

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILSON COUNTY GROUP HOME #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1502 PINEVIEW AVE NW</b> <b>WILSON, NC 27893</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on June 5, 2025. 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 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</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 record reviews, observation and interview, the facility failed to keep the MAR current affecting one of three audited clients (#2). The findings are:</p> <p>Review on 6/4/25 of Client #2's record revealed: -Admission date of 6/12/91. -Diagnoses of Intellectual Developmental Disability-Moderate, Epilepsy, Essential Hypertension, Hyperlipidemia, Type 2 Diabetes, and Insomnia.</p> <p>Review on 6/4/25 of client #2's physician's order dated 2/4/25 revealed: -Carbamazepine ER (Extended Release) 400 milligram (mg) (Epilepsy), take 1 tablet twice daily. -Chlorhexidine Gluconate 0.12% Solution (Oral Rinse), swish &amp; spit 1/2 capful for one or two minutes by mouth at bedtime. -Docusate Sodium 100 mg (Constipation), take 1 capsule twice daily as needed. -Ezetimibe 10 mg (Hyperlipidemia), take 1 tablet in the evening. -Ferrous Sulfate 325 mg (Iron supplement), take 1 tablet twice daily. -Fish Oil 1000 mg (Supplement), take 2 capsules at bedtime.</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Levetiracetam 1000 mg (Epilepsy), take 2 tablets twice daily.</li> <li>-Melatonin 1 mg (Insomnia), take 1 capsule at bedtime as needed.</li> <li>-Nortriptyline 10 mg (Depression), take 1 capsule at bedtime.</li> <li>-Rosuvastatin 20 mg (Hyperlipidemia), take 1 tablet in the evening.</li> </ul> <p>Review on 6/4/25 of client #2's MARs from March 1, 2025 through June 4, 2025 revealed:</p> <ul style="list-style-type: none"> <li>-No staff initials on 5/28/25 to indicate the medication were administered on the following:</li> <li>-Carbamazepine ER 400 mg at 8:00 pm.</li> <li>-Chlorhexidine Gluconate 0.12% Solution at 8:00 pm.</li> <li>-Ezetimibe 10 mg at 8:00 pm.</li> <li>-Ferrous Sulfate 325 mg at 8:00 pm.</li> <li>-Fish Oil 1000 mg at 8:00 pm.</li> <li>-Levetiracetam 1000 mg at 8:00 pm.</li> <li>-Nortriptyline 10 mg at 8:00 pm.</li> <li>-Rosuvastatin 20 mg at 8:00 pm.</li> </ul> <p>Observation on 6/4/25 at approximately 10:00 am of Client #2's medications revealed:</p> <ul style="list-style-type: none"> <li>-Melatonin and Docusate Sodium were not available in the facility.</li> </ul> <p>Interview on 6/4/25 client #2 stated:</p> <ul style="list-style-type: none"> <li>-She took medication every day.</li> <li>-She did not know the medications she took.</li> <li>-She did not know if she missed any medications.</li> <li>-She did not have trouble with constipation or sleeping at night.</li> </ul> <p>Interview on 6/5/25 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-Clients took their medication every day.</li> <li>-She did not know why there was not a "signature" on the MAR to indicate medication administration for client #2's 8 pm medications on</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>5/28/25.</p> <ul style="list-style-type: none"> <li>-Client #2 did not say she was constipated or had trouble sleeping.</li> <li>-She "checked on" clients at night and everyone "rested fine."</li> </ul> <p>Interview on 6/5/25 staff #2 stated:</p> <ul style="list-style-type: none"> <li>-She administered the medication on 5/28/25 at night.</li> <li>-Client #2 was administered all of her 8 pm medications on 5/28/25.</li> <li>-There was a "system malfunction" and the signatures on the MAR to indicate medication administration did not transfer to the online MAR system.</li> <li>-Client #2 had not "mentioned" being constipated or having trouble sleeping.</li> <li>-She would "notice" if client #2 had constipation because her stomach would "swell up."</li> </ul> <p>Interview on 6/4/25 the Qualified Professional/House Manager stated:</p> <ul style="list-style-type: none"> <li>-"I am almost 100% certain that all clients received their medication on 5/28/25 at 8 pm."</li> <li>-"The system doesn't always sync (synchronize) the staff signatures after they sign off for administering the medication."</li> <li>-Client #2 had not requested the Melatonin or Colace in "so long."</li> <li>-"I will follow up with the doctor to see if the Melatonin and Colace can be discontinued."</li> <li>-She would ensure client #2 had Melatonin and Colace available in the facility for as needed use.</li> <li>-She would "immediately begin verifying staff signatures in the MAR on a weekly basis."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 536	Continued From page 4	V 536			
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) 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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536			

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V 536	Continued From page 5  (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 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	V 536		

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V 536	Continued From page 6  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 review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	<p>Continued From page 7</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure annual training in alternatives to restrictive interventions for one of three audited staff (Qualified Professional (QP)/House Manager). The findings are:</p> <p>Review on 6/4/25 of the QP/House Manager's personnel record revealed: -Hire date 8/28/17. -Mindset Safety Management Curriculum certificate of completion dated 5/10/24.</p> <p>Interview on 6/4/25 the QP/House Manager stated: -"I rarely work as a direct care staff, only if no other staff is available to work." -She was aware that her alternatives to restrictive intervention training had expired.</p>	V 536		



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V 536	Continued From page 8  -She was registered for alternatives to restrictive intervention training Monday, 6/19/25.	V 536		
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.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to have minimum furnishings for a client bedroom. The findings are:  Observation on 6/4/25 at approximately 9:30 am revealed: -The vacant client bedroom did not have a bed, bedding, pillow, bedside table and storage for personal belongings.  Interview on 6/4/25 with the Qualified Professional/House Manager stated: -The facility was planning to fill the vacancy soon. -The facility planned to purchase furniture for the bedroom before they admit a new client.	V 774		

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V 774	Continued From page 9  -She understood the vacant room needed to be furnished with bed, bedding, pillow, bedside table and storage for personal belongings.	V 774			