Prozac 20mg, 1 at bedtime at 8:00pm - Haldol 10mg, 1 at bedtime at 8:00pm - No staff initials to document administration of the medication on 7/31/24 with no documented explanation for the blanks.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED R B. WING MHL096-149 09/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE **HOWELL & HOWELL'S** GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 6 V 118 During interview on 9/18/24 client #2 stated: - He took his medication daily. - The Qualified Professional (QP) assisted him with his medication. During interviews on 9/18/24 the QP/Director/Owner stated: - Clients received their medications daily as prescribed and the blanks were overlooked. - She understood the MAR was required to be kept updated. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 9/18/24 between 2:45pm and 3:00pm during a tour of the facility revealed: - The hall bathroom had an area on the ceiling above the shower/tub that had dark/discolored spots with residual/textured areas approximately 2 feet in size. - The toilet screw caps were missing at the back of the toilet seat.

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Division of Health Service Regulation STATE FORM

October 14, 2024

To:

Mental Health Licensure and Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center Raleigh, NC 27699-2718

From: Howell & Howell Group Home

725 Luther Drive Goldsboro, NC, 27534

To whom Ever It May Concern,

Enclosed you will find a copy of the plan of correction that address issues that were founded on the Statement of Deficiencies form dated 10/14/2024. This plan will explain the measures that will be put in place to correct the deficient areas.

Deficiency	Plan of Correction	Complete Date
V 112-27G .0205 (C-D)	A plan shall be developed based on the assessment for	10/19/24
Assessment/Treatment	ssment/Treatment   all clients or legally responsible person or both within	
Habilitation Plan	30 days of admission for clients who are expected to	
	receive services beyond 30 days., according to	
	governing body policy, prior to the delivery of services,	
	Residential manager and QP will develop a	
	Assessment/Treatment Habilitation Plan. Client #2	
V 114-27G.0207	Fire and disaster drills documentation will be	10/19/24
Emergency Plans and	completed on both day and night shifts 7-7am and 7-	
Supplies	7pm monthly by QP and manager staff. Residential	
	manager and QP will review the emergency plan with	
	all staff and will monitor drills log quarterly and make	
	sure drill are completed on each shift.	
V 118-27G .0209(C)	All employee will be recorded and administer all	10/19/24
Medication	medications immediately after administrating	
Requirements	medications. A MAR of all drugs administered to each	
	client must be kept current. Staff will initial to document	
	administration of medication Residential manager and QP	
	will review all MAR to assure medications are initials and	
	given as ordered by pharmacy and physician. Client #1	
V 736 27G.0303 (C)	The facility and grounds will be maintained in a safe,	10/30/24
Facility and Grounds	clean, attractive and orderly manner and shall be kept	,,-
Maintenance	free from offensive odor. Staff will have hall bathroom	
	ceiling will be repaired by contractors within 30 days,	
	toilet screw cap will be replaced at the back of toilet seat.	
	Staff and QP will monitor the facility monthly for all	
	needed repairs.	

If there are any questions or concerns, please contact Gwen Adair at: 919-641-2825.

Thank You

Gwen Adair MS, QP