		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
	MHL007-026					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EAUFO	RT COUNTY GROUP	HOME #1	T 6TH STREET GTON, NC 278			
(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 1	TION SHOULD BE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000	DEFICIENC	, T)	
	An annual and follow-up survey was completed on November 7, 2018. A deficiency was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised				
	Living for Adults wit	h Developmental Disabilities.				
	27G .5602 Supervis	sed Living - Staff	V 290			
	numbers specified of this Rule shall be	502 STAFF bes above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to ond to individualized client				
	needs. (b) A minimum of c	one staff member shall be when any adult client is on the	9			
	habilitation plan doo	hen the client's treatment or cuments that the client is ng in the home or community				
	as needed but not I	The plan shall be reviewed ess than annually to ensure				
		to be capable of remaining in unity without supervision for time.				
	(c) Staff shall be p	esent in a facility in the f ratios when more than one				
	(1) children o abuse disorders sh	all be served with a minimum for every five or fewer minor				
	clients present. He present during slee	owever, only one staff need be ping hours if specified by the				
	the governing body	o procedures determined by ; or r adolescents with				
	developmental disa one staff present fo	bilities shall be served with r every one to three clients				
	present and two sta	aff present for every four or				

14NX11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-026			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R 11/07/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BEAUFO	RT COUNTY GROUP	PHOME #1	T 6TH STREE GTON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 290	Continued From pa	age 1	V 290			
	 more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. 		/			
	Based on record re facility failed to ens habilitation plan do capable of remaining supervision for spe	et as evidenced by: eview and interviews, the sure a clients' treatment or cumented the client was ng in the community without ecified periods of time affecting ted clients (#1, #2 and #3). The				
	 71 year old female Admission date or Diagnoses of Moo Developmental Dis Schizophrenia, and Person-Centered The PCP did not of 	f 10/09/13. derate Intellectual ability (IDD), Unspecified d History of Breast cancer. Profile (PCP) dated 05/23/18. contain any documentation 's unsupervised time at church				
	Review on 11/07/18 - 53 year old female ealth Service Regulation		:			

STATE FORM

14NX11

If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-026			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		B. WING			R 11/07/2018				
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE					
BEAUFO	EAUFORT COUNTY GROUP HOME #1 405 EAST 6TH STREET WASHINGTON, NC 27889								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 290	Continued From pa	ige 2	V 290						
	Congestive Heart fa - PCP dated 06/20/ - The PCP did not of regarding client #2' on Sunday morning Review on 11/07/18 - 60 year old male. - Admission date of - Diagnoses of Sev Disorder and Seizu - PCP dated 08/31/ - The PCP did not of	Jerate IDD, Sleep Apnea and ailure. 18. contain any documentation s unsupervised time at church js. 3 of client #3's record revealed f 09/24/81. ere IDD, Autism Spectrum re Disorder. 18. contain any documentation s unsupervised time at church	:						
	 She attended Chu Staff would take h local Church. The s peers and pick ther 	18 client #1 stated: he facility for 5 years. urch every Sunday morning. her and some of her peers to a staff would drop off her and he m up after the service. with clients at the Church							
	Sundays.	ne peers to a local Church on clients off at Church and							
	 She took some of on Sunday morning She dropped then 	at the facility since 1998. the clients to a local Church							

14NX11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-026			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL007-026	B. WING			R 11/07/2018
ME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
EAUFO	RT COUNTY GROUP	HOME #1	GT 6TH STREET			
X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
RÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 290	Continued From pa	age 3	V 290			
	 Interview on 11/06/18 staff #2 stated: She had worked at the facility for 2 years. Client #1, #2 and #3 attended a local Church every Sunday. She would take the 3 clients to Church on Sunday mornings. She would pick the clients up after approximately 2 hours. 					
	stated: - Client #1, #2 and Someone familiar v supervision while a - She understood th needed to indicate clients cold be left of community.	18 the Qualified professional #3 went to a local church. with the clients provided t Church. he client's treatment plans the specified periods of time unsupervised in the up on the client's PCPs.				

14NX11