

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-169 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 04/03/2025 |
| NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #1 | | STREET ADDRESS, CITY, STATE, ZIP CODE 308 BRAGG ST NE WILSON, NC 27893 | | |
| (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 An annual and follow up survey was completed on 4/3/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. | V 114 | | |

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4/14/2025

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

TITLE

(X6) DATE

Leslie Flowers, Snr Quality Management Director

4/14/25

STATE FORM

6899

UY4L11

If continuation sheet 1 of 11

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| V 114 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that disaster drills in a 24-hour facility were held at least quarterly and shall be repeated for each shift. The findings are:</p> <p>Review on 4/3/25 of the facility's disaster drill schedule revealed disaster drills were to be completed monthly.</p> <p>Review on 4/3/25 of the facility's disaster drill log book revealed:</p> <ul style="list-style-type: none"> - No disaster drills were completed from January 2024- April 2024 - No disaster drills were completed for 3rd shift (10pm-6am) <p>Interview on 4/3/25 with the Operational Manager/Qualified Professional stated:</p> <ul style="list-style-type: none"> - The shifts were: 1st shift 6am-2pm, 2nd shift 2pm-10pm, and 3rd shift 10pm-6am - Disaster drills were completed on all 3 shifts - The House Manager would oversee the disaster drills - There had not been a House Manager since June of 2024 - There was a schedule that staff were supposed to follow to complete disaster drills - The Quality Management Team would send reminders to her that the drills needed to be completed - "I would have been responsible for ensuring they were done" - "I may have been more focused more on fire drills than tornado drills" - No explanation as to why disaster drills would not be followed up on <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114 | <p>V 114</p> <p>Drill Schedule indicating the rotating shift scheduled drills to include Emergency Drills will be posted by the Operations Manager with the assigned group home staff responsible for completing the drill identified.</p> | 4/25/25 |

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STATE FORM

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| V 118 | <p>Continued From page 3</p> <p>Based on record review, observation, and interview, the facility failed to ensure that medications were administered on the written order of a physician affecting 3 of 3 clients (# 2, #3, #4). The findings are:</p> <p>A. Review on 4/2/25 of Client # 2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/11/2011 - Diagnoses: Mild Intellectual Developmental Disability (IDD), (Gastroesophageal Reflux Disease (GERD), Heart Disease, Abnormal Weight Loss, Constipation, Gastritis with bleeding, Mixed Hyperlipidemia, Abnormal Gait, Vitamin D Deficiency, Allergic Rhinitis, Leukopenia, Cardiac Murmur - Doctor's Order dated 3/3/25 revealed: <ul style="list-style-type: none"> - Acetaminophen (APAP) 325 milligram (MG) Tablet (Tab), as needed (PRN) (pain/elevated temperature) - Hemorrhoidal Hydrocortisone (HC) Suppository 25mg, PRN (Constipation) - Milk of Magnesia Suspension, PRN (Constipation) <p>Review on 4/2/25 of Client # 2's MAR revealed:</p> <ul style="list-style-type: none"> - APAP was administered on 3/28/25 <p>Observation on 4/2/25 at approximately 11:30am of Client # 2's medication box revealed:</p> <ul style="list-style-type: none"> - APAP had an expiration date on 8/27/24 - No other APAP was in the facility - No Hemorrhoidal HC or Milk of Magnesia Suspension was in the facility <p>B. Review on 4/3/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/25/22 - Diagnoses: Moderate IDD, Chromosomal Abnormality, unspecified, Schizoaffective | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>Disorder, Bipolar type, Epilepsy, Intermittent Explosive Disorder, Bipolar Disorder, Type 2 Diabetes Mellitus without complications, Essential Hypertension, Other Seasonal Allergic Rhinitis, Obstructive Sleep Apnea, Hyperlipidemia, unspecified, GERD without Esophagitis, and Mild Persistent Asthma, uncomplicated</p> <ul style="list-style-type: none"> - Doctor's order dated 11/6/24 revealed: <ul style="list-style-type: none"> - APAP 325 mg tab, PRN (pain) - Ibuprofen 600mg tab, PRN (pain) - IPRAT(Ipratropium)-Albut (Albuterol) 0.5 - 3M, PRN (asthma) <p>Review on 4/3/25 Client #3's March 2025 & April 2025 MARs revealed:</p> <ul style="list-style-type: none"> - IPRAT was administered on 3/13/25 <p>Observation on 4/3/25 at approximately 11:40am of Client #3's medication box revealed:</p> <ul style="list-style-type: none"> - APAP and Ibuprofen not in the med box - IPRAT-Albut expired 9/13/24 <p>C. Review on 4/3/25 of Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/2011 - Diagnoses: IDD, Unspecified Circulatory Disorder, Hepatitis B, Disorder of Tooth Eruption, Essential Hypertension, Hyperlipidemia, and Prostate Hypertrophy - Doctor's order dated 10/1/24 revealed: <ul style="list-style-type: none"> - APAP 325mg tab, PRN (pain) - Benzonatate 100mg cap, PRN (cough) - Ondansetron 4mg, PRN (nausea) <p>Observation on 4/3/25 at approximately 11:00am of Client #4's med box revealed:</p> <ul style="list-style-type: none"> - APAP and Benzonatate not in the med box - Ondansetron expired 7/14/24 <p>Interview on 4/2/25 with Staff # 2 stated:</p> | V 118 | | |

