

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VANGUARD HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 QUINCY STREET GREENSBORO, NC 27401</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 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</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 observations, record reviews and interviews, the facility administered a non-prescription drug to 1 of 2 clients (#1) without the written order of a person authorized by law to prescribe drugs. The findings are:</p> <p>Observations on 12/11/24 at 11:18am, of client #1's items at the office, revealed: -3 boxes of ensure clear fat free mixed berry containers that had 24 eight ounce packages in each box.</p> <p>Review on 12/11/24 of client #1's record revealed: -An admission date of 11/21/24 -Diagnoses of Autistic Disorder, Attention Deficit Hyperactivity Disorder, Combined, Severe Intellectual Disability, Conduct Disorder and Bipolar Disorder -An admission assessment dated 11/21/24 noted " ...I consume Ensure Clear Nutritional Supplements but have been working to receive my preferred flavor which is either apple or mixed berry ..."</p> <p>Review on 12/12/24 of client #1's medications revealed:</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**VANGUARD HOME**

**1601 QUINCY STREET  
GREENSBORO, NC 27401**

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V 118	<p>Continued From page 2</p> <p>-Physician's orders dated 8/30/24 for the following medication: Midazolam 5 milliliter (ml), by nasal route as needed for seizure longer than 4 minutes, and physician's orders dated 10/21/24 for Lamotrigine 100 milligrams (mgs), 1 po q am and 1 ½ po q hs.</p> <p>-No physician's orders for Ensure</p> <p>Further review on 12/12/24 of client #1's medications revealed:</p> <p>-Physician's orders dated 12/7/24 for the following medications: Buspirone HCL 10 mgs, 1 po tid, Hydroxyzine HCL 25 mgs, 2 po bid, Lamotrigine 150 mgs, 1 po bid, Atomoxetine HCL 40 mgs, 1 po qd, Clonidine HCL 0.1mg, take 2 po bid, Fanapt 1mg, ¼ to ½ bid and Trazodone 50 mgs, 2 po qhs."</p> <p>-Refills given for Buspirone 10mgs, Hydroxyzine 25 mgs and Lamotrigine 150 mgs.</p> <p>Changed/Discontinued Medications: Atomoxetine 40 mgs (discontinued-poor efficacy), Changed Clonidine HCL 0.1. mg, change dose)</p> <p>Discontinued Fanapt and Trazodone."</p> <p>-No physician's order for Ensure</p> <p>Review on 12/12/24 of client #1's progress notes from 11/21/24 to 12/8/24 revealed:</p> <p>-12/2/24 [Client #1] wouldn't eat breakfast. He drank an Ensure ..."</p> <p>-12/3/24 ...He drank a little bit of Ensure ..."</p> <p>-12/6/24 ...[Client #1] only drank Ensure ..."</p> <p>-12/8/24 ...[Client #1] ate cereal for breakfast ... [client #1] then skipped dinner but drank Ensure ..."</p> <p>Interview was not attempted with client #1 as he was non-verbal.</p> <p>Interview on 12/12/24 with client #2 revealed:</p> <p>- "...He (client #1) drank Ensure that his mom got</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>him ..."</p> <p>Interview on 12/12/24 with staff #1 revealed: -"I gave him (client #1) the Ensure with his meal ...Ensure was all that he wanted ..."</p> <p>Interview on 12/12/24 with the Associate Professional revealed: -" ...There was no physician's order for the Ensure, as it was over the counter. He arrived at the facility with a low supply of Ensure. [The Director] bought his Ensure out of her pocket. He came with medications from his previous pharmacy ..."</p> <p>Interview on 12/12/24 with the Qualified Professional revealed: -Client #1's mother brought Ensure to have. -" ...I did not see a physician's order for the Ensure. There should have been one. If it was prescribed by a doctor, then we would make sure he had it. That is normally how we do it ..."</p> <p>Interview on 12/11/24 with the Director revealed: -" [Client #1]'s medications were filled when he was seen on Saturday (12/7/24) when mom came to drop off his ensure and we waited for 1 ½ weeks for it. -There was no physician's order for the Ensure as it was "over the counter". -"We bought him several packs of the Ensure mixed berry as when he came he only had approximately 8 bottles with him. The mother said she was going to bring it (Ensure) but did not until 12/7/24 when she visited." -Had given client #1 Ensure "with each meal" and "if he refused to eat and wanted another Ensure, we would give it to him."</p>	V 118		



December 25, 2024

ID Prefix Tag: V 118 27.G .0209 (C) Medication Requirements: Standard level deficiency

The Rule is not met as evidenced by:

Based on observations, record reviews and interviews, the facility administered a non-prescription drug to 1 of 2 clients (#1) without the written order of a person authorized by law to prescribe drugs.

Plan of Correction:

At intake prior to admission of individual New Horizons Professional Services will obtain a list of all prescribed and non-prescribed medications. Next New Horizons will request and obtain doctors order of all prescribed and non-prescribed medications from either previous provider or medical doctor prescribing medications. This process will be monitored by the Clinical Director [REDACTED] This process will be monitored and evaluated on a quarterly basis. Please see attached form that has been added to as one of our intake documents to be completed prior to admission of everyone.



Intake Medications Form:

Please list all current medications including prescribed and non-prescribed medications below:

Medication:	Dosage:	Reason:

Please attach a copy of doctor's order for each medication to this form.

\_\_\_\_\_  
New Horizons Professional Services:

\_\_\_\_\_  
Date:

Reviewed Quarterly by Clinical Director

\_\_\_\_\_  
Clinical Director:

1 Centerview Dr Suite 208  
Greensboro, NC 27407

Ph:336-285-8002

\_\_\_\_\_  
Date:

Fax:336-285-8670

## Intake Documents Request Form

- **Birth Certificate**
- **Identification Card (If applicable)**
- **Social Security Card**
- **Medicaid Card**
- **Current PCP/ISP**
- **Psychological Exam and SIS**
- **Current IEP**
- Copy of Last Dental Exam
- Copy of Last Physical Exam
- Date and Results of Last TB Screening
- Copy of Child's most recent CCA/Psychological Evaluation
- **Copy of Child's most recent Psychiatric Evaluation**
- **Behavior Intervention Plan**
- School Withdrawal Form
- *(If on prescription medications, we need a 7 day supply accompanied by written prescriptions for 30 days)--Previously*
- *For all prescribed and non-prescribed medications we need a 7 day supply accompanied by written prescriptions for 30 days Effective 12/25/24*
- **Court Documents (Removal Order, Foster Care Service Plan, Etc**
- **Discharge Summary from last placement**