

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTGLEN ROAD GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3523 WESTGLEN ROAD DURHAM, NC 27705</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on September 5, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<div style="border: 1px solid red; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>RECEIVED BY</b> <b>MHL &amp; C</b> <b>9/19/25</b></p> </div>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Elizabeth R. Scott, Executive Director* TITLE: \_\_\_\_\_ (X6) DATE: 9/19/25

STATE FORM 8899 2RC911 If continuation sheet 1 of 8

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2025</b>
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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 interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 3 audited clients (#1 and #2), and to maintain a current MARs affecting 1 of 3 audited clients (#3). The findings are: The findings are:</p> <p>Review on 9/5/25 of Client #1's record revealed: -Admission date of 2/1/93. -Diagnoses of Mental Retardation- Moderate, Chronic Eye Infection- Pterygiums, Hyperlipidemia. -Physician order dated 6/10/25 for: -Latanoprost 0.005%- Instill one drop into both eyes every day at night. -Clotrimazole 1%- Apply topically twice daily on right and left big toe.</p> <p>Observation on 9/5/25 at 11:15 am of Client #1's medications revealed: -Latanoprost 0.005% expired on 8/24/25. -Clotrimazole 1% expired on 7/14/25.</p> <p>Review on 9/5/25 of Client #1's MARs for July 2025 through September 5, 2025 revealed: -Latanoprost 0.005% was documented as being instilled nightly from July 1 through September 5.</p>	V 118	<p>V118</p> <p>Client #1 medications Latanoprost 0.005% and Clotrimazole 1% have been replaced and expired medications removed from the group home.</p>	<p>By</p> <p>9/24/25</p>
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V 118	<p>Continued From page 2</p> <p>-Clotrimazole 1% was documented as being applied twice daily from July 1 through September 5.</p> <p>-Facility did not have current Latanoprost and Clotrimazole available.</p> <p>Review on 9/5/25 of Client #2's record revealed: -Admission date of 11/1/80. -Diagnoses of Dementia of Alzheimer's type with Behavioral Disturbance and with early onset. Moderate Mental Retardation, Downs Syndrome, Speech Impairment, Extreme Myopia, Nystagmus, Gout, Hearing Impairment, Obesity, and Sleep Apnea. -Physician orders dated 6/9/25 for:     -Melatonin 3 milligrams (mg)- Take one tablet each night at bedtime.     -Eucerin Creme- Apply topically once daily to affected area.</p> <p>Review on 9/5/25 of Client #2's medications revealed: -Melatonin 3 mg was not available. -Eucerin Creme- was not available.</p> <p>Review on 9/5/25 of Client #2's MARs for July 2025 through September 5, 2025 revealed: -Melatonin 3 mg was documented as administered nightly from July 1 through September 4. -Eucerin Creme was documented as being applied daily from July 1 through September 4.</p> <p>Facility did not have Melatonin and Eucerin Creme available.</p> <p>Review on 9/5/25 of Client #3's record revealed: -Admission date of 7/15/24. -Diagnoses of Mild Intellectual Developmental</p>	V 118	<p>Client #2 medications Melatonin 3mg and Eucerin cream have been obtained and available for administration.</p>	<p>By 9/24/25</p>

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V 118	Continued From page 3  Disability. -Physician order dated 6/12/25 for: -Propranolol 10 mg- Take one capsule daily. -Vitamin B Complex- Take one tablet daily. -Physician order dated 7/14/25 for: -Lamotrigine 200 mg- Take one tablet daily. -Escitalopram 20 mg- Take one tablet daily. -Mirtazapine 15 mg- Take one tablet daily at bedtime. -Linzess 145 micrograms (mcg)- Take one capsule daily. -Metformin 500 mg- Take one tablet daily with dinner as directed. -Olanzapine 2.5 mg- Take one tablet daily at bedtime. -No physician order available for Bupropion 150 mg- Take one tablet daily in the morning.  Review on 9/5/25 of Client #3's medications revealed: -All medications mentioned were available.  Review on 9/5/25 of Client #3's MARs for July 2025 through September 5, 2025 revealed medications were not signed off by staff to indicate been administered on the following dates: September: -Propranolol 10 mg- 9/3 @ 8pm, 9/4 @ 8 am. -Vitamin B Complex- 9/4. -Lamotrigine 200 mg- 9/3. -Escitalopram 20 mg- 9/4. -Mirtazapine 15 mg- 9/3. -Linzess 145 mcg- 9/4. -Metformin 500 mg- 9/3. -Olanzapine 2.5 mg- 9/3. -Bupropion 150 mg- 9/4.  -MARs not kept current. -Missing physician order for Bupropion.	V 118	Client #3 order for Bupropion was obtained by the Divion Director(QP) and is in Client #3's record.	By 9/24/25

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V 118	<p>Continued From page 4</p> <p>Interviews on 9/5/25 with Clients #1, #2 and #3 revealed: -They had had no issues in receiving their medications.</p> <p>Interview on 9/5/25 with Staff #4 revealed: -She had just been assigned this facility last month. -She was still trying to figure out a system to better track client's medications. -She was not aware that the eye drops and the creme for Client #1 had just expired. -She would order re-fills for Client #1 and would pick them up as soon as they would become ready. -Agency normally had a system where they identify medications before they ran out and order them. -She was aware that there may be a gap of time when medications got ordered to when they would actually be received from the pharmacy. -She would review all client's medications and see if they had extra packages or if more would need to be re-ordered. -Client #3 had been out of the facility on 9/3 and 9/4. -Client #3 had been with his parents. -She had not work on 9/3-9/4/25, but facility staff should have placed an "A" to indicate that he was Away. -Should not have left the dates blank. -When Client #3 went to his Psychiatrist at the end of August, his medications were adjusted. -Facility should had received a new copy of the order when Client #3 came back. -New orders had also been sent to the main office to be logged. -Office should have had a copy of the Client #3's physician order for his Bupropion.</p>	V 118	<p>The Director of Operations and the Division Director (QP) will review all medications, orders, and MAR's for all clients to ensure that medications are in the group home are not expired and that medications are administered as ordered.</p> <p>The RN has been scheduled to complete retraining with all group home managers at DCCLP that administer medications on 9/24/25 and documentation of that training will be available for review. Training will include topics to address medication orders, expired medications, documentation, and availability of prescribed medications including PRN and OTC medications as ordered.</p>	<p>By 10/10/25</p> <p>By 9/24/25</p>

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V 118	Continued From page 5  Interview on 9/5/25 with the Qualified Professional revealed: -He had just been assigned this facility this past month. -He had not had the chance to be and review things at the facility. -He was planning to have better control of things around the facility. -He would review MAR and medications with staff. -He would make sure medications would not run out since there may be a delay of when they make the order to when they actually receive it from the pharmacy.  Due to the failure to maintain updated medications for Client #1, it could not be determined if he received medication as ordered by his physician. Due to the failure to have all medications available for Client #2, it could not be determined he received medication as ordered by his physician. Due to the failure to accurately document medication administration for Client #3, it could not be determined if he received medication as ordered by his physician.	V 118	The Division Director( QP) will review all MAR's, at the end of each month to assure all medication labels and Doctor's orders match the information on the MAR. They will also review to make sure all medications are on site for administration. The Assistant Director, Director of Operations, or Director of QM will spot check on a periodic, unannounced basis. Monitoring will be monthly and then fade as needed. Documentation of monitoring will be available for review.  An RN will review the medications quarterly, completing a pharmaceutical care review.	By  10/24/25
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the	V 752		

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V 752	<p>Continued From page 6</p> <p>water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 9/5/25 at approximately 12:30 pm of the facility's hot water temperatures revealed: -Kitchen: Water temperature in sink was 119 degrees Fahrenheit. -Client's bathroom with tub: Water temperature in sink was 118 degrees Fahrenheit. -Client's bathroom with walk-in shower: Water temperature was 118 degrees Fahrenheit.</p> <p>Interview on 9/5/25 with Staff #4 revealed: -Clients were able to regulate their own water. -She was not aware of issues with the hot water. -She thought the hot water temperature was supposed to be under 118 degrees Fahrenheit. -Facility did not track hot water temperatures monthly.</p> <p>Interview on 9/5/25 with the Qualified Professional revealed: -He had just been assigned this facility recently and had not had the time to be present much. -He believed another inspector from a different agency had been at the facility recently and had made the same notice regarding water temperature. -He would make sure an order was placed to check on the water heater in bring the temperature down to between 100-116 Fahrenheit. -He acknowledged the facility failed to maintain</p>	V 752	<p>V752</p> <p>The Division Director will schedule the plumber to come to the group home and regulate the water temperature to 100-116 degrees.</p> <p>Group Home managers check hot water on each shift and document on the Manager Checklist. The Division Director will review this documentation. The Assistant Director, Director of Operations, and Director of QM will meet with Division Directors to review current procedures and processes for hot water monitoring. Documentation of this procedure review will be available, and any recommendations will be included with a timeline for implementation.</p>	<p>By 9/24/25</p> <p>By 10/24/25</p>

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V 752	Continued From page 7 the hot water temperature between 100-116 degrees Fahrenheit.	V 752	<p>Training on hot water monitoring will be completed on 9/24/25 for all managers and will include how to use hot water thermometers, documenting the temperature for all faucets on shift, and notifying supervisors about any concerns. Documentation of training will be available for review.</p> <p>The Assistant Director, Division Director, Director of Operations, or Director of QM will spot check hot water temperatures on a periodic, unannounced basis. Monitoring will be monthly and then fade as needed. Documentation of monitoring will be available for review.</p>	<p>By 9/24/25</p> <p>By 10/24/25</p>