

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2018
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NAME OF PROVIDER OR SUPPLIER IQUOLIOC, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 DRUMMER KELLUM ROAD JACKSONVILLE, NC 28546
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 16, 2018. The complaint was substantiated. (intake #NC00141339). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">SEP 05 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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

BSQP

(X6) DATE

8/29/2018

Division of Health Service Regulation

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V 112	Continued From page 1 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 2 of 3 audited current clients (#54, #55). The findings are: Finding #1: Review on 8/16/18 of client #54's record revealed: -35 year old male. -Admission date 6/17/16. -Diagnoses included Autism Spectrum Disorder with accompanying Intellectual Impairment and Language Impairment; Intellectual Disability, Severe; Persistent Vocal Tic Disorder -Sensitive to wheat and dairy. -Order dated 1/23/17 for Gluten Free Casein Free Diet. Review on 8/16/18 of client #54's Individual Support Plan (ISP) start date 6/27/18 revealed: -"What's Not Working ... He has become very aggressive towards his mother... If he eats the wrong food he will become agitated and lash out at home." -If client #54 has foods that are outside of his dairy/gluten free diet it will sometimes cause behaviors. -No goals or strategies developed for client #54's compliance with diet order. Interview on 8/16/18, Staff #24 stated: -Client #54 was not careful to avoid eating foods not allowed on his diet. -Client #54 would eat anything. Interview on 8/16/18 the Qualified Professional	V 112	V 112- IQuOLIOC QPs have already started to implement strategies to correct the deficiencies. QPs have identified Participants that have needs identified in assessments that are not fully addressed within the ISP and/or short range goals. QPs have started working with Trillium Care Coordinators to better incorporate needs identified in assessments within the ISP. QPs have started talking with Participants and their families to clarify some of the identified needs as well as starting to develop strategies and goals that will better assist the Participants with identifying how they can assist with meeting their own needs as well as developing strategies so that direct care staff can better assist the Participants. QPs will clarify doctor's orders and get clearer more detailed instructions on how to best meet the Participant's needs. QPs will review doctor's orders with Participants and Families to ensure that they understand the orders and that all IQuOLIOC Staff are required to follow the doctor's orders as written and can not make any exceptions based on family recommendations without doctor's approval.	10/15/2018 8/28/2018 Ongoing 10/15/2018 Ongoing 10/15/2018 Ongoing 10/15/2018 Ongoing

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V 112	<p>Continued From page 2</p> <p>(QP) stated:</p> <ul style="list-style-type: none"> -Staff were aware of client #54's diet restrictions. -Client #54's mother/guardian sent his lunch daily and sometimes would send foods containing gluten. The facility would not restrict the client from eating those foods sent from home. -Client #54's mother/guardian would get upset if client #54 ate something not on his diet that she did not send. -The facility would check with the client's mother before allowing the client to eat anything containing gluten that had not been sent from home. -He was aware there was a doctor's order for the gluten free diet. The doctor had not been contacted for guidance on how to address non-compliance when foods sent from home contained gluten. -There had been an occasion when client #54 grabbed and ate a cup cake brought in by another client's family before staff could intervene. -There were no strategies in the client's plan to address increasing client's knowledge of his diet restrictions or how to assure his compliance with diet. <p>Finding #2 Review on 8/16/18 of client #55's record revealed:</p> <ul style="list-style-type: none"> -27 year old male admitted 3/20/06. -Diagnoses of Moderate Intellectual Developmental Disability; Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder; Down's syndrome; Congenital Heart Condition; Heart surgery three times; and Sleep Apnea. -Order dated 1/13/17 read, "...oxygen 2½ liters as needed..." -No orders for the use of the pulse oximeter to 	V 112	<p>QPs will continue to provide individualized trainings with staff in order to ensure that they have up to date information on how to best meet the clients needs. Staff will give feedback to QPs so that any changes in needs can be relayed to the families and doctors in order to continue to meet the clients individualized needs.</p> <p>Staff, Participants, and Participant's Families will make efforts to have suitable alternatives for Participants, with restrictions or specialized needs, available in order to minimize risk of doctors orders not being followed.</p> <p>QPs will ensure that all PRN medical interventions are better documented and tracked. For example: Starting Blood Oxygen level, duration and flow (LPM) of Oxygen administered, ending Oxygen level, etc.</p> <p>QPs will continue to monitor each case and make changes as needed in order to ensure continued compliance with all standards.</p>	<p>10/15/2018 Ongoing</p> <p>Ongoing</p> <p>10/15/2018 Ongoing</p> <p>Ongoing</p>

