

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-954</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSE RESIDENTIAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1408 SILVER VALLEY DRIVE KNIGHTDALE, NC 27545</b>
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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 5/15/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.	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 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	V 108		

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

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the Manager failed to assure she obtained training to meet the needs of 1 of 2 clients (#1). The findings are:</p> <p>Observation on 5/15/18 at approximately 11:00 AM of client #1's medications and supplies revealed a glucometer, lancets and test strips were present.</p> <p>Review on 5/15/15 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 8/16/17</li> <li>- an Individual Support Plan dated 8/16/17 with diagnoses including Anxiety, Moderate Mental Retardation and Type II Diabetes</li> <li>- a physician's order dated 4/20/18 had instructions to check client #1's blood sugar once daily</li> </ul> <p>Review on 5/15/18 of the Manager's personnel record revealed no evidence of training in diabetes management.</p> <p>During an interview on 5/15/18, the Manager reported client #1's blood sugar was checked daily. The Manager reported she did not have any evidence of formal training in assisting people with diabetes.</p>	V 108		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the Manager failed to assure signed statements from guardians granting permission to seek emergency care from a hospital or physician was maintained in 2 of 2 client records (#1, #2). The findings are:</p> <p>Review on 5/15/15 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 8/16/17</li> <li>- an Individual Support Plan dated 8/16/17 with diagnoses including Anxiety, Moderate Mental Retardation and Type II Diabetes and Congestive heart Failure</li> <li>- no evidence of consent to seek emergency medical care</li> </ul> <p>Review on 5/15/15 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 2007</li> <li>- an Individual Support Plan dated 4/1/17 with diagnoses of Moderate Intellectual Disability</li> <li>- no evidence of consent to seek emergency medical care</li> </ul> <p>During an interview on 5/15/18, the Manager reported she did not a consent for the clients.</p>	V 113		