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| V 118 | Continued From page 5 - She usually checked medications (meds) when she got to work - Unaware of why the PRN meds were not in the facility - She did not realize that the medication had expired - The Operational Manager (OM)/Qualified Professional (QP) double checked the meds Interview on 4/2/25 with the QP stated: - Not sure who was responsible for checking meds - "I know they should be checked monthly" - Staff should do it, but not sure if there was an extra set of eyes over it "to my knowledge" Interview on 4/3/25 with the OM/QP stated: - Staff normally looked over the meds - It was something a House Manager would have normally done - They had not had a House Manager since June 2024 - She should have checked the meds | V 118 | V118 Regional RN complete the medication closet review on 4/25/25. These will continue to be completed by the RN quarterly. Monthly Med Closet review to be completed by the assigned GH Manager covering when a home is without a manager. These will be submitted to the Regional RN for compliance. | 4/25/25 4/25/25 |
| V 119 | 27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal | V 119 | | |

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| V 119 | <p>Continued From page 6</p> <p>date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to dispose of medication in a manner that guards against diversion or accidental ingestion affecting 3 or 3 audited clients (#2, #3, #4). The findings are:</p> <p>A. Review on 4/2/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/11/2011 - Diagnoses: Mild Intellectual Developmental Disability, Gastroesophageal Reflux Disease (GERD), Heart Disease, Abnormal Weight Loss, Constipation, Gastritis with bleeding, Mixed Hyperlipidemia, Abnormal Gait, Vitamin D Deficiency, Allergic Rhinitis, Leukopenia, Cardiac Murmur - Doctor's Order dated 3/3/25 revealed: <ul style="list-style-type: none"> - Acetaminophen (APAP) 325 milligram | V 119 | | |

