

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	INITIAL COMMENTS An Annual Survey was completed on May 17, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC. 5600C Supervised Living for Developmentally Disabled Adults.	V 000	<p>DHSR - Mental Health</p> <p>JUN 07 2018</p> <p>Lic. & Cert. Section</p>	
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 inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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

[Handwritten Signature] Director

(X6) DATE
5/31/18

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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	<p>Client #5 was seen by her</p> <p>doctor on 5/30/18. The doctor reported frequent low blood sugar levels and weight loss. Therefore the doctor discontinued the Novolog and Lantus injections and continued the pills and blood sugar checks four times a day. If blood Sugar is 175 or above, administer Novolog injection based on the correctional insulin scale. If blood sugar is below 70 administer 15 grams of carbohydrates (as identified in her instructions).</p> <p>QP/Supervisor had training supervision on the current changes with staff at the home on 5/30/18 and the day program staff on 5/31/18.</p> <p>QP/Supervisor implemented the following procedures: When blood sugar is below 70 staff must follow protocol as prescribed by the doctor and call the doctor or the hospital ER for further instructions. The call shall be documented on the MAR. When blood sugar is 175 or above staff shall follow the correctional insulin scale and administer Novolog injection.</p>	

ROANOKE DEVELOPMENTAL CENTER, INC.
PO BOX 967 – 607 ADAMS STREET
PLYMOUTH, NORTH CAROLINA 27962
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May 31, 2018

Ms. Danalouise Reeves
Administrative Specialist 1
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health
JUN 07 2018
Lic. & Cert. Section

Re: Annual Survey completed May 17, 2018
Washington County Group Home #2
118 Old Roper Road
Plymouth, NC27962
MHL #094-005

Dear Ms. Reeves:

Enclosed you will find the plan of correction for the cited deficiencies during the Annual Survey of 5/17/18..

Thank you for your input to enhance our quality of service. If you have any questions please give me a call.

Sincerely,


Zebedee Taylor
Director