

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/01/2018
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NAME OF PROVIDER OR SUPPLIER WOODED ACRES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 1, 2018. The complaint was unsubstantiated (intake # NC00140896). 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	V109 27G .0203 Privileging / Training Professionals 10A NCAC 27G .0203 Competencies of Qualified professionals + associate professionals.	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures	V 109	Implemented October 8 th , 2018. The QP will have on file certifications that are updated and current, that indicates she has knowledge and experience of the population served. QP will stay abreast of my new trainings that she or staff will gain knowledge and understanding regarding population served.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

OCT 23 2018

Lic. & Cert. Section

TITLE

(X6) DATE

Russella Hardison Owner/Director
10/17/2018

Division of Health Service Regulation

STATE FORM

6899

99YH11

If continuation sheet 1 of 19

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<p>V 109</p>	<p>Continued From page 1</p> <p>for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview 1 of 1 Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/26/18 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 2/19/16. - Education records included Bachelor of Science in Rehabilitation Services, 2008; Master's degree in Rehabilitation Counseling, 2012; Master's degree Substance Abuse Clinical Counseling, 2012; and Criminal Justice, 2014. - Professional credentials included Licensed Clinical Addictions Specialist, expired 7/01/15; Licensed Professional Counselor Associate, expired 6/30/17; and Master Addiction Counselor, effective 1/31/16. - Completion of Cardiopulmonary Resuscitation (CPR) and First Aid training 4/24/18. - Completion of training in North Carolina Interventions (NCI) 6/28/18. - No documentation of training with regard to working with developmentally disabled adults, or mentally ill adults. - "Qualified Professional Job Description" signed and dated by the QP 2/19/16 included " . . . 2. Is 	<p>V 109</p>		
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V 109	<p>Continued From page 2</p> <p>responsible for the overall personal care plans for each client at time due throughout the facility. . . 11. Assures the continuous maintenance of all standards and regulations and the implementation of the policies and procedures. . . . 14. Monitors medication in homes, checks medication, doctor's orders and fl-2. Check medication weekly. . . . 16. Completes client's books upon admission. Making sure all documentation that is required is in book. 17. Monitor doctor's appointments. Follow up with staff after clients attend appointments for medication change or referrals. . . ."</p> <p>Interview on 9/26/18 the Administrator stated the QP was responsible for writing person centered plans based on assessed client needs. The QP worked full time at a local outpatient substance abuse clinic.</p> <p>During interview on 10/01/18 the QP stated: - She worked full time as an "independent practitioner" and was a Licensed Clinical Addictions Specialist and a Licensed Professional Counselor. - She had training in CPR, NCI, Person Centered Planning, and various mental health diagnoses. - Some of her responsibilities included treatment team meetings, "staffing," clinical paperwork, in particular completion of the Person Centered Plans. - Person Centered Plans were written with goals and strategies developed based on "what the individual client said they wanted to do, goals they wanted to achieve," and some of what is in the client assessments. - She and the administrator "talked to" direct care staff regarding the content of the Person Centered Plans and how to train goals and implement strategies.</p>	V 109	<p>QP is to be responsible for all duties in her job description.</p> <p>QP will set up + meet with staff, clients and/or guardians regarding personal care plans. All goals are to be discussed and agreed upon during the meeting. Notes taken during the meeting will be kept by the QP readily available to evaluate or make changes.</p> <p>Once goals are noted QP will prepare a plan and complete in a timely manner for signature of all that attend the team</p>	

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V 109	Continued From page 3 - She had no responsibility for client medications or Medication Administration Records. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 109	meeting and send to primary care for review and signature.	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	Once all signatures are completed the QP will make copies for clients record, guardian & house manager (staff). These will be kept for staff to work on goals ongoing. The QP will monitor staff working on goals monthly by documentation from staff. The QP will reinforce teach staff that works with a client understand the goal and how to achieve the goal. The QP will update or revise the plan as the needs of the client changes.	

