


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-078 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 02/17/2026 |
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| NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY GROUP HOME #1 | STREET ADDRESS, CITY, STATE, ZIP CODE 663 MOULTON ROAD LOUISBURG, NC 27549 |
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| (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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/17/26. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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 | <p style="text-align: center;"><i>SEE ATTACHED</i></p> <p style="text-align: center;">RECEIVED MAR 09 2026 DHSR-MH Licensure Sect</p> | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE EXECUTIVE DIRECTOR | (X6) DATE 3/3/2026 |
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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 interview, the facility failed to administer medications on the written order of a physician affecting 2 of 3 audited clients (#3, #4). The findings are:</p> <p>Review on 2/13/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/1/25 - Diagnoses: Moderate Intellectual Disability (ID) and Major Depressive Disorder - No current physician order for: <ul style="list-style-type: none"> - Medroxyprogesterone 150 milligram (mg)/milliliter (ml), injection by doctor every 3 months (birth control) <p>Review on 2/13/26 client #3's December 2025, January 2026, and February 2026 MAR revealed:</p> <ul style="list-style-type: none"> - Medroxyprogesterone listed as a medication to be administered by the physician <p>Interview on 2/13/26 Registered Nurse (RN) reported:</p> <ul style="list-style-type: none"> - She visited the facility every 3 months - Her last visit was 1/15/26 - She checked to make sure she had orders for everything on the MAR, checked previous months records to make sure they were signed off on correctly, and did a narcotics count with the staff | V 118 | | |
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| V 118 | <p>Continued From page 2</p> <ul style="list-style-type: none"> - She was unaware that she needed to get an updated physician's order every year - She would start calling and getting updated orders - She thought she had an order but didn't think she put it in client #3's chart and said that it wasn't in her notebook that she carried so she didn't know where it was <p>Review on 2/13/26 client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/3/23 - Diagnoses: Moderate ID, Moderate Recurrent Major Depressive Disorder, and Down Syndrome - No physician order for: <ul style="list-style-type: none"> - Vitamin D3 400 units, 2 tabs daily (supplement) - A physician order dated for 2/5/25 for Levothyroxine 150 microgram (mcg), 1 tablet (tab) every morning before breakfast (thyroid) - A signed FL2 dated 5/27/25 (after the physician order) for Levothyroxine 137mcg, 1 tab every morning <p>Review on 2/13/26 client #4's January 2026 & February 2026 MARs revealed:</p> <ul style="list-style-type: none"> - Levothyroxine 150mcg and Vitamin D3 listed and initialed by staff as being administered <p>Interview on 2/13/26 the RN reported :</p> <ul style="list-style-type: none"> - She did not get an updated physician's order during the year unless she called and asked for one - She would be more diligent with calling the pharmacy and getting any new orders - She had just been letting the orders "ride" instead of calling for an updated order - Didn't have an order for client #4's Vitamin D3 - The last order she had for the Vitamin D3 was dated 12/11/24 - The physician order dated 2/5/25 for client | V 118 | | |
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| V 118 | <p>Continued From page 3</p> <p>#3's Levothyroxine 150mcg was the correct order</p> <ul style="list-style-type: none"> - The FL2 must not have been updated to reflect the increased dosage of 150mcg and she didn't know why - She would get an updated order for client #4's Levothyroxine 150mcg <p>Review on 2/13/26 the Residential Manager reported:</p> <ul style="list-style-type: none"> - Client #3 received her Medroxyprogesterone injection every 3 months - She and the agency RN were responsible for checking over medications and making sure physician orders were in the client charts - She checked physician orders when the medications came in or when there had been changes with medications - The RN visited the facility every 3 months to review the client charts and medications | V 118 | | |
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Plan of Correction – Franklin County Group Home # 1

Date of Correction: March 30, 2026

Deficiency Cited: V118: 10A NCAC 27G.0209. Medication Requirements. Doctor's orders for medications must be kept current on record.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that all medications administered by staff, or by physician's injection will have an order that is current (defined as not over a year old) and maintained in the client record:

- Staff will make sure to collect a physician's order from each doctor's visit where prescriptions are given.
- Staff will consult with the pharmacy to make sure that the doctor's orders in house match what is in their system, and on the MAR.
- The Residential Manager will make sure to include all medications on the annual FL2.
- The QP will be responsible for spot checking doctor's orders to the MAR during monthly supervision meetings.
- The RN will compare doctor's orders to MARs and assure a current and accurate FL2 when auditing the homes no less than quarterly each year.

Responsible Parties: Residential Manager, RN, QP, and Executive Director

Correction Date: 3/30/2026

Provider Signature:



EXECUTIVE DIRECTOR



626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
252-438-6700 Office
252-438-6720 Fax

March 3, 2026

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

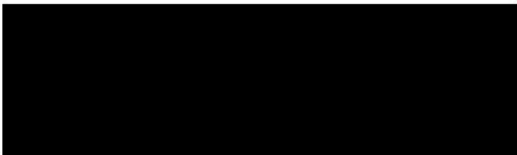
Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Franklin County Group Home, Located at 663 Moulton Road, Louisburg, NC 27549. This is in conjunction with MHL #: 035-078.

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 March 30, 2026. 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,



Executive Director



RECEIVED
MAR 09 2026
DHSR-MH Licensure Sect

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Franklin County Group Home #1 _____ MHL Number: 035-078 _____
Exit Date: 2/17/26 _____ Surveyor(s): _____

EXIT PARTICIPANTS: _____ Executive Director, and _____
_____/Residential Manager

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209/V118/standard

**Client & Staff Identifier List
(Indicate staff title or number beside each name)**

Client #1 _____
Client #2 _____
Client #3 _____
Client #4 _____

QP Douglas Gupton

Residential Manager – _____

RN – _____

Staff #1 _____

RECEIVED

MAR 09 2026

DHSR-MH Licensure Sect

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date