Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL093-025	A. BUILDING: _____ B. WING _____	R 06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN STREET	200 WARREN STREET WARRENTON, NC 27589

(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. Deficencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 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 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 RECEIVED JUL 09 2025 DHSR-MH Licensure Sect	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

EXECUTIVE DIRECTOR — 7/3/2025

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review on interview, the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Review on 6/18/25 of the facility's fire and disaster schedule revealed: - 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 Review on 6/13/25 of the facility's Emergency Drill Log for June 2024 - May 2025 revealed: - Tornado Drills were completed June and July of 2024 with no time or shift documented - Fire Drills were completed June 2024 - May 2025 no time or shift documented - Disaster Drills were completed for January - May 2025 with no time or shift documented Interview on 6/13/25 Client #3 reported: - He participated in fire drills and would go to the end of the driveway if there was a fire - He would get up in the middle of the night to do a fire drill, but "it's been a while" since they did one at night - He participated in disaster drills in the past, he would go to the closet or bathroom - "I don't do tornado drills a lot," and was not sure how often the facility did tornado drills Interview on 6/13/25 Client #5 reported: - The facility conducted fire drills - He went out front for a fire, "unless the fire was out front, then I would go out back" - He thought he did a fire drill in the middle of the night "maybe once", but could not remember	V 114		

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V 114	Continued From page 2 Interview on 6/17/25 Staff #1 reported: - Did fire and disaster drills once monthly - Did the fire and disaster drills on the same day - The earliest time he completed the fire and disaster drills was 7am and the latest was 9pm - He had never done a drill in the middle of the night, "never thought to" - Not sure why he did not document the time on the form Interview on 6/13/25 Staff #2 reported: - She was retired from another facility in the company and worked as needed (PRN) at this facility - She started working some weekends at this facility in May 2025 - Had not done fire or disaster drills at this facility since she started working weekends PRN Interview on 6/17/25 the Group Home Manager/Qualified Professional (GHM/QP) reported: - The Lead staff was responsible for checking the logs, but had been out of work since February 2025 - She had looked over the logs in the past to make sure they were being done - Not sure why staff had not documented the time the drills were completed - "I will starting checking the logs more closely moving forward" Interview on 6/18/25 with the Executive Director reported: - "The Residential Manager (GHM/QP) would be responsible to ensure the fire and disaster drills are completed according to the schedule in the facility"	V 114		

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V 114	Continued From page 3 - Staff would be re-trained on how to follow and document the fire and disaster drill schedules	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 4 This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medication packaging had the required labeling information affecting 3 of 3 audited clients (#1,#3,#5). The findings are: Review on 6/13/25 of Client #1's record revealed: - Admitted: 8/1/18 - Diagnoses: Schizophrenia, Hyperlipidemia, Hypertension - Doctor's Order dated 10/30/24: - Lovastatin 20 Milligram (Mg) Tablet (Tab), Take 1 tab by mouth every day (Hyperlipidemia) - FL-2 dated 4/7/25 signed by the physician: - Metoprolol Tartrate 25 Mg Tab, Take 1 tab by mouth every day (Hypertension) - Benztropine Mesylate 1 Mg Tab, Take 1 tab by mouth twice daily (Antipsychotic) - Clozapine 100 Mg Tablet, Take 1 tab by mouth every morning and 2 1/2 tabs by mouth at bedtime (Schizophrenia) Review on 6/13/25 of Client #3's record revealed: - Admitted: 8/1/18 - Diagnoses: Schizoaffective Disorder, Hypertension, Diabetes, Tracheotomy, Gastroesophageal Reflux Disease (GERD), Recurrent Urinary Tract Infections (UTI) - FL-2 dated 4/7/25 signed by the physician: - Cetirizine Hydrochloride (Hcl) 10 Mg Tab, Take 1 tab by mouth daily (Allergies) - Duloxetine 30 Mg Capsule (Cap), Take 1 cap by mouth daily (Antipsychotic) - Fenofibrate 125 Mg Tab, Take 1 tab by mouth daily (Cholesterol) - Furosemide 40 Mg Tab, Take 1 tab by mouth every day (UTI) - Gabapentin 300 Mg Cap, Take 1 cap by	V 117		