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies based on assessment for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 9/26/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> - 25 year old female admitted to facility 7/31/18. - Diagnoses included Mild-Moderate Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder, and Seizure Disorder. - "Neuropsychological Evaluation" completed <p>1/30/18 included "Summary of Test Results: . . . She has significant difficulty appropriately inhibiting behavior which leads to disinhibition in thoughts and behavior. Included here as examples are socially inappropriate expressions of affection, verbalization of intrusive thoughts, and verbosity. Executive dysfunction leads to poor self-awareness and vulnerability to exploitation. . . Recommendations: . . . She will require . . . total supervision for financial management. . . and should receive programmatic assistance in developing skills to improve level of independence. she should also receive programmatic assistance in improving social skills and maintaining appropriate social relationships as well as development and maintenance of leisure interests and skills. . . Appropriate goals may include learning her address, receiving basic education related to the value of money along with money safety and learning to recognize issues related to home safety, recognizing medical emergencies and appropriate alternate responses . . ."</p> <ul style="list-style-type: none"> - Person Centered Plan dated and signed by the Qualified Professional (QP) 8/31/18, did not include goals or strategies to address client #6's needs as identified in the assessment. 	V 112	<p>Each plan written shall be individualized for each client based on their needs and diagnosis. Plans are to include history or present problems addressed in Assessment or Evaluations.</p> <p>Plans shall be completed for new client w/in 30 days of admission.</p> <p>All other plans shall be completed w/in 10 days of team treatment meeting.</p> <p>QP will keep an updated chart of when all plans are due and set up meetings prior to due date.</p> <p>The QP will ensure the staff of the facility</p>	

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Client #6's Person Centered Plan included the short range goal "[client #6] should attend the [local community college] day program, to reach her educational goals. These goals will prove to be beneficial in increasing further independent living skills such as basic math skills that are needed for everyday skills of money management", with no educational goals or supportive residential goals included in the person centered plan. - Client #6's Person Centered Plan included the short range goal "To reduce the usage of cellular device to appropriate contact/communications with family, guardians and/or friends" though she does not own a cellular device and is not to have any contact with her family due to a history of abuse and possible exploitation that led to Adult Protective Services involvement. <p>During interview on 9/27/18, client #6 stated:</p> <ul style="list-style-type: none"> - She moved into the facility a few weeks ago. - She did not have her own cellular device. <p>Her goal was to get "100 on my times tables." - She wanted to return to live with her family.</p> <p>During interview on 9/27/18 when staff #1 was asked if she worked on goals with the clients, she stated that she did. Asked what some of the clients' goals were, she stated she didn't know. When asked what goals she worked on with the clients, staff #1 stated she asked the clients what their goals were.</p> <p>During interview on 9/27/18 when asked about goal training, staff #2 stated she studied with the clients and that she "did math" with client #6.</p> <p>During interviews on 9/26/18 and 9/27/18 the Administrator stated:</p> <ul style="list-style-type: none"> - The Qualified Professional was responsible for 	V 112	<p>will follow all rules and regulations put in place by the facility and state. Any violations must be addressed documented and reported as indicated by the regulations.</p> <p>QP will maintain all records and documentation of any such violations.</p> <p>The QP + administrator will monitor all documentation, medication doctor's orders on a bi-weekly schedule. The facility revised the job description to reflect monitoring to bi-weekly. All monitoring will be documented & kept in the office. The QP will address any errors found</p>	

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V 112	Continued From page 6 writing the Person Centered Plans; client #6's Person Centered Plan was not filed in her record and was not available for review on 9/26/18, though it had been completed. - The QP emailed the plan to her 9/27/18. - Client #6 did not have a cellular device, but had used a peer's cellular phone to contact a family member and a family friend. - The local Department of Social Services (DSS) was client #6's guardian; Adult Protective Services had removed her from her family's care after investigating allegations of abuse and exploitation. - Client #6 was to have no contact with her family at the directive of her legal guardian. During interview on 10/01/18 the QP stated: - One of her responsibilities was developing and writing Person Centered Plans. - Person Centered Plans were written with goals and strategies developed based on "what the individual client said they wanted to do, goals they wanted to achieve," and some of what is in the client assessments. - All Person Centered Plans included some "standard" goals that were not necessarily based on the clients' assessed needs. - If a client was assessed as being vulnerable for exploitation she would include that in the client's person centered plan. - She and the administrator "talked to" direct care staff regarding the content of the Person Centered Plans and how to train goals and implement strategies.	V 112	With the staff: The QP will not indicate in her documentation the plan of correction to fix errors and will set a time frame for staff to fix errors. QP will contact pharmacy immediately for any corrections needed regarding printing of MAR's or medication. This will be documented with date, time, name of person spoken to regarding the error. Administrator or office assistant will set up clients book upon admission. The QP will check the book for completion or assist in getting	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES	V 114		

