	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MUL 067 194		MUU 007 404	B. WING			
		MHL067-184			08/	16/2018
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST MMER KELLU			
QUOLIO	C, INC		NVILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	on August 16, 2018 substantiated. (inta deficiency was cited This facility is licens	sed for the following service AC 27G .5400 Day Activity for				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall to assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome( achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for to annually in consulta responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, co	ILITATION OR SERVICE be developed based on the in partnership with the client or person or both, within 30 days ents who are expected to syond 30 days. nclude: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of				
inion of U	ealth Service Regulation					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			• •	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL067-184	B. WING		08/	16/2018	
AME OF PROVI	DER OR SUPPLIER		DRESS, CITY, ST				
UOLIOC, IN	с		MMER KELLU NVILLE, NC 2				
X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112 Con	tinued From pa	ge 1	V 112				
Bas facil base	ed on record re ity failed to deve ed on assessme	et as evidenced by: views and interviews, the elop and implement strategies ent affecting 2 of 3 audited , #55). The findings are:					
Rev reve -35 -Adu -Dia with Lan Sev -Ser	ealed: year old male. mission date 6/ gnoses include accompanying guage Impairme ere; Persistent nsitive to wheat der dated 1/23/1	d Autism Spectrum Disorder Intellectual Impairment and ent; Intellectual Disability, Vocal Tic Disorder					
Sup -"W agg wroi at h -If c dair beh -No	port Plan (ISP) hat's Not Worki ressive towards ng food he will b ome." lient #54 has foo y/gluten free die aviors.	of client #54's Individual start date 6/27/18 revealed: ng He has become very his mother If he eats the become agitated and lash out ods that are outside of his et it will sometimes cause gies developed for client #54's et order.					
-Clie not							
Inte	rview on 8/16/18 Service Regulation	8 the Qualified Professional					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETE	
		MHL067-184			08/	16/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
		211 DRU	MMER KELLU	MROAD		
QUOLIO	JC, INC	JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 112	Continued From pa	ige 2	V 112			
	-Client #54's mother and sometimes wor gluten. The facility from eating those for -Client #54's mother client #54 ate some did not send. -The facility would of before allowing the containing gluten the home. -He was aware there gluten free diet. The contacted for guida non-compliance wh contained gluten. -There had been ar grabbed and ate a of another client's fami intervene. -There were no strate address increasing	of client #54's diet restrictions. er/guardian sent his lunch daily uld send foods containing would not restrict the client oods sent from home. er/guardian would get upset if ething not on his diet that she check with the client's mother client to eat anything hat had not been sent from re was a doctor's order for the he doctor had not been ince on how to address hen foods sent from home in occasion when client #54 cup cake brought in by hily before staff could ategies in the client's plan to client's knowledge of his diet to assure his compliance with				
	revealed: -27 year old male a -Diagnoses of Mod Developmental Dis Disorder; Attention Down's syndrome;	erate Intellectual ability; Autism Spectrum Deficit Hyperactivity Disorder; Congenital Heart Condition;				
	-Order dated 1/13/1 needed"	e times; and Sleep Apnea. 17 read, "oxygen 2½ liters as use of the pulse oximeter to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-184		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL067-184	B. WING		08/16/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
QUOLIC	C. INC		MMER KELLU			
400-10		JACKSO	NVILLE, NC 2	8546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	ige 3	V 112			
	saturation, when to oxygen saturation r continue the use of -Treatment plan da 1/19/18 by all respo -No treatment plan	ted 12/11/17 and signed				
	revealed: -"Things/Activities [client#55]his BiP. Pressure) machine to him" -"needs 1:1 supponeeds. *oxygen the disease, heart disease oxygen level. [Client lungs which cause 80s/high 70 s. [Client and it is overworked and due to low O2 the turn purple/ blue and protrude" -"Respondents sh #55] does not let ot sickRespondents sh #55] does not let ot sickRespondents sh #55] does not let ot sickRespondents of which they shared the -"Extensive supp Other - chronic lung sleep apnea, and log- -"Medical and Ma has: BiPAP machin machine that refill C around torso and pone-	shared they monitor for avior and his complexion may turn purplish color" port is needed for the following: g disease, heart disease, 90%	ł			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
			-			
		MHL067-184	B. WING		08/	16/2018
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
QUOLIO	OC, INC		MMER KELLU NVILLE, NC 2			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 112	Continued From pa	ge 4	V 112			
	<ul> <li>-"Extensive support is required 7 days per week with approximately 5 hours per day. If [client #55] does not receive the adequate extensive support needed, he could suffer from extreme low oxygen levels, could potentially pass away because of low oxygen levels"</li> <li>Review on 8/16/18 of client #55's Medication Administration Record (MAR) for July 2018 revealed:</li> <li>-Oxygen given on 7/17/18, 7/24/18, and 7/26/18.</li> <li>-No documentation of length of time client #55 received the oxygen, or client #55's oxygen level before or after his oxygen therapy.</li> <li>Interview on 8/16/18 staff #34 stated:</li> <li>-I was trained on how to apply the oxygen and when to use it with client #55.</li> <li>-If I noticed client #55 "tugging" for air at his chest and his tongue sticking out, I check his oxygen levels with the pulse oximeter. If it was around</li> </ul>					
	use his oxygen. -When his pulse ox we have given him Interview on 8/16/1	8 staff #10 stated: iced on client #55 and when imeter levels are in the 90's, his oxygen. 8, the QP stated:				
	therefore we had no have these strategi -Staff should know work with them and staff before they fee -He thought there v about the use of the when to apply the c	e plans for the clients ot realized that we needed to es in place for our clients. about their clients before they I they should shadow other el comfortable with the clients. vere more specific instructions e pulse oximeter to determine lient 55's oxygen and how he oxygen, but he could not				

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		MHL067-184			08/	16/2018
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
QUOLIO	C, INC		ONVILLE, NC 2			
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V 112	Continued From pa	ige 5	V 112			
	locate this in the cli -He would follow-up team to correct the	o with the program staff and				