STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-015	A. BUILDING: _____ B. WING _____	R 07/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDWARDS GROUP HOME	306 WEST GREENE STREET SNOW HILL, NC 28580

(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 and follow up survey was completed on July 10, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medication in a securely locked cabinet. The findings are: Observation on 7/10/18 at approximately 9:00 am	V 120		

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V 120	Continued From page 1 of facility medication storage area inside the unlocked staff bedroom revealed a bottle of Polyethylene Glycol (laxative) labeled by the pharmacy for use by Client #6 on top of a filing cabinet beside a locked medication cabinet. During interview on 7/10/18 Staff #1 stated the medication should have been locked in the medication cabinet. The cabinet was small and she needed a larger cabinet. She would make sure all medications were locked in the cabinet.	V 120		
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,	V 291		

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V 291	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure finger stick blood sugar (FSBS) checks were performed as ordered for one of three audited clients (#6). The findings are: Review on 7/10/18 of Client #6's record revealed: - 31 year old male admitted to the facility 5/26/15. - Diagnoses of Schizoaffective Disorder, Bipolar type, Non-Insulin Dependent Diabetes Mellitus, Antisocial Personality Disorder, Hypercholesterolemia, Hypertension. - Updated FL-2 signed by the physician 5/21/18 included an order for the client to do his own FSBS checks daily. Review on 7/10/18 of Client #6's Medication Administration Records (MARs) for April - July 2018 revealed: - FSBS was not documented 4/9/18, 4/17/18, 4/29/18, 4/30/18, or 6/1/18. - No documentation to explain the omission of the FSBS for those dates. During interview on 7/10/18 Client #6 stated staff monitored while he checked his own blood sugars daily, staff documented his blood sugar levels. During interview on 7/10/18 Staff #1 stated Client #6 checked his own blood sugar and staff documented the reading on the MAR. She did not know why the blood sugars for the listed	V 291		

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V 291	Continued From page 3 dates were not documented. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean manner free from offensive odors. The findings are: Observation of the facility on 7/10/18 at approximately 9:00 am revealed: - A slight pungent, sour odor throughout the facility and the odor of cigarette smoke in the front rooms of the house. - The outside panel of the oven door was missing. - Black particles the approximate size of grains of rice and consistent with rodent droppings in the kitchen drawers. - Shelves missing from the inside of the refrigerator door. - Brown, greasy looking staining on the ceiling over the stove. - Water on the bathroom floor from the toilet; the toilet ran throughout the interview process. - Heavy black mildew staining on the inside of the shower curtain. - Floor tile missing at the bathroom door.	V 736		

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V 736	Continued From page 4 - A clothing rod in one closet in the bedroom shared by Clients #2 and #6 sagged under the weight of the clothing hung on it. - A broken drawer in the dresser in the bedroom shared by Clients #4 and #5. - The paint peeling from the ceiling in the corner of the hallway. - The doorknob on Client #3's bedroom closet was loose. During interview on 7/10/18 Staff #1 stated she was aware of the issue with the oven door. She thought a client had clogged the toilet, it had never overflowed before. The facility had a fresh coat of paint in all of the rooms. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		