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V 114	<p>Continued From page 7</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Interview on 9/26/18 the Administrator stated the facility operated two shifts: Monday 2:30 pm - Friday 11:30 am, and Friday 11:30 am - Monday 9:30 am. No clients were typically in the facility 9:30 am - 2:30 pm on Mondays.</p> <p>Review on 9/26/18 of fire and disaster drill records revealed:</p> <ul style="list-style-type: none"> - No fire or disaster drills documented for the Monday - Friday shift for the first (January - March) or second (April - June) quarters of 2018. - No fire or disaster drills documented for the Friday - Monday shift for the second quarter (April - June) of 2018. - No documentation of fire and disaster drills for the third quarter (July - September) of 2017 was available for review. 	V 114	<p>Everything not to complete the book. Once the Book is finalized by the QP, help sheet will sign off the book is complete.</p> <p>The QP will follow up with the staff regarding dis appointments and med changes immediately after client has been taken to appointment. The QP will assist in getting referrals scheduled for a client. Documentation of assisting will be recorded and kept in the office. QP will follow up on referral appointments monthly. Administrator will assist in this also</p>	

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V 114	Continued From page 8 Interview on 9/27/18 the Administrator stated she understood the requirement for fire and disaster drills to be held at least quarterly and repeated on each shift.	V 114	but must report to the QP immediately if any changes or appointments made.	
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	V 118- 10A NCAC 27G .0205 Assessment and treatment Habilitation or Service Plan, implemented October 5 th , 2018 All Person Centered Plans shall be individualized by the client themselves. The QP shall reflect what is in their assessment and implement that into the plan. Plans that need a restrictive measure must follow the regulations and include each step of the regulation.	

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V 118	Continued From page 9 This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to keep MARs current affecting 2 of 3 audited clients (#5 and #6). The findings are: Review on 9/26/18 of client #5's record revealed: - 39 year old male admitted to the facility 1/8/08. - Diagnoses included Schizophrenia, paranoid type; Mild Intellectual/Developmental Disability by history, Hypertension, and Hypercholesterolemia. - Physician's orders dated 5/21/18 for Cogentin (used to treat side effects of other medications) 1 milligram (mg) one tablet by mouth twice daily (bid); orders dated 1/31/18 for valproic acid (used to treat seizures and manic episodes) 250 mg/5 milliliter (ml), take 10 ml (500 mg) by mouth bid; Risperdal (anti-psychotic) 3 mg, one tablet by mouth bid; Zocor (used to treat elevated cholesterol) 20 mg, one tablet by mouth at bedtime; check blood pressure daily. Review on 9/26/18 of client #5's MARs for July, August, September 2018 revealed: - No documentation of administration of medications as follows: - Cogentin, 8:00 am 8/14/18, and 8:00 pm 9/24/18. - Valproic Acid, 8:00 am 8/14/18, 8:00 pm 9/7/18, and 9/24/18. - Risperdal and Zocor, 8:00 pm 9/24/18. - In addition daily blood pressure check was not documented, 7/21/18 - 7/23/18; 8/18/18 - 8/24/18; 8/27/18 - 8/31/18; and 9/19/18 - 9/24/18. - No explanation for the omissions were documented on the MAR.	V 118	Any restrictive measures set by a guardian shall also be documented in the plan as to why it is being done and a time limit for revision of the restrictive measures. The plan should also indicate, what to do & who to contact in a matter of protecting client from abuse. QP will review plans and update as needed as the client has made progress or declined. If the client is showing a decline the QP will seek further outside resources to better assist the client.	

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V 118	<p>Continued From page 10</p> <p>Review on 9/26/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> - 25 year old female admitted to facility 7/31/18. - Diagnoses included Mild-Moderate Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder, and Seizure Disorder. - "After Visit Summary" from the behavioral health unit of a regional medical center dated 8/21/18 included: "Your Medication List as of 8/21/18" with polyethylene glycol (laxative) 17 gram pack, take one packet by mouth daily and melatonin (used to promote sleep) 5 mg, take by mouth. - No orders to discontinue polyethylene glycol or melatonin. <p>Review on 8/26/18 of client #6's MAR for August 2018 revealed:</p> <ul style="list-style-type: none"> - Handwritten transcription for "Miralax Powder" (polyethylene glycol) 17 grams, mix with 8 ounces of beverage take by mouth "prn" (as needed). - No transcription for melatonin. <p>Review on 8/26/18 of client #6's MAR for September 2018 revealed no transcription for polyethylene glycol or melatonin.</p> <p>During interviews on 9/26/18 and 9/27/18 the Administrator stated:</p> <ul style="list-style-type: none"> - She was responsible for reviewing medication orders, the MARs and staff documentation of medication administration. - She often accompanied clients to medical appointments and would make sure medication changes were made to the MARs and that staff were notified of any changes. - She did not know why staff did not document medication administration on client #5's MARs. - Immediate documentation of medication administration on the MARs was "something we've been preaching." 	V 118	<p>V114 OTG. 0207 10 NCAC OTG. 0207 Emergency Plans and Supplies. Implemented Oct 8th, 18.</p> <p>Administrator will conduct random drills on each shift. Fire and disaster forms will be updated to reflect days, time of day, type of drill. Each staff will be required to do a fire/disaster drill 1x per qtr per shift they work. All drills will be documented + filed in the office. Administrator will keep documentation current and up to date on each drill. Any staff or client</p>	

