

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/12/2025
NAME OF PROVIDER OR SUPPLIER WINHAVEN STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 230 WINHAVEN STREET ROXBORO, NC 27573		
(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 June 12, 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 has a current 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	V118-Direct Support Staff and Program Coordinators (PC) & Registered Nurse (RN) will receive training from the Clinical Director regarding medication requirements. This training will include the implementation of medications according to physician orders and our policy & procedure regarding medication orders, MAR's, QMR's and medication orders to ensure medications are delivered according to physician's orders including times of administration and ensuring documentation is completed accurately. The PC will do quality checks weekly and the RN twice per month on MAR to ensure it matches the order and medications are delivered according to order, or notes are made for medication not given. The Director of Services will perform quarterly checks on MARs to ensure accuracy. <i>Melissa Dy Clinical Director 6/17/25</i>	6/25/25

Division of Health Service Regulation
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 review and interviews, the facility failed to keep the MAR current affecting one of three audited clients (#2). The findings are:</p> <p>Review on 6/11/25 of client #2's record revealed: -Admission date of 11/14/24. -Diagnoses of Traumatic Brain Injury, Seizure Disorder, Anemia, Hyperthyroidism and Hyponatremia.</p> <p>Review on 6/11/25 of physician's orders for client #2 revealed: -Order dated 2/24/25 for Levothyroxine 75 micrograms (mcg) (Hypothyroidism), one tablet before breakfast. -Order dated 1/16/25 for Sertraline 200 milligrams (mg) (Depression), two tablets daily. -Order dated 12/11/24 for Sodium Chloride 1000 mg (Relax Muscles), one tablet daily. -Order dated 12/10/24 for Vitamin D3 5000 International Unit (IU) (Bone Health), one capsule daily; B12 1000 mcg (Energy), one tablet under tongue in the morning and Calcium Carbonate 500 mg (Bone Health), one tablet three times daily. -Order dated 12/6/24 for Pregabalin 225 mg (Seizure Disorder), one capsule daily; Pregabalin 300 mg, one capsule every 12 hours; Clobazam</p>	V 118		

Mindy Clinical Director 6/17/25

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V 118	<p>Continued From page 2</p> <p>15 mg (Seizure Disorder), 1.5 tablets at bedtime; Brivaracetam 100 mg (Seizure Disorder), one tablet twice daily and Lacosamide 200 mg (Seizure Disorder), one tablet twice daily.</p> <p>Review on 6/11/25 of the April 2025 MAR revealed:</p> <p>No staff initials to indicate the medication was administered for the following:</p> <ul style="list-style-type: none"> -Levothyroxine 75 mcg on 4/5 thru 4/8. -Sertraline 200 mg on 4/5 thru 4/8. -Sodium Chloride 1000 mg on 4/5 thru 4/8. -Vitamin D3 5000 IU on 4/5 thru 4/8. -B12 1000 mcg on 4/5 thru 4/8. -Calcium Carbonate 500 mg on 4/5 thru 4/8 am doses, 4/4 thru 4/8 2pm doses and 4/4 thru 4/8 8pm doses. -Pregabalin 225 mg on 4/1, 4/4 thru 4/8. -Pregabalin 300 mg on 4/5 thru 4/8 pm doses. -Clobazam 15 mg on 4/4 thru 4/8. -Brivaracetam 100 mg on 4/5 thru 4/8 am doses and 4/5 thru 4/8 pm doses. -Lacosamide 200 mg on 4/5 thru 4/8 am doses and 4/4 thru 4/8 pm doses. <p>Interview on 6/11/25 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> -She did not know why staff did not put their initials daily on the April 2025 MAR for client #2. -"Staff know they should document when clients are on leave." -She confirmed the MAR was not kept current for client #2. <p>Interview on 6/11/25 with the Director of Services revealed:</p> <ul style="list-style-type: none"> -Client #2 was in the hospital in April 2025 for medical reasons. -"Staff are not supposed to leave MAR blank." 	V 118		

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V 118	Continued From page 3 -"Staff are supposed to indicate the reason a client is out of facility." -She confirmed the MAR was not kept current for client #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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 interviews, the facility was not maintained in a clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 6/11/25 at approximately 9:50 AM revealed: -Client #4's bedroom-There were approximately 50 black spots on carpet that ranged from quarter size to the size of an orange. Strong musty odor. Wall had black and grayish stains. -Bathroom #1-The door jamb was rusted. The shower curtain had a rust like stain towards the bottom. -Bathroom #2-The tub had black stains near the drain. The shower curtain liner had a rust like stain towards bottom. Interview on 6/11/25 with staff #1 revealed: -The carpet was stained in client #1's bedroom because "he did a lot of spitting."	V 736	V736-Direct Support Staff and Program Coordinators (PC) will receive training from the Director of Services regarding facility and ground maintenance. This training will include the facility and grounds to be maintained safe, clean and attractive with no offensive odors. The PC will ensure the bathrooms are cleaned and shower curtains are replaced as needed. The Director of Operations will schedule the maintenance team to clean the carpets and replace the door jams that are rusted. The PCs will do quality checks no less than twice per week of the facility and its cleanliness. The Director of Services will conduct unannounced facility inspections at least monthly to ensure the facility is clean with no offensive odor. This will be evidenced by signing the cleaning verification log at each inspection located in the office.	6/27/25
			<i>Mun Dy Clinical Director 6/17/25</i>	

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> -He wasn't sure how long the carpet was stained. -He acknowledged all of the above issues with the facility. <p>Interview on 6/11/25 with the Director of Services revealed:</p> <ul style="list-style-type: none"> -They had been working with the mental health support agency to get the carpet replaced in client #4's bedroom. -They do preventative maintenance reports. -The reports are done by other management staff. -She didn't manage the preventative maintenance reports. -She didn't know if any of the recent issues with the facility were identified in those reports. -She acknowledged all of the above issues with the facility. 	V 736			

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