STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-019	A. BUILDING: _____ B. WING _____	09/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS UCP-GREENE COUNTY GROU	704 SE SECOND 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 September 6, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications as ordered by the physician for 1 of 3 audited clients (#1). The findings are: Review on 9/4/18 of Client #1's record revealed: - 68 year old male admitted to the facility 8/15/88. - Diagnoses included Severe Intellectual/Developmental Disability, Cerebral Palsy, Type 2 Diabetes Mellitus, Stroke with right hemiparesis, Hypertension, Sleep Apnea, Hyperlipidemia, Macrocytic Anemia. - Physician's orders signed and dated 6/4/18 for Novolog (used to control high blood sugar), inject according to sliding scale. - Physician's order signed and dated 4/29/16 for sliding scale insulin for blood sugar levels: 200-250 inject 4 units, 251-300 inject 6 units, 301-350 inject 8 units, blood sugar level greater than 350 inject 10 units. Review on 9/4/18 of Client #1's MARs for June - July 2018 revealed: - Staff documentation that 8 units of Novolog were injected at 4:00 pm as follows: - 6/4/18 blood sugar level 294. - 6/6/18 blood sugar level 252. - 6/20/18 blood sugar level 261. - 6/26/18 blood sugar level 259. - 6/27/18 blood sugar level 263. - 7/10/18 blood sugar level 268. - 7/17/18 blood sugar level 252. - 7/22/18 blood sugar level 271.	V 118		

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V 118	Continued From page 2 Interview on 9/6/18 the Program Manager stated Client #1 had received sliding scale insulin for some time. The sliding scale had not changed since the order written in April 2016. She understood the physician's order for sliding scale insulin was for 6 units of Novolog to be injected when Client #1's blood sugar level was 251-300. She would ensure staff were reminded to follow the sliding scale as ordered by the physician.	V 118		
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, orderly manner and free from offensive odors. The findings are: Observations on 9/4/18 at approximately 9:00 am revealed: - The dining room table was very unsteady and wobbly. - The dining room floor was sticky. - Drawer pulls and door knobs and other surfaces in the kitchen were sticky to touch. - Particulate matter, including dust and food crumbs and particles, inside the kitchen drawers. - Food splatters and what appeared to be a pool of dried melted cheese inside the microwave. - A heavy odor of onions when the microwave	V 736		

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V 736	Continued From page 3 was opened. - The control knob for the oven was broken and loose; a piece of tape was wrapped around the knob. - The warming drawer under the oven was broken. - The upholstery on the back rest of Client #1's motorized wheelchair was worn and appeared to be ripped. - 1 light bulb in the light fixture in Client #1's bedroom was not working. - There was no door on Client #1's closet. - The overhead light in Client #3's bedroom was flickering. - Incontinent supplies were piled on top of a chair in Client #3's bedroom. - The walls in Client #5's bedroom were scuffed. - The vinyl upholstery on a recliner in Client #5's bedroom was worn and rubbed off. - 1 light bulb in the light fixture in Client #5's bedroom was not working. Interview on 9/6/18 the Program Manager stated she was aware of some of the issues cited and she would ensure the issues were corrected. This deficiency constitues a re-cited deficiency and must be corrected within 30 days.	V 736		