

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISS DAISY'S	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPRUCE STREET WILSON, NC 27893
---	--

(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 7/26/18. Defeciations were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISS DAISY'S	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPRUCE STREET WILSON, NC 27893
---	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies based on assessment for one of three audited clients (#1.) The findings are:</p> <p>Review on 07/25/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 68 year old male - Date of Admission: 8/1/14. - Diagnoses: Psychotic Disorder; Pervasive Developmental Disorder; Impulse Disorder; Posttraumatic Stress Disorder; Moderate Intellectual Developmental Disabilities; Hypertension; Seizure Disorder; Dyslipidemia; Angina; Asthma; Chronic Obstructive Pulmonary Disease (COPD); Gastroesophageal Reflux Disease (GERD); Thyroid Removal; Hypercholesterol - Person Centered Plan (PCP) dated 11/7/17 and signed on 11/7/17 by all responsible parties. - Client #1's PCP "long range outcome #2: [client #1] will demonstrate better emotional control and improved social judgement/social problem solving skills throughout the plan year...Where am I now in relation to the outcome?...[client #1] need 1:1 staffing at all times during Community Networking to further develop skills to manage anger and interacting appropriately with people he meets in the community/social judgement and decision making...Short Range Goal: [client#1] will attend church on Sunday and Bible study on Wednesdays independently without incident on Sundays and events that may be schedule during the week while following rules of the organization...Where am I now in relation to the goal? [client #1] likes to attend his church on Sunday independently...He needs partial physical assistance to socialize outside the household... 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MISS DAISY'S	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPRUCE STREET WILSON, NC 27893
---	--

(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 112	<p>Continued From page 2</p> <p>[client #1] needs supervision with his interactions with others in the community and intervention to demonstrate good judgement with regard to who he interacts with and topics of conversations he chooses. [Client #1's] interactions in the community should be supervised and he cannot be unsupervised in community settings. He must be closely monitored around others especially around children. For his protection, he should use private bathrooms in the community..."</p> <p>Interview on 7/25/18, client #1 stated: - He went to Bible study on Wednesday nights by himself without staff. - On Wednesday nights, the staff drop him off at the church and pick him up when the service is over.</p> <p>Interview on 7/25/18, staff #1 stated: - Client #1 was dropped off at his church for his Wednesday night Bible study. - She was not aware of any unsupervised time for client #1.</p> <p>Interview on 7/25/18 and 7/26/18, the Facility Qualified Professional (QP) stated: - Client #1 had no prior authorization for unsupervised time of any amount. - He did attend the Wednesday night Bible study and the church members had been responsible for client #1 while he was in attendance. She did recognize that the supervision of client #1 should be a member of his paid support team. - She and his team would reassess the strategies for his preferences to attend the church services and his need for supervision to provide his desired outcome.</p>	V 112		