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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 118	Continued From page 11 - She did not have a physician's order to discontinue client #6's polyethylene glycol or melatonin on file, but was sure the pharmacy had the discontinue order as those medications were not printed on the MAR. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118	that doesn't understand a drill or what to do, extra drills will be done + completed. Documentation will recorded of extra drills also.	
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this	V 133	V118 IONCAC 070.0009 Medication Requirements Each clients Medication Administration is to be documented @ the time of administration. If a client is out of the facility, it shall be documented on the MAR @ each dose of medicine @ time. Out of facility dates on the MAR shall match the Resident register sign in/out sheet.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/01/2018
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Division of Health Service Regulation

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V 133	Continued From page 12 subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this	V 133	<p>@ No time shall a staff leave a blank space on the MAR.</p> <p>Blood pressure and Blood Sugar readings shall be recorded on the MAR as well as a secondary log. Both documents shall have some information recorded and bit be completed.</p> <p>All doctor's orders for Med charges shall be made on the MAR immediately following the appointment. Orders shall be faxed to the pharmacy to reflect charges on MAR's the following months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/01/2018
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V 133	<p>Continued From page 13 subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in 	V 133	<p>The administrator will notify the OP immediately of any changes in medication.</p> <p>If MAR's continue to have opid medication on them, the Admin or OP will contact the pharmacy and ask to speak to someone regarding changes to the MAR's.</p> <p>All orders shall be kept individually for each client. No orders shall be lost or destroyed @ anytime.</p> <p>Admin + OP will check orders monthly to make sure all order changes reflect on the MAR. Also</p>	

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V 133	Continued From page 14 the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public	V 133	Check Medications on hand. Medication on hand, shall match current orders. All old medication shall be pulled + returned to the pharmacy. Any staff not documenting medication Administration shall result in written warning, further medication training, suspension and/or termination. This facility will not accept medication errors in administration or documentation @ any time. Medications + documentation will be monitored bi-weekly by the NP + administrator.	

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V 133	<p>Continued From page 15</p> <p>Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a national criminal history check, including a check of the applicant's fingerprints,</p>	V 133		

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V 133	<p>Continued From page 16 within 5 days of making a conditional offer of employment, for 1 of 3 audited staff (#1) who had lived out of state within 5 years of hire. The findings are:</p> <p>Review on 9/26/18 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Direct care staff hired 8/6/18. - Application of employment included education information including graduation from an out of state high school in 2017. - A background check dated 8/6/18. - No documentation of a national criminal history record check with fingerprints. <p>Interview on 9/26/18 staff #1 stated she had moved to North Carolina in March 2018 and was hired by the Licensee on 8/6/18. A criminal background check was completed, but she did not provide fingerprints for the check.</p> <p>Interview on 9/26/18 the Administrator stated staff #1 had not lived in North Carolina very long. A criminal background check was done for staff #1, but she was not required to provide fingerprints. The criminal history check done for staff #1 was "the same as we always do."</p>	V 133	<p>V133 N.C. § 122C-80 Criminal history record check required for certain applicants for employment.</p> <p>The facility will do background checks as indicated by regulation</p> <p>All future employees that are hired (if less than 5 years will) do a fingerprint card + the facility will submit to proper authorities.</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p>	V 736	<p>The facility will correct this by submitting a fingerprint card for background and put in staff's file - documentation that it has been completed</p>	