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V 117	Continued From page 5 mouth three times daily (Anxiety) - Levetiracetam 500 Mg Tab, Take 1 tab by mouth twice daily (Anxiety) - Lisinopril 5 Mg Tab, Take 1 tab by mouth daily (Hypertension) - Metformin Hcl 500 Mg Tab, Take 1 tab by mouth every day (Diabetes) - Metoprolol Tartrate 25 Mg Tab, Take 1 tab by mouth twice daily (Hypertension) - Simvastatin 40 Mg Tab, Take 1 tab by mouth every day (Cholesterol) - Tamsulosin Hcl .4 Mg Cap, Take 1 cap by mouth every day (Urinary Retention) - Aripiprazole 10 Mg Tablet, Take 1 tab by mouth twice daily (Schizophrenia) Review on 6/13/25 of Client #5's record revealed: - Admitted 8/1/15 - Diagnoses: Schizophrenia Affective Disorder, Diabetes, Hypertension - Doctor's order dated 4/17/25: - Atorvastatin 40 Mg Tab, Take 1 tab by mouth at bedtime (Cholesterol) - Aripiprazole 10 Mg Tab, Take 1 tab by mouth every day (Schizophrenia) - Clozapine 200 Mg Tab, Take 1 tab by mouth twice daily (Schizophrenia) - FL-2 dated 2/11/25 signed by the physician: - Cetirizine Hcl 10 Mg Tab, Take 1 tab by mouth every night at bedtime (Allergies) - Fenofibrate 160 Mg Tab, Take 1 tab by mouth daily (Cholesterol) - Glipizide Extended Release 10 Mg Tab, Take 2 tabs by mouth every morning (Diabetes) - Januvia 100 Mg Tab, Take 1 tab by mouth every day (Diabetes) - Lisinopril Hydrochlorothiazide 20-12.5 Mg Tab, Take 1 tab every day (Hypertension) - Metformin Hcl 500 Mg Tab, Take 1 tab my mouth twice daily (Diabetes)	V 117		

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V 117	Continued From page 6 - Trazadone 50 Mg Tab, Take 1/2 tab by mouth every night at bedtime (Sleep) Observation on 6/13/25 at approximately 2:05pm of Client #1, #3, and #5's medications revealed: - Pre-packaged pills of different sizes and colors in individualized packs on pill rolls - The pill rolls were located inside of a white box with hand written dates of 6/13/2025 -7/12/2025 and the client's first name and first initial - There were no labels on the box that included: - Client's name - Prescribers name - Current dispensing date - The name, strength, quantity, and expiration date of the prescribed drug - The name, address, and phone number of the pharmacy or dispensing location, and name of the dispensing practioner - The medication labels were kept in the staff office located through the kitchen, on the other side of the facility Interview on 6/13/25 Staff #1 reported: - He was not sure why the labels were kept in the office - "Sometimes they were on the box, sometimes they were in the office" - There was a Registered Nurse (RN) that came to the facility, but was unsure when she was at the facility last - He would get clarification from the Group Home Manager/Qualified Professional (GHM/QP) to determine where the labels needed to be placed Interview on 6/13/25 Staff #2 reported: - She was retired from another facility in the	V 117		

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V 117	Continued From page 7 company and worked as needed at this facility - She started working some weekends at this facility in May 2025 - The Lead staff and GHM/QP were usually responsible for checking over the medications - She was unsure of why the labels were kept in the office and not on the medication boxes Interview on 6/17/25 the GHM/QP reported: - The RN came to the facility to look over the medication and made sure there were no errors - The RN usually checked for the labels on the medication boxes - The RN was at the facility about two weeks ago - "Not sure why the labels were not on the box" - Would make sure the labels were on the box moving forward Attempted interview on 6/17/25 with the RN was unsuccessful. No return phone call from the RN was received by the end of this survey on 6/18/25. Interview on 6/18/25 the Executive Director reported: - The medication labels should have been on the medication boxes - The facility worked with the pharmacy to ensure the labels were printed and on the white boxes - She would contact the GHM/QP to ensure the labels were on the boxes moving forward	V 117		

Plan of Correction – Warren Street 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 Program Director / QP 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 Clinical Director will check for completion of the drills when completing supervisions in the home.

Responsible Parties: Rehabilitation Technicians, Program Director / QP, Clinical Director and Executive Director

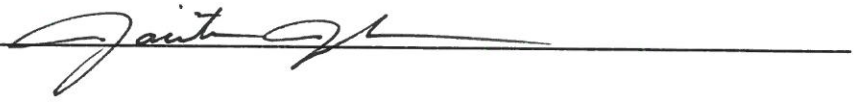
Correction Date: 8/17/2025

Deficiency Cited: V117: 10A NCAC 27G.0209 Medication Requirements. The agency failed to ensure medications were properly labeled prior to administering medication to client.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that each client receives their medications as prescribed and that the medications are checked monthly by the QP/Director of Programing and RN to match up to the standard requirements. The QP will complete an In-Service with all staff requiring when staff picks up medication from the pharmacy each month, or picks up over the counter medications, they will assure there is a label, or request a label with A-F requirements and label the product properly prior to administering said medication. The QP and RN will check behind the staff member checking in medications to assure that each box is labeled as it comes from the pharmacy.

Responsible Parties: Rehabilitation Technicians, Program Director/QP, RN, Clinical Director and Executive Director.

Correction Date: 8/17/2025

Provider Signature: 

Legacy
Human Services,
Inc.

626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
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 Street Group Home, Located at 200 Warren Street, Warrenton, NC 27589. This is in conjunction with MHL #: 093-025.

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,

Jacinta Johnson

Executive Director

ASPIRE to Excellence®
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ACCREDITED