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V 112	<p>Continued From page 3</p> <p>include when to measure the client's oxygen saturation, when to apply the oxygen based oxygen saturation results, and how long to continue the use of the oxygen.</p> <p>-Treatment plan dated 12/11/17 and signed 1/19/18 by all responsible parties.</p> <p>-No treatment plan strategies to address management of client #55's fluctuating oxygen levels.</p> <p>Review on 8/16/18 of client #55's treatment plan revealed:</p> <p>"...Things/Activities that is important to [client#55]...his BiPAP (Bilevel Positive Airway Pressure) machine and oxygen is very important to him..."</p> <p>"...needs 1:1 supports due to their medical needs. *oxygen therapy *other - chronic lung disease, heart disease 90% sleep apnea and low oxygen level. [Client #55] has hypertension in his lungs which cause his O2 to drop in the low 80s/high 70 s. [Client #55] has an enlarged heart and it is overworked. His gums will turn bright red and due to low O2 levels. His lips and tongue will turn purple/ blue and his tongue will also protrude..."</p> <p>"...Respondents shared that at this time, [client #55] does not let others know he is sick...Respondents shared they monitor for changes in his behavior and his complexion which they shared may turn purplish color..."</p> <p>- "...Extensive support is needed for the following: Other - chronic lung disease, heart disease, 90% sleep apnea, and low oxygen levels..."</p> <p>"...Medical and Material Supports: [Client #55] has: BiPAP machine with oxygen; refillable machine that refill O2 tanks; Device that wraps around torso and pushes fluid down his legs and then out through urine; cane; Portable O2; Pulse oximeter; and compression wraps..."</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>-"...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..."</p> <p>Review on 8/16/18 of client #55's Medication Administration Record (MAR) for July 2018 revealed: -Oxygen given on 7/17/18, 7/24/18, and 7/26/18. -No documentation of length of time client #55 received the oxygen, or client #55's oxygen level before or after his oxygen therapy.</p> <p>Interview on 8/16/18 staff #34 stated: -I was trained on how to apply the oxygen and when to use it with client #55. -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 the 80's then I give him his oxygen.</p> <p>Interview on 8/16/18 staff #10 stated: -I have been inserviced on client #55 and when use his oxygen. -When his pulse oximeter levels are in the 90's, we have given him his oxygen.</p> <p>Interview on 8/16/18, the QP stated: -We do not write the plans for the clients therefore we had not realized that we needed to have these strategies in place for our clients. -Staff should know about their clients before they work with them and they should shadow other staff before they feel comfortable with the clients. -He thought there were more specific instructions about the use of the pulse oximeter to determine when to apply the client 55's oxygen and how long to administer the oxygen, but he could not</p>	V 112		
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V 112	Continued From page 5 locate this in the client's record. -He would follow-up with the program staff and team to correct the issue.	V 112		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 21, 2018

Tammy L. Cleveland, President
IQUOLIOC, Inc.
211 Drummer Kellum Road
Jacksonville, NC 28546

DHSR - Mental Health

SEP 05 2018

Lic. & Cert. Section

Re: Annual and Complaint Survey completed August 15, 2018
IQUOLIOC, Inc. 211 Drummer Kellum Road, Jacksonville, NC 28546
MHL # 067-184
E-mail Address: cleveland_home@yahoo.com
jorgerios73@yahoo.com
Intake #NC00141339

Dear Ms. Cleveland:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed August 15, 2018. The complaint was substantiated.
16

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 15, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 21, 2018
Tammy L. Cleveland
IQUOLIOC, Inc.

- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section



Beth Phillips, MAEd.
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
File