STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-204	A. BUILDING: _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENWOOD HOUSE	413 KENWOOD DRIVE JACKSONVILLE, NC 28540

(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	INITIAL COMMENTS A complaint survey was completed on December 12, 2024. One complaint was substantiated (intake #NC00223602). Two complaints were unsubstantiated. (intake #NC00224717 and NC00223667). A deficiency was 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 4 and has a current census of 4. The survey sample consisted of audits of 2 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need;	V 105		

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review, observation and interviews, the facility failed to implement the facility's written policies for medication control and administration guidelines to ensure appropriate documentation of the transfer of medications for 1 of 2 audited (#2). The findings are:

Review on 12/12/24 of the facility policy revealed:
- " Policy: Medication Control and Administration Guidelines...Section 2C-5 3 and Section 2C-6 3. Ensure that written information and dispensed medications are prepared prior to the client's parent/legal guardian leaving the home if medications are to be given while that person is gone...this information is entered on the Medication Release Form. The return of all meds shall be witnessed and documented on the receipt form..."

Review on 12/10/24 of client #2's record revealed:
- Admission date of 10/30/23.
- Diagnoses of Intellectual Developmental Disability-Mild; Schizoaffective Disorder and Seizures.
- No completed medication release of responsibility form for client#2's medications that were given to his mother on October 20, 2024.

Interview on 12/11/24 client #2 stated:
- He had lived at the facility about 1 year.
- He took his medication daily with staff assistance.

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V 105	Continued From page 3 - All of his medications were available when he went home with his mother. Interview on 12/11/24 client #2's mother stated: - She picked client #2 up from the facility on 10/20/24. - Staff had not transcribed his medications onto the proper form. - Staff offered to write the information on a blank piece of paper but she refused to wait for it. Interview on 12/22/24 the Group Home Manager stated: - She had been the Group Home Manager about 1 year. - The facility does use a form to document what medications that was signed by the person receiving the medications and signed by the staff. - She was not aware the form was not completed prior to client #2's mother's arrival to the facility. - She would ensure forms were always available. Interview on 12/11/24 the Assistant Director of Nursing stated: - The facility's medication release of responsibility form had not been completed on 10/20/24. - She was contacted about the missing form and instructed staff on shift to write the information on a piece of paper and have client #2's mother sign it. - She would ensure the facility kept blank forms on hand to be used when needed.	V 105		