

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2018
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NAME OF PROVIDER OR SUPPLIER MARAJO PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 166 MARAJO COURT WINSTON-SALEM, NC 27127
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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
V 000	INITIAL COMMENTS A complaint and follow-up survey was completed on 4/25/18. The complaint was substantiated (Intake ID # NC00137865). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 F Supervised Living/Alternative Family Living	V 000		
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 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	V 291		

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

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V 291	<p>Continued From page 1</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews the facility failed to maintain and coordinate care for 1 or 3 clients (Client #1). The findings are:</p> <p>Review on 4/19/18 of Client #1's record revealed: - Admission date: 5/6/16 - Diagnoses: Severe Intellectual Developmental Disability, Downs Syndrome, Thrombocytopenia, Gastric Ulcer, Helical Gactor Pylori since 2009 - Person Centered Plan (PCP) dated: 10/1/17 Short term goal: assist in attending to all hygiene needs</p> <p>Review on 4/19/18 of Client #1's Medication Administration Record (MAR) revealed the following medication for foot care: Ketocazole Cream (Nizoral 2% cream) 15 mg, apply daily (anti fungal medication) Physician order dated 9/22/17</p> <p>Observations on 4/18/18 at approximately 11:00 am of Client #1's left and right feet and the toe nails and nail bed area revealed: - toenails on both feet were heavily crusted with a yellow appearing substance - toenails on the right foot were curled over the end of the toes 2, 3, 4 and 5 from the great toe - toenails on the left foot were curled over the end of the toes 2, 3, 4 and 5 from the great toe - both right and left feet were extremely dry and heels were cracked on both right and left feet.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Interview on 4/18/18 with Client #1 revealed: - "Toes don't hurt." Client #1 could not report when his toenails and feet last received any attention to their care. Client #1 could not verify whether lotion was put on his feet daily.</p> <p>Interview on 4/19/18 with the Guardian of Client #1 revealed: - " I really do think this is an over sight for [AFL provider]. - Her care of all the consumers has always been excellent. - The nails for [Client #1] will be addressed immediately."</p> <p>Interview on 4/20/18 with the AFL provider for Client #1 revealed: - "I really do keep the toenails up on the guys (Client #1, #2 and #3). [Client #2] and [Client #3] both go to a podiatrist for nail care due to diabetes. I also have taken all three to a spa. - I do put the cream (Ketocazole Cream (Nizoral 2% cream) 15 mg) on [Client #1's] feet nightly. - I realize what I have done is neglected [Client #1]'s feet and nail care. - I have had a awful lot go on and really have just forgotten. - [Client #1] is not diabetic and I will attend to his nail care immediately."</p> <p>Interview on 4/25/18 with the Qualified Professional (QP) revealed: - "The [AFL Provider] has always done a great job with any of her consumers. - I do know she has had a lot go on in the past several months. - Including a difficult consumer with a variety of behaviors. - The [AFL Provider] I know will address [Client</p>	V 291		

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V 291	Continued From page 3 #1's] foot care. I will also follow-up on that care."	V 291		