

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2018
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NAME OF PROVIDER OR SUPPLIER WASHINGTON COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 118 OLD ROPER ROAD PLYMOUTH, NC 27962
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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	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed on May 17, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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 inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other Qualified Professionals who are responsible for treatment/habilitation for one of three audited clients (#5). The findings are:</p> <p>Review on 5/16/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 2/5/18 - diagnoses of Borderline Intellectual Functioning; Depressive Disorder; Obesity and Type 2 Diabetes - a FL2 dated 12/6/17...check blood sugars four times a day - a physician's order dated 3/27/18 "call us if any low blood sugars below 70" <p>Review on 5/16/18 of client #5's April 2018 Medication Administration Record revealed the following:</p> <ul style="list-style-type: none"> - blood sugars were checked at 8am; 12pm; 5pm and 9pm - 4/2/18 - 5:00pm - 69 - 4/6/18 - 9:00pm (no blood sugar noted or staff signature) - 4/14/18 - 12:00pm - 58 - 4/25/18 - 5:00pm - 69 <p>During interview on 5/17/18 client #5 reported:</p> <ul style="list-style-type: none"> - her blood sugars were rarely low - she would get "jittery" and she would tell staff - staff would give her a regular soda to bring her blood sugars up <p>During interview on 5/16/18 the House Manager/Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - one time during dinner client #5's blood sugar 	V 291		

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V 291	<p>Continued From page 2</p> <p>was low</p> <ul style="list-style-type: none"> - she held the insulin...she (client #5) had dinner...waited 2 hours...rechecked the blood sugars and they had increased - she did not call the physician...she notified the Supervisor/QP when client #5's blood sugars were low - the Supervisor/QP had access to the physician's email address and notified her through email <p>During interview on 5/17/18 the Supervisor/QP reported:</p> <ul style="list-style-type: none"> - she was not responsible for notifying the physician but the staff were when a low blood sugar was identified - she (Supervisor/QP) was not able to locate any notifications to the physician in April 2018 about low blood sugars 	V 291		