

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/18/2025
NAME OF PROVIDER OR SUPPLIER WARREN COUNTY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 MUSTIAN ROAD NORLINA, NC 27563		
(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 6/18/25. 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 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000			
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		SEE ATTACHED	
				<p>RECEIVED</p> <p>JUL 09 2025</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Jaime Johnson

6899

RUAQ11

EXECUTIVE DIRECTOR 7/3/2025

If continuation sheet 1 of 7

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/18/25 of the facility's fire and disaster schedule revealed:</p> <ul style="list-style-type: none"> - Fire and Disaster drills were to be completed monthly and on rotating shifts (1st, 2nd, and 3rd) - 1st shift was 7am-3pm - 2nd shift was 3pm-11pm - 3rd shift was 11pm- 7am <p>Review on 6/12/25 of the facility's fire and disaster drill log from June 2024 - June 2025 revealed:</p> <ul style="list-style-type: none"> - No fire or disaster drills were completed for third shift <p>Interview on 6/12/25 staff #1 reported:</p> <ul style="list-style-type: none"> - The facility completed fire and disaster drills monthly - The facility completed different drills each month - "There was a schedule that they (staff) go by" - 1st shift was 7am-3pm, 2nd shift was 3pm-11pm, and the "sleepover" shift was 11 pm-7am - She did not know they needed to do a drill on 3rd shift since it was the "sleepover" shift <p>Interview on 6/12/25 staff #2 reported:</p> <ul style="list-style-type: none"> - She did fire and disaster drills at a different time every month - She was the "sleepover" staff during weeknights - "Never thought about doing them (drills) on third shift" - She was still "learning about the drills" (when 	V 114		

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V 114	Continued From page 2 to do them) - "I will make sure I do them in the middle of the night too" Interview on 6/17/25 with the Residential Manager (RM) reported: - She was responsible for checking the fire drill logs - There was a third shift from 11pm-7am, but it was a "sleep" shift - She would talk with the Executive Director (ED) to get clarification about the fire drill schedule Interview on 6/18/25 with the ED reported: - "The RM would be responsible to ensure the fire and disaster drills are completed according to the schedule in the facility" - Staff would be re-trained on how to follow the fire and disaster drill schedules	V 114			
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such	V 291			

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V 291	Continued From page 3 means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain coordination between the facility operator and the qualified professionals who are responsible for the treatment/habilitation or case management affecting 1 of 3 current clients (#1). The findings are: Review on 6/12/25 of Client #1's record revealed: - Admitted: 4/1/24 - Diagnoses: Mild Intellectual Disabilities, Hypertension, Diabetes, Vitamin D Deficiency - Doctor's Order dated 10/3/24: Blood Glucose Monitoring kit: Use to check blood sugar (BS) twice daily (BID) - FL-2 dated 4/23/25 signed by physician: Accu-Chek Guide Test Strip: Use as Directed 2x Daily Review on 6/12/25 of Client #1's Medication Administration Record (MAR) from March 2025-June 11, 2025 revealed:	V 291			

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V 291	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Documentation for 8am and 8pm was completed to reflect that Client #1's blood sugars were being checked at both times <p>Review on 6/12/25 of Client #1's Blood Glucose Log from March 10, 2025 - June 11, 2025 revealed:</p> <ul style="list-style-type: none"> - Only one glucometer reading was documented in the AM - No other documentation of glucose readings were documented <p>Review on 6/12/25 of Client #1's glucometer from June 1, 2025 - June 11, 2025 revealed:</p> <ul style="list-style-type: none"> - One AM glucometer reading was in the glucometer's history <p>Interview on 6/12/25 Staff #1 reported:</p> <ul style="list-style-type: none"> - She "thought" Client #1's blood sugar checks were changed to once daily after his doctor's appointment in February or April 2025 - The Registered Nurse (RN) was responsible for checking the medications and the MARs - She was not sure how the blood sugar checks got missed for the 8pm checks <p>Interview on 6/12/25 Staff #2 reported:</p> <ul style="list-style-type: none"> - She "sometimes" checked Client #1's blood sugars - "I can't remember the last time I took his blood sugar" - "When I do take his blood sugar, I don't put the number down, I just put my initial in the book (MAR)" - "Not sure why I signed it (documented on the MAR as checked) when I did not do the blood sugar" <p>Interview on 6/12/25 the Residential Manager (RM) reported:</p>	V 291		

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V 291	<p>Continued From page 5</p> <ul style="list-style-type: none"> - She and Staff #1 were responsible for checking to make sure the blood sugar checks were completed - The RN was also responsible for checking the medications and the MARs - The RN visited the facility about every three months, and had been at the facility in April 2025 - She checked the medications and MARs daily - She must have overlooked the blood sugar logs, she usually checked to ensure the MARs were documented - She did not check the glucometer to ensure the blood sugar checks were done, but would start checking now <p>Interview on 6/17/25 the RN reported:</p> <ul style="list-style-type: none"> - She visited the facility every 3 months - She had last been at the facility in April 2025 - She was responsible for looking over the medications, MARs, and other medical needs that would arise - Client #1 had recently started blood sugar checks, and she "thought" his checks were decreased from twice daily to once daily, but was "not sure when" - She usually checked the glucometer as well as the logs - She would contact the RM to clarify what the current order was for the blood sugar checks <p>Interview on 6/17/25 the Clinical Supervisor from Client #1's primary physician's office reported:</p> <ul style="list-style-type: none"> - Client #1's last visit was 6/10/25 - Client #1 should continue to get blood sugar checks twice daily - The frequency of his blood sugar checks had not changed since the blood sugar checks were ordered on 10/3/24 	V 291			

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V 291	Continued From page 6 Interview on 6/18/25 the Executive Director reported: - The RN and the RM were responsible for ensuring that doctor's orders were followed and communicated to staff - The doctor would implement the order and it would go on the the MAR - The MAR would be checked by the RN and the RM - She would discuss with the RN and the RM to ensure it did not happen again	V 291			

Plan of Correction – Warren County Group Home

Date of Correction: August 17, 2025

Deficiency Cited: V114: 10A NCAC 27G.0207. Emergency Plans and Supplies. The agency failed to implement the fire and disaster drills at least quarterly and repeated for each shift.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that the fire and disaster plan is implemented as written and that drills are completed once per shift per quarter. The Residential Manager II will complete an In-Service training on the Legacy Human Services, Inc. fire and disaster calendar, protocols and processes. She will oversee the scheduling of these drills and assure that they are documented on the appropriate times/shifts. The QP will check for the completion of the drills when completing supervisions in the home.

Responsible Parties: Direct Support Professionals, Residential Manager II, QP and Executive Director

Correction Date: 8/17/2025

Deficiency Cited: V291: 10A NCAC 27G.5603 Operations. The agency failed to ensure proper coordination of medication orders to maintain the correct care of a client's glucose monitoring.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that each client receives their medications and glucose monitoring as prescribed and that the MARs are checked monthly by the Residential Manager and quarterly by the RN. The Residential Manager will complete an In-Service with all staff regarding doctor's orders and facilitate the line of communication from the doctors to staff, the QP and RN. The QP will monitor the MAR monthly when in house doing supervision.

Responsible Parties: Direct Support Professionals, Residential Manager, QP, RN, and Executive Director.

Correction Date: 8/17/2025

Provider Signature: 



626 S. Garnett Street
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252-438-6700 Office
252-438-6720 Fax

July 3, 2025

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiencies cited at the Warren County Group Home, Located at 109 Mustian Road, Norlina, NC 27563. This is in conjunction with MHL #: 093-063.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of **August 17, 2025**. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director