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V 736	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, orderly manner and free from offensive odors. The findings are:</p> <p>Observations at approximately 9:30 am on 9/26/18 revealed:</p> <ul style="list-style-type: none"> - 2 smoke detectors within the facility chirped alternately at regular intervals (typically an indicator of battery failure). - No toilet paper in the hall bathroom near client #1's bedroom. - One of client #4's closet doors was out of its track. - A strong musty odor in client #5's bedroom. - One door on client #5's free standing closet unit was broken off its hinge. - 2 framed wall pictures, a light fixture, a walker, a clock, a wooden 2-drawer file cabinet, and 3 blue plastic storage crates stored on the floor against the wall in the open room adjacent to the kitchen. - The light colored carpet in the room adjacent to the kitchen was heavily soiled with dark grayish stains. <p>Observation of the facility at approximately 11:30 am on 9/27/18 revealed 2 smoke detectors chirped alternately at regular intervals.</p> <p>Interview on 9/27/18 staff #2 stated she worked a multiple day shift, and spent the night at the facility while she was on shift. The smoke detectors must have just started chirping as she had not heard them before the surveyor pointed it out to her. She would request new batteries for the smoke detectors.</p> <p>Interview on 9/26/18 the Administrator stated she heard the smoke detector chirp after it was pointed out to her by the surveyor.</p>	V 736	<p>← awaiting results. The QP will ensure this is completed by the administrator</p> <p>Implemented Oct 8, 18 V736 10 NCAC 27G.3003 Location & Exterior Requirements</p> <p>Staff shall report any fire alarms that are not working properly. Maintenance shall be called to check alarms replace batteries or the entire alarm itself.</p> <p>Maintenance will go back in few days to recheck alarm to make sure it</p>	

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			<p>is still working properly.</p> <p>AP will check to ensure maintenance has resolved the issue.</p> <p>Batteries will be scheduled to be replaced ^(WS) at a year or later if needed before then.</p> <p>(Daylight Savings) (Spring + fall)</p>	

-FIRE AND DISASTER REHEARSAL SCHEDULE

Name of Home: _____

Address: _____

1. Date of Rehearsal: _____ Time of Rehearsal: _____ Day: _____
Type of Drill conducted: _____

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

2. Date of Rehearsal: _____ Time of Rehearsal: _____ Day: _____

Type of Drill Conducted: _____

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

3. Date of Rehearsal: _____ Time of Rehearsal: _____ Day: _____

Type of Drill Conducted: _____

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

4. Date of Rehearsal: _____ Time of Rehearsal: _____ Day: _____

Type of Drill Conducted: _____

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

Qualified Professional Job Description

1. Must possess a license, provisional license, certificate, registration, or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sa with the population served; or a graduate of a college or a university with at Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has one year of full-time, post graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or a graduate of a college or a university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has two years of full-time, post bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or a graduate of a college or a university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.
2. Is responsible for the overall personal care plans for each client at time due throughout the facility. Reporting incidents to the IRIS system as they occur.
3. Is responsible for arranging the training and supervision of all staff. Monitor staff and make any necessary changes or further training as needed.
4. Is responsible for checking the assigned paperwork in the homes on timely basis
5. Reviews all information on prospect of new clients, gathers further information, and reports to administrator/director for final approval of admission.
6. Assures that all consumers are treated with respect and that their needs are met in a cheerful, competent manner
7. Cooperates with licensing, monitoring, and inspection agencies
8. Assures that the clients have the opportunity to participate in meaningful activities
9. Assures client's confidentiality
10. Ensures that services are provided in a non-discriminatory way

11. Assures the continuous maintenance of all standards and regulations and the implementation of the policies and procedures
12. Responsible for meeting visitors, responsible parties, and dealing with family members
13. Discharges clients from facility and gathers all of client's record for filing, completes all required discharged information.
14. Monitors medication in homes, checks medication, doctor's orders and fl-2. Check medication bi-weekly.
15. Provides assistant to staff that needs assistant with clients in crisis.
16. Completes client's books upon admission. Making sure all documentation that is required is in book.
17. Monitor doctor's appointments. Follow up with staff after clients attend appointments for medication change or referrals.
18. Reports directly to the administrator/director, any indications of abuse, neglect and/or exploitation.
19. Reports directly to the administrator/director if any staff is in not in compliance of rules and regulations.
20. Contact families for team treatment meetings and semi-annually to see if there have any concerns or recommendations about the facility.

QP sign and date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH •

Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 2, 2018

Priscilla Hardison, Director
Wooded Acres Guest Home, Inc.
3706 Cherry Road
Washington, NC 27889

Re: Annual, Complaint, & Follow-Up Survey completed 10/01/18 Wooded
Acres #1, 3706 Cherry Road, Washington, NC 27889
MHL # 007-053
E-mail Address: wjones@woodedacres.org
Intake #NC00140896

DHSR - Mental Health

OCT 23 2018

Lic. & Cert. Section

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the annual, complaint, and follow-up survey completed October, 1, 2018. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that one of the deficiencies is now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is October 31, 2018.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 30, 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.).
- 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.

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

October 2, 2018
Wooded Acres Guest Home, Inc.
Priscilla Hardison, Director

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, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL007-053	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/1/2018
NAME OF FACILITY WOODED ACRES #1		STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0291	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .5603	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/27/2018	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 10/01/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/6/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		