

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL031-039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARSAW GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>716 CURTIS ROAD</b> <b>WARSAW, NC 28398</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on 8/15/18. A deficiency was 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><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

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

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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 develop and implement strategies based on assessment affecting one of three clients (client #3). The findings are:</p> <p>Review on 8/15/18 of client #3's record revealed: - 37 year old female admitted on 7/16/13. - Diagnoses of Mild Intellectual Developmental Disabilities, Major Depressive Disorder, and Diabetes Type I. - Treatment plan dated 7/13/18. - No treatment plan strategies to address client #3's food preparation, education, or monitoring due to diagnosis of diabetes.</p> <p>Review on 8/15/18 of client #3's treatment plan revealed: - "...How Best to Support...[Client #3] has need of various medical and psychiatric interventions including BSL (blood sugar level) checks 4 times daily and insulin 4 times daily; [client #3] is monitored closely; staff should assist her to select more vegetables and protein, and less sugar and starch items at meals..." - "...What's not working:...[Client #3] continues to transition with her blood sugar levels and the insulin she takes for her Type I diabetes. Her BSL's are often irregular and high; it is known that [client #3] will eat foods when offered regardless of health risk and will often be 200 and much higher..." - "...Goal #1 Consumer has diabetes and is on insulin...Residential staff will: assist [client #3] with checking BSL, monitor BSL readings, document and report any abnormalities..."</p> <p>Review on 8/15/18 of client #3's FL-2 dated 6/28/18 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- "...Nutritional Status: Diet No concentrated sweets..."</li> <li>- "...Personal Care Assistance: Feeding Food Prep..."</li> </ul> <p>Interview on 8/14/18 client #3 stated:</p> <ul style="list-style-type: none"> <li>- She did not like the staff attitudes at the home when they asked her to clean her room.</li> <li>- She had been told not to have food in her room and staff had found a diet soda and candy bar wrappers on 8/14/18.</li> <li>- She knew it was a house rule not to have food in the room or in the night stand drawers. She also knew it would affect her sugar level.</li> <li>- She said that if her sugar was too high she felt dizzy and would let the staff know.</li> </ul> <p>Interview on 8/14/18 the Facility Residential Service Coordinator stated:</p> <ul style="list-style-type: none"> <li>- When client #3's sugar level was higher than normal, we checked her room to see if she had any food items hidden that would be causing the increase in her sugar levels.</li> <li>- Client #3 has been present when staff helped her search in her room for food items that were harmful to her health.</li> <li>- We have found food items under her bed and in her nightstand drawer.</li> <li>- We have a menu for client #3's dietary needs; but there was no documentation of food intake for her at the home or at day program.</li> </ul> <p>Interview on 8/15/18 the Facility Executive Director stated:</p> <ul style="list-style-type: none"> <li>- There were no strategies regarding client #3's food and diabetic needs.</li> <li>- She would follow-up with the team and with the residential staff to correct the issue.</li> </ul>	V 112		