

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
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

L & J HOMES, INC.-RICHMOND AVENUE

**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 (f) Medication review: (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. (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		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

GYT W11

If continuation sheet 1 of 3

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER L & J HOMES, INC.-RICHMOND AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 RICHMOND AVENUE BURLINGTON, NC 27217		
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V 121	<p>Continued From page 1</p> <p>-Admission date of 5/18/15.</p> <p>-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.</p> <p>-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.</p> <p>-Physician's order dated 5/31/24 for Quetiapine 100 mg (Bipolar Disorder), one tablet three times daily.</p> <p>-Physician's order dated 5/30/24 for Asenapine 10 mg, one tablet under tongue at noon.</p> <p>-A a drug regimen review was completed on 9/17/24.</p> <p>-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:</p> <p>-Staff documented client #1 was administered the above medication on 5/1 thru 5/27.</p> <p>Review on 5/28/25 of client #2's record revealed:</p> <p>-Admission date of 7/8/20.</p> <p>-Diagnoses of Autism, Attention Deficit Hyperactivity Disorder (ADHD), Insomnia, Obesity and Vitamin D Deficiency.</p> <p>-Physician's order dated 9/27/24 for the following medication:</p> <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 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		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and mail completed Plan of Correction form to:

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name: L&J homes. INC
 Provider Contact: Dr. James Graham
 Person for follow-up: Same

Phone: (336) 277-8030

Fax: (336) 227-6288

Email: Omegaman1117@gmail.com

Address: 1355 N. Church Street, Burlington NC, 27613
 Provider # 1609211309

Finding	Corrective Action Steps	Responsible Party	Time Line
During a recent review or audit, it was noted that L&J Homes, Inc. was not in compliance with 10A NCAC 27G .0209, which outlines requirements related to the documentation of service delivery, including the maintenance and sharing of Medication Administration Records (MARs).	Corrective Action Plan	Name: [REDACTED]	Implementation Date: 6/09/2025
	<p>A. Immediate Action: As of June 9, 2025, L&J Homes, Inc. has implemented a protocol to ensure compliance with 10A NCAC 27G .0209. We are/will now providing the pharmacy with six (6) months of each client's Medication Administration Records.</p> <p>B. Standard Operating Procedure (SOP) Update: We have updated our internal SOPs to include the following steps:</p> <ul style="list-style-type: none"> • Maintain organized and complete MARs for all clients on a rolling six-month basis. • Review MARs monthly to ensure accuracy and completeness. • Each House Manager is responsible for compiling the reviewed MARs and sending the six-month history to the pharmacy each month via secure and approved methods (fax, encrypted email, or secure 	<p>Title: Qualified Mental Health Professional (QMHP)</p> <p>Phone: [REDACTED]</p> <p>Email: [REDACTED]</p>	Projected Completion Date: 6/9/2025

	<p>portal).</p> <ul style="list-style-type: none"> The Qualified Mental Health Professional (QMHP) will supervise this process for compliance, ensuring accuracy, timeliness, and documentation. A log will be maintained indicating the date sent, the recipient, and confirmation of delivery. 		
The specific deficiency identified was the failure to provide six months' worth of each client's Medication Administration Records (MARs) to the pharmacy, as required under the rule. This documentation is essential to ensure continuity of care and medication safety for our clients.	<p>C. Staff Training: All relevant staff, including house managers, nurses, med techs, and program managers, were retrained on June [Insert Training Date] regarding the updated documentation and transmission procedures. Attendance was documented, and ongoing refresher training will occur quarterly.</p> <p>D. Compliance Monitoring: The QMHP will conduct monthly audits and supervision to ensure adherence to this policy. The Quality Assurance Manager will also review these records monthly. Any discrepancies will be addressed immediately and documented for follow-up.</p>	<p>Name: Dr. [REDACTED] Title: Qualified Mental Health Professional (QMHP) Phone: [REDACTED] Email: [REDACTED]</p>	<p>Implementation Date: 6/09/2025</p> <p>Projected Completion Date: 06/12/2025</p>
	<p>E. Next Review: The next review of compliance and corrective actions will take place within the next sixty (60) days. This review will include a comprehensive audit of all MARs and the effectiveness of the corrective actions implemented.</p>		<p>Implementation Date: 6/09/2025</p> <p>Projected Completion Date: 06/09/2025</p>
			<p>Implementation Date: 6/09/2025</p> <p>Projected Completion Date:</p>