

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007054 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/15/2018 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODED ACRES #2

**3644 CHERRY ROAD
WASHINGTON, NC 27889**

Lic. & Cert. Section

| (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 | INITIAL COMMENTS An annual survey was completed on October 15, 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 | V109 27G .0203 Privileging/ Training 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 for the initiation of an individualized supervision plan upon hiring each associate professional. