

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 A complaint and follow up survey was completed on 9/15/25. The complaint was unsubstantiated (intake #NC00233017). 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 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 108	Continued From page 1 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide training to meet the MH/DD/SA needs of the clients affecting 1 of 3 audited staff (#1). The findings are: Review on 9/11/25 of Staff #1's personnel file revealed: -Hire date of 8/30/22. -Job title of Lead Residential Service Provider. -No documentation of client specific MH/DD/SA needs training. Interview on 9/2/25 with Staff #1 revealed: -Completed all required training. Interview on 9/15/25 with the Group Home Manager/Qualified Professional revealed: -Began working in the facility on 7/1/25. -Did not realize Staff #1 had not received client specific MH/DD/SA needs training. -Staff #1 must have "fallen through the cracks" because she was rehired after previously working in a sister facility. -Planned to retrain all staff by the end of September 2025. This deficiency constitutes a re-cited deficiency	V 108	V108- GH Manager will complete an Individual Specific Re-Training with all staff. GH Manager will complete Individual Specific Training with staff at hire, as needed and yearly, this will be documented in the EHR.	10/15/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 108	Continued From page 2 and must be corrected within 30 days.	V 108		
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. (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.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205			
(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 118	Continued From page 3 This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current and medications were administered as ordered affecting 2 of 3 clients (#1 and #2). The findings are: Review on 9/5/25 of Client #1's record revealed: -Admission date of 8/5/11. -Diagnoses of Mild Intellectual Developmental Disability, Generalized Anxiety Disorder, Intermittent Explosive Disorder, Attention Deficit Hyperactive Disorder, Cerebral Palsy, Chronic Obstructive Pulmonary Disease (COPD). -Physician's orders for the following medications: -9/18/24 Azelastine (allergies) 0.1% Spray one spray into each nostril twice daily at 8am and 8pm. -9/18/24 Budesonide (COPD) 0.5mg/2ml Suspension Inhale one vial via nebulizer twice daily at 8am and 8pm. -9/18/25 Bupropion (intellectual disabilities) 150mg Take one tablet by mouth every morning at 8am. -9/18/25 Fluvoxamine Maleate (anxiety) 1000mg Take one tablet by mouth every day at 8pm. -9/18/24 Hydroxyzine Pamoate (intellectual disabilities) 25mg Take one capsule every day at 8pm. -9/18/24 Loratadine (allergies) 10mg Take one tablet by mouth every day at 7am. -12/18/24 Methimazole (hypothyroidism) 5mg Take one tablet by mouth every morning at 8am -1/29/25 Metoprolol (sinus tachycardia) 25mg Take one-half tablet by mouth every morning at	V 118	V118- Regional RN will complete a Medication Administration Training with staff and GH Manager to include proper documentation protocols.		10/13/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 118	Continued From page 4 8am. -9/18/24 Montelukast (COPD) 10mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Multivitamin (nutritional supplement) Take one tablet by mouth every morning at 7am. -9/18/24 Oxcarbazepine (mood stabilizer) 300mg Take one tablet by mouth every morning at 8am. Take two tablets every evening at 8pm. -9/18/24 Prazosin (intellectual disability) 2mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Trazodone (intellectual disability) 500mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Ziprasidone (anxiety) 600mg Take one capsule by mouth twice daily at 8am and 5pm with food. -Zovia (birth control) 1-35: no order present. Review on 9/11/25 of Client #1's MARs from 7/1/25 to 9/9/25 revealed: -There were no staff initials for the following dates: -Azelastrine 0.1% (137 MCG) Spray on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am and 8pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 at 8am and 8pm, 9/2/25 at 8am and 8pm. -Budesonide 0.5mg/2ml Suspension on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am and 8pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 at 8am, 9/7/25 at 8am. -Bupropion HCL 150mg on 7/4/25 at 8am, 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Fluvoxamine Maleate 1000mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 118	Continued From page 5 8pm. -Hydroxyzine Pamoate 25mg on 7/4/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Loratadine 10mg on 7/4/25 at 7am and 7/5/25 at 7am, 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 7am. -Methimazole 5mg on 7/4/25 at 8am and 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Metoprolol 25mg on 7/4/25 at 8am and 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Montelukast 10mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Multivitamin on 7/4/25 at 7am and 7/5/25 at 7am, 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 at 7am. -Oxcarbazepine 300mg on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 8am. -Prazosin 2mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Trazodone 500mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Venlafaxine on 7/4/25 at 7am, 7/5/25 at 7am, 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 7am. -Ziprasidone on 7/3/25 at 5pm, 7/4/25 at 8am and 5pm, 7/5/25 at 8am and 5pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am and 5pm, 8/15/25 at 8am, 9/1/25 8am. -Zovia on 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am,	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 118	Continued From page 6 9/1/25 at 7am. Review on 9/5/25 of Client #2's record revealed: -Admission date of 5/2/24. -Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy. -Physician's order for the following medications: -0/26/24 Clindamycin (dermatitis) 1-5% Apply to the affected areas topically every day. -9/19/24 Eucerin Advanced Repair Cream (xerosis) Apply to the affected areas every morning at 8am. -9/14/24 Hydrocortisone (dermatitis) 2.5% Cream Apply to the affected areas twice daily at 8am and 8pm. -9/19/24 Ketoconazole (dermatitis) 2% Cream Apply to the affected areas every morning at 8am. -9/19/24 Lacosamide (epilepsy) 100mg Take one tablet by mouth twice daily at 8am and 8pm. -9/19/24 Metformin HCL (diabetes) 500mg Take one tablet by mouth every day at 7pm. -12/30/24 Pravastatin Sodium (cholesterol) 40mg Take one tablet by mouth every day at 8am. -9/19/24 Vitamin D3 (nutritional supplement) 2000 unit Take one capsule by mouth every day at 8am. Review on 9/11/25 of Client #2's MARs from 7/1/25 to 9/9/25 revealed: -There were no staff initials for the following dates: -Clindamycin 1-5% 7/1/25-7/31/25 at 8pm, 8/1/25-8/10/25 at 8am , 8/19/25 at 8pm, 8/31/25 at 8pm. -Eucerin Advanced Repair Cream on 7/1/25	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 118	Continued From page 7 at 8am, 8/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/23/25 at 8am, 8/24/25 at 8am. -Hydrocortisone 2.5% Cream on 7/1/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/19/25 at 8pm, 8/31/25 at 8pm. -Ketoconazole 2% Cream on 7/1/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/23/25 at 8am. -Lacosamide 100mg on 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/19/25 at 8pm and 8/31/25 at 8pm. -Metformin HCL 500mg on 8/19/25 at 7pm and 8/31/25 at 7pm. -Pravastatin Sodium 40mg on 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am. -Vitamin D3 2000 unit 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am. Observation on 9/11/25 at 1:15pm of Client #2's medications in the facility revealed: - Ketoconazole 2% Cream was not present. Interview on 9/2/25 with Client #1 revealed: -The only time a medication was missed was Zovia during a home visit, because "I forgot to take it home." Interview on 9/2/25 with Client #2 revealed: -Denied missing any medications. Interview on 9/2/25 with Staff #1 revealed: -Reviewed medications and made sure that all staff were signing off. -Was not aware of any missed medications. Interview on 9/11/25 with Staff #3 revealed: -All medications were given, staff forgot to sign the MAR.