

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2025
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025		
(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 April 21, 2025. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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

TITLE

(X6) DATE

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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure secure storage of medication affecting 1 of 1 client (Client #1). The findings are:</p> <p>Observation on 4/16/25 at approximately 11:05am of Client #3's medication revealed: -Xultophy (diabetes) 100 unit 3.6 milligram/milliliter (mg/ml) injectable pen stored in the refrigerator in a plastic bag in the door compartment along with food items. The pen was not in a secured storage container.</p> <p>Review on 4/15/25 of Client #1's record revealed: -Admitted 12/11/24. -Diagnosed with Type 2 Diabetes, Essential Hypertension, Vitamin D Deficiency, Schizoaffective Disorder, Mild Intellectual Developmental Disability, and Low Kidney Function. -Physician's order dated 2/3/25 for Xultophy 100 unit 3.6 mg/ml pen inject 18 units daily subcutaneously.</p> <p>Interview on 4/21/25 with the House Manager (HM) #1 revealed: -Did not know medication needed to be stored securely when it was in the refrigerator. -The Administrator has already purchased a lock box to store Client #1's medication in the refrigerator.</p> <p>Interview on 4/21/25 with the HM #2 revealed: -Did not know medication needed to be stored securely when it was in the refrigerator. -Had not returned to work since the need for a secured container to store Client #1's medication was identified so was unable to report if the medication was currently secured.</p>	V 120		

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V 120	Continued From page 2 Interview on 4/21/25 with the Administrator revealed: -Was not aware that medication stored in a refrigerator needed to be stored in a secured manner. -Arranged for the facility to purchase a secured lockbox to store Client #1's Xultophy when it was first discovered that it was not stored securely on 4/16/25. -Will ensure all medication is stored securely moving forward.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 2 of 3 staff (House Manager (HM) #2 and Qualified Professional (QP)). The findings are: Review on 4/15/25 of HM #2's record revealed:	V 131		

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V 131	Continued From page 3 -Hired 2/22/24. -HCPR accessed 11/4/24. Review on 4/15/25 of the QP's record revealed: -Hired 1/8/24. -HCPR accessed 3/14/25. Interview on 4/21/25 with the Administrator revealed: -Was not aware that the HCPR was not accessed prior to an offer of employment for HM #2 and the QP. -Will ensure HCPR will be accessed prior to an offer of employment in the future.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives,	V 536		

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V 536	Continued From page 4 measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for	V 536		

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V 536	Continued From page 5 at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	V 536			

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V 536	<p>Continued From page 7</p> <p>of 3 staff (House Manager (HM) #1, HM #2, and Qualified Professional (QP)). The findings are:</p> <p>Review on 4/15/25 of HM #1's personnel record revealed: -Hired 2/19/14. -Most recent training in Evidenced Based Protective Interventions (EBPI) was completed on 3/28/24 with an expiration date of 3/24/25.</p> <p>Review on 4/15/25 of HM #2's personnel record revealed: -Hired 2/22/24. -Most recent training in EBPI was completed on 2/28/24 with an expiration of 2/28/25.</p> <p>Review on 4/15/25 of the QP's personnel record revealed: -Hired 1/28/24. -Most recent training in EBPI was completed on 3/7/24 with an expiration of 3/7/25.</p> <p>Interviews on 4/21/25 with HM #1 and HM #2 revealed: -Scheduled to attend annual training in EBPI on 4/25/25.</p> <p>Interview on 4/21/25 with the QP revealed: -Was not aware of the requirements for training in alternatives to restrictive interventions to be completed at least annually.</p> <p>Interview on 4/21/25 with the Administrator revealed: -Will provide EBPI annual training to HM #1, HM #2, and QP within the next week or two.</p>	V 536		