

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KENWOOD HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>413 KENWOOD DRIVE JACKSONVILLE, NC 28540</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>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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

1GV311

of continuation sheet 1 of 4

*James Williams* Contracts & Procurement Manager 2/27/25

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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			

*Jane William Contract - Procurement Manager 2/27/2025*

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V 105	<p>Continued From page 2</p> <p>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:</p> <p>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..."</p> <p>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.</p> <p>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.</p>	V 105			

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V 105	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- All of his medications were available when he went home with his mother.</li> </ul> <p>Interview on 12/11/24 client #2's mother stated:</p> <ul style="list-style-type: none"> <li>- She picked client #2 up from the facility on 10/20/24.</li> <li>- Staff had not transcribed his medications onto the proper form.</li> <li>- Staff offered to write the information on a blank piece of paper but she refused to wait for it.</li> </ul> <p>Interview on 12/22/24 the Group Home Manager stated:</p> <ul style="list-style-type: none"> <li>- She had been the Group Home Manager about 1 year.</li> <li>- The facility does use a form to document what medications that was signed by the person receiving the medications and signed by the staff.</li> <li>- She was not aware the form was not completed prior to client #2's mother's arrival to the facility.</li> <li>- She would ensure forms were always available.</li> </ul> <p>Interview on 12/11/24 the Assistant Director of Nursing stated:</p> <ul style="list-style-type: none"> <li>- The facility's medication release of responsibility form had not been completed on 10/20/24.</li> <li>- 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.</li> <li>- She would ensure the facility kept blank forms on hand to be used when needed.</li> </ul>	V 105			



### Appendix 1-B Plan of Correction Form

Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Mental Health Licensure & Certification Section NC Department of Health and Human Services 2718 Mail Service Center Raleigh, NC 27699-2718	In lieu of mailing the form, you may e-mail the completed electronic form to:
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Provider Name:	A Caring Heart Case Management, Inc	Phone:	910-455-6724
Location:	Kenwood House	Fax #	910-346-5489
Address	413 Kenwood Drive, Jacksonville, NC 28540-9044	Provider #	MHL \$067-204
Provider Contact:	Jane Williams, Contracts & Procurement Manager	Cell Phone	910-389-0901
		E-Mail	<a href="mailto:jwilliams@acaringheartinc.com">jwilliams@acaringheartinc.com</a>
Person for Follow-Up:	Jeanine Ethridge-Housing Director	Cell-Phone	910-388-4468
		E-Mail	<a href="mailto:jethridge@acaringheartinc.com">jethridge@acaringheartinc.com</a>

Finding	Corrective Action Steps	Responsible Party	Time Line
10A NCAC 27G .0201 (A) (1-7) The governing body responsible for each facility or service shall develop and implement written policies:  This rule was not met: The facility failed to implement the facility's written policies for medication control and administration guidelines to ensure appropriate	Kenwood house will ensure that the policy: Medication Control and Administration Guidelines...Section 2C-5.3 and Section 2C-6.3 pertaining to 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 <u>Medication Release of Responsibility Form</u> . The return of all meds shall be witnessed and documented on the receipt form..." <ol style="list-style-type: none"> <li>Consumer's medications will be assessed, monitored daily and weekly. Inventory counts will be conducted to ensure member has enough medication(s) in accordance with physician orders. The staff is to count meds and enter the count on the <u>Medication Inventory Report</u>. The Medication Inventory Report is to be turned in every Wednesday to the nursing department. Each shift will count the narcotics and place the count on the <u>Narcotic Control Sheet</u> and sign/date it when it is completed.</li> <li>Scripts for medications are submitted to Realo Pharmacy and are filled by the pharmacy. The pharmacy releases the medication(s) to the nursing department of ACHCM. The nursing department will complete the <u>Medication Delivery Form</u> for each consumer with all their</li> </ol>	<p><b>Note:</b> POC was originally emailed on 01/07/2025 to the incorrect email address. Email received on 2/19/25 to correct email address.</p> <ol style="list-style-type: none"> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> </ol>	<p>Implementation Date: 02/28/2025</p> <p>Projected Completion Date: 03/31/2025 and ongoing.</p>

### Appendix 1-B Plan of Correction Form

<p>documentation of the transfer of medications for 1 of 2 audited charts.</p>	<p>medications listed and the count that was delivered. The nursing department delivers the medications to each group home. The <u>Medication Delivery Form</u> is signed by the nursing department and the DH DSP.</p> <ol style="list-style-type: none"> <li>Members who received controlled medication may require monthly bloodwork before a new script can be filled. Bloodwork will be scheduled before the current script is out to ensure sufficient time for the member's physician can order new meds, have it filled and delivered before the member is out.</li> <li>GH DSP will complete <u>Medication Release of Responsibility Form</u> listing each medication and number of medications released to the parent/legal guardian for each LOA of the member(s). GH DSP and parent/legal guardian will sign the <u>Medication Release of Responsibility Form</u>.</li> <li>Upon Member(s) return, the GH DSP and parent/legal guardian will count the medications, document the amount returned and sign the <u>Medication Release of Responsibility Form</u>. GH DSP will document LOA on member's MAR.</li> <li>QPs over the house/GH Manager(s) will review process for LOA and medications at next monthly staff meeting to be held in March 2025. QP will be scheduled with Nursing Department to attend this meeting to review LOA process.</li> <li>Medication Administration training is on-going with GH DSP.</li> </ol>	<ol style="list-style-type: none"> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> <li>GH DSP, Group Home Manager, Pharmacy Liaison, GH Nurse, Housing Director</li> </ol>	<p>Projected Completion Date: 03/31/2025 and ongoing.</p> <p>March 2025</p>
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*Jane Williams* Contracts & Procurement 2/27/2025

Jane Williams MA/ED

Contracts & Procurement Manager

02/27/2025