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 118	Continued From page 8 -Sometimes staff did not put on the MAR that the client was "out of facility" when on a home visit. -On 9/11/25 Client #2 was out of Ketoconazole Cream, so applied Eucerin Cream instead. Interview on 9/12/25 with Staff #6 revealed: -Usually did not administer medications. -Was not aware of any missed medications. Interview on 9/15/25 with the Qualified Professional revealed: -Staff were not documenting on the MAR correctly. -Staff should put "leave of absence" on the MAR rather than leaving blanks when clients went on home visits. -Staff were documenting "med unavailable" when the client refused the medication. -A new nurse began in August 2025 and had noted "issues" on the MARs. -All staff would be retrained to complete the MAR correctly. -Would clarify all creams for Client #2 with his dermatologist. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be	V 123			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 9 reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 3 audited clients (#1 and #2). The findings are: Review on 9/5/25 of Client #1's record revealed: -Admission date of 8/5/11. -Diagnoses of Mild Intellectual Developmental Disability, Generalized Anxiety Disorder, Intermittent Explosive Disorder, Attention Deficit Hyperactive Disorder, Cerebral Palsy, Chronic Obstructive Pulmonary Disease (COPD). -Physician's orders for the following medications: -9/18/24 Azelastine (allergies) 0.1% Spray one spray into each nostril twice daily at 8am and 8pm. -9/18/24 Budesonide (COPD) 0.5mg/2ml Suspension Inhale one vial via nebulizer twice daily at 8am and 8pm. -9/18/25 Bupropion (intellectual disabilities) 150mg Take one tablet by mouth every morning at 8am. -9/18/25 Fluvoxamine Maleate (anxiety) 1000mg Take one tablet by mouth every day at 8pm. -9/18/24 Hydroxyzine Pamoate (intellectual	V 123	V 123- Regional RN will complete a Medication Administration Training with staff and GH Manager to include proper documentation protocols.	10/13/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 10 disabilities) 25mg Take one capsule every day at 8pm. -9/18/24 Loratadine (allergies) 10mg Take one tablet by mouth every day at 7am. -12/18/24 Methimazole (hypothyroidism) 5mg Take one tablet by mouth every morning at 8am -1/29/25 Metoprolol (sinus tachycardia) 25mg Take one-half tablet by mouth every morning at 8am. -9/18/24 Montelukast (COPD) 10mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Multivitamin (nutritional supplement) Take one tablet by mouth every morning at 7am. -9/18/24 Oxcarbazepine (mood stabilizer) 300mg Take one tablet by mouth every morning at 8am. Take two tablets every evening at 8pm. -9/18/24 Prazosin (intellectual disability) 2mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Trazodone (intellectual disability) 500mg Take one tablet by mouth at bedtime at 8pm. -9/18/24 Ziprasidone (anxiety) 600mg Take one capsule by mouth twice daily at 8am and 5pm with food. -Zovia (birth control) 1-35: no order present. Review on 9/11/25 of Client #1's MARs from 7/1/25 to 9/9/25 revealed: -There were no staff initials for the following dates: -Azelastine 0.1% (137 MCG) Spray on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am and 8pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 at 8am and 8pm, 9/2/25 at 8am and 8pm. -Budesonide 0.5mg/2ml Suspension on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am and 8pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am,	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 11 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 at 8am, 9/7/25 at 8am. -Bupropion HCL 150mg on 7/4/25 at 8am, 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Fluvoxamine Maleate 1000mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Hydroxyzine Pamoate 25mg on 7/4/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Loratadine 10mg on 7/4/25 at 7am and 7/5/25 at 7am, 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 7am. -Methimazole 5mg on 7/4/25 at 8am and 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Metoprolol 25mg on 7/4/25 at 8am and 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 9/1/25 8am. -Montelukast 10mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Multivitamin on 7/4/25 at 7am and 7/5/25 at 7am, 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 at 7am. -Oxcarbazepine 300mg on 7/1/25 at 8am, 7/4/25 at 8am and 8pm, 7/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm, 9/1/25 8am. -Prazosin 2mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Trazodone 500mg on 7/4/25 at 8pm, 8/29/25 at 8pm, 8/30/25 at 8pm, 8/31/25 at 8pm. -Venlafaxine on 7/4/25 at 7am, 7/5/25 at 7am,	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 