

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER L & J HOMES, INC.-RICHMOND AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 RICHMOND AVENUE BURLINGTON, NC 27217		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on May 28, 2025. 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 Disability.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews every six months for two of two clients (#1 and #2) who received psychotropic drugs. The findings are:</p> <p>Review on 5/28/25 of client #1's record revealed:</p>	V 121		

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Admission date of 5/18/15. -Diagnoses of Moderate Intellectual Disability, Schizoaffective Disorder-bipolar type, Hypertension, Asthma, Vitamin D deficiency, Hyperlipidemia, Hypothyroidism, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease, Sleep Apnea, Nonrheumatic tricuspid valve disorder, Pure Hypercholesterolemia and Mixed Incontinence. -Physician's order dated 9/30/24 for Asenapine 5 milligrams (mg) (Bipolar Disorder), one tablet under tongue in the morning; Abilify Maintena 400 mg (Bipolar Disorder), inject intramuscularly once a month and Divalproex 500 mg (Bipolar Disorder), one tablet twice daily. -Physician's order dated 5/31/24 for Quetiapine 100 mg (Bipolar Disorder), one tablet three times daily. -Physician's order dated 5/30/24 for Asenapine 10 mg, one tablet under tongue at noon. -A drug regimen review was completed on 9/17/24. -There was no documentation of a drug regimen review completed within the last six months. <p>Review on 5/28/25 of the May 2025 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -Staff documented client #1 was administered the above medication on 5/1 thru 5/27. <p>Review on 5/28/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/8/20. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder (ADHD), Insomnia, Obesity and Vitamin D Deficiency. -Physician's order dated 9/27/24 for the following medication: <p>Clonidine 0.1 mg, (ADHD), one tablet in the morning</p> <p>Risperidone 2 mg (Autism), one tablet in the</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>morning Divalproex 125 mg (Bipolar Disorder), 6 capsules twice daily Olanzapine 5 mg (Bipolar Disorder), one tablet twice daily Hydroxyzine Hydrochloride 50 mg (Anxiety), one tablet at bedtime Trazodone 150 mg (Depression), one tablet at bedtime -A a drug regimen review was completed on 9/17/24. -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Review on 5/28/25 of the May 2025 Medication Administration Record (MAR) revealed: -Staff documented client #2 was administered the above medication on 5/1 thru 5/27.</p> <p>Interview on 5/28/25 with the House Manager revealed: -She was the House Manager for about a year. -"I don't recall any one from the pharmacy coming out to do a drug regimen review for the clients." -She confirmed there was no documentation of a drug regimen review completed for clients #1 and #2 within the last six months.</p> <p>Interview on 5/28/25 with the Qualified Professional revealed: -The nurse was responsible for ensuring the drug regimen reviews were completed for clients. -He wasn't sure why there were no drug regimen reviews for clients #1 and #2. -He confirmed there was no documentation of a drug regimen review completed for clients #1 and #2 within the last six months.</p>	V 121		