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| V 119 | <p>Continued From page 7</p> <p>(MG) Tablet (Tab), as needed (PRN) (pain/elevated temperature)</p> <p>Observation on 4/2/25 at approximately 11:30am of Client # 2's medication box revealed:</p> <ul style="list-style-type: none"> - APAP had an expiration date of 8/27/24 <p>B. Review on 4/3/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/25/22 - Diagnoses: Moderate IDD, Chromosomal Abnormality, unspecified, Schizoaffective Disorder, Bipolar type, Epilepsy, Intermittent Explosive Disorder, Bipolar Disorder, Type 2 Diabetes Mellitus without complications, Essential Hypertension, Other Seasonal Allergic Rhinitis, Obstructive Sleep Apnea, Hyperlipidemia, unspecified, GERD without Esophagitis, and Mild Persistent Asthma, uncomplicated - Doctor's order dated 11/6/24 revealed: <ul style="list-style-type: none"> - IPRAT(Ipratropium)-Albut (Albuterol) 0.5 - 3M, PRN (asthma) <p>Observation on 4/3/25 at approximately 11:40am of Client #3's medication box revealed:</p> <ul style="list-style-type: none"> - IPRAT-Albut expired 9/13/24 <p>C. Review on 4/3/25 of Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/2011 - Diagnoses: IDD, Unspecified Circulatory Disorder, Hepatitis B, Disorder of Tooth Eruption, Essential Hypertension, Hyperlipidemia, and Prostate Hypertrophy - Doctor's order dated 10/1/24 revealed: <ul style="list-style-type: none"> - Ondansetron 4mg, PRN (nausea) <p>Observation on 4/3/25 at approximately 11:00am of Client #4's med box revealed:</p> <ul style="list-style-type: none"> - Ondansetron expired 7/14/24 | V 119 | | |

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| V 119 | Continued From page 8 Interview on 4/2/25 with Staff # 2 stated: - She usually checked medications (meds) when she got to work - She did not realize that the APAP was expired - The Operational Manager (OM)/Qualified Professional (QP) double checked the meds Interview on 4/2/25 with the QP stated: - Not sure who was responsible for checking meds - "I know they should be checked monthly" - Staff should do it, but not sure if there was an extra set of eyes over it "to my knowledge" Interview on 4/3/25 with the OM/QP stated: - The facility sent expired meds back to the pharmacy | V 119 | V119 Regional RN complete the medication closet review on 4/25/25. These will continue to be completed by the RN quarterly. Monthly Med Closet review to be completed by the assigned GH Manager covering when a home is without a manager. These will be submitted to the Regional RN for compliance | 4/25/25 4/25/25 |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance 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 interview, the facility failed to maintain a safe, clean, attractive, and orderly manner. The findings are: Observation on 4/3/25 at approximately 2:50pm revealed: Client #4's bedroom: - dresser drawer was missing one knob on the top right drawer | V 736 | | |

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| V 736 | Continued From page 9 - 4th dresser drawer had one of the handles hanging down - nightstand drawer was missing one knob on the 2nd draw on the right - nightstand bottom drawer had a zip-tie as the handle - TV stand was missing the right knob on the door Bathroom #1 and Bathroom #2: - had standing water in the sink that was slow to drain Interview on 4/3/25 the Operational Manager /Qualified Professional stated: - She was not aware they were cited for client #4's bedroom furniture in the past - Was unaware if they were able to repair the furniture if it was the client's personal stuff - She would discuss with Client #4 about updating his bedroom furniture - She would get those repairs done | V 736 | V736 ESPH Facilities will obtain a quote regarding the plumbing concern. Handles and Knobs will be replaced. | 6/1/25 6/1/25 |
| V 774 | 27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. | V 774 | | |

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| V 774 | Continued From page 10 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure minimum furnishings for client bedrooms that include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. The findings are: Review on 4/2/25 of The Division of Health Service Regulation's Facility License revealed: Capacity 5 Observation on 4/2/25 at approximately 10:40am of the vacant bedroom revealed: - No bed, bedding, or pillow - Cleaning Supplies and extra food were on the dresser and floors Interview on 4/3/25 with the Operational Manager/ Qualified Professional stated: - The room had been vacant since June 2024 - The room had been a "swinging door" - Usually clients brought their own furniture - The previous client took their furniture when they moved out - The facility did not keep bedroom furniture to put in the room when a client moved out - Was unaware that the facility needed to have furniture available in a vacant room - She would need to go through their facility's department to request bedroom furniture | V 774 | V774 QM will communicate with all ESPH Group homes the requirement for vacant rooms to have a bed, nightstand, dresser, bedding, and pillow. Vacant room will be cleared out with the minimum furnishings provided. | 6/1/25 6/1/25 |