12 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 7am. -Ziprasidone on 7/3/25 at 5pm, 7/4/25 at 8am and 5pm, 7/5/25 at 8am and 5pm, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am and 5pm, 8/15/25 at 8am, 9/1/25 8am. -Zovia on 8/8/25 at 7am, 8/9/25 at 7am, 8/10/25 at 7am, 8/13/25 at 7am, 8/15/25 at 7am, 9/1/25 at 7am. Review on 9/5/25 of Client #2's record revealed: -Admission date of 5/2/24. -Diagnoses of Moderate Intellectual Developmental Disability, Cerebral Palsy, Epilepsy. -Physician's order for the following medications: -0/26/24 Clindamycin (dermatitis) 1-5% Apply to the affected areas topically every day. -9/19/24 Eucerin Advanced Repair Cream (xerosis) Apply to the affected areas every morning at 8am. -9/14/24 Hydrocortisone (dermatitis) 2.5% Cream Apply to the affected areas twice daily at 8am and 8pm. -9/19/24 Ketoconazole (dermatitis) 2% Cream Apply to the affected areas every morning at 8am. -9/19/24 Lacosamide (epilepsy) 100mg Take one tablet by mouth twice daily at 8am and 8pm. -9/19/24 Metformin HCL (diabetes) 500mg Take one tablet by mouth every day at 7pm. -12/30/24 Pravastatin Sodium (cholesterol) 40mg Take one tablet by mouth every day at 8am. -9/19/24 Vitamin D3 (nutritional supplement) 2000 unit Take one capsule by mouth every day at 8am.	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 13 Review on 9/11/25 of Client #2's MARs from 7/1/25 to 9/9/25 revealed: -There were no staff initials for the following dates: -Clindamycin 1-5% 7/1/25-7/31/25 at 8pm, 8/1/25-8/10/25 at 8am , 8/19/25 at 8pm, 8/31/25 at 8pm. -Eucerin Advanced Repair Cream on 7/1/25 at 8am, 8/5/25 at 8am, 8/8/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/23/25 at 8am, 8/24/25 at 8am. -Hydrocortisone 2.5% Cream on 7/1/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/19/25 at 8pm, 8/31/25 at 8pm. -Ketoconazole 2% Cream on 7/1/25 at 8am, 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/23/25 at 8am. -Lacosamide 100mg on 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am, 8/19/25 at 8pm and 8/31/25 at 8pm. -Metformin HCL 500mg on 8/19/25 at 7pm and 8/31/25 at 7pm. -Pravastatin Sodium 40mg on 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am. -Vitamin D3 2000 unit 8/9/25 at 8am, 8/10/25 at 8am, 8/13/25 at 8am, 8/15/25 at 8am. Observation on 9/11/25 at 1:15pm of Client #2's medications in the facility revealed: - Ketoconazole 2% Cream was not present. Interview on 9/2/25 with Client #1 revealed: -The only time a medication was missed was Zovia during a home visit, because "I forgot to take it home." Interview on 9/2/25 with Client #2 revealed: -Denied missing any medications.	V 123			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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 123	Continued From page 14 Interview on 9/2/25 with Staff #1 revealed: -Reviewed medications and made sure that all staff were signing off. -Was not aware of any medication errors. Interview on 9//2/25 with Staff #6 revealed: -Usually did not administer medications. -Was not aware of any missed medications. Interview on 9/11/25 with Staff #3 revealed: -All medications were given, staff forgot to sign the MAR. -Sometimes staff did not put on the MAR that the client was "out of facility" when on a home visit. -On 9/11/25 Client #2 was out of Ketoconazole Cream, so applied Eucerin Cream instead. -The Qualified Professional was responsible for reporting errors to the pharmacy. Interview on 9/11/25 and 9/15/25 with the Qualified Professional revealed: -Staff were not documenting on the MAR correctly. -Staff should put "leave of absence" on the MAR rather than leaving blanks when clients went on home visits. -Staff were documenting "med unavailable" when the client refused the medication. -A new nurse began in August 2025 and had noted "issues" on the MARs. -All staff would be retrained to complete the MAR correctly. -Would clarify all creams for Client #2 with his dermatologist. -"If a medication error is brought to my attention, I reach out to the pharmacy." -Had not documented contacts with the pharmacy. -No incident reports had been completed for medication errors from 7/1/25 to 9/9/25.	V 123			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/15/2025
NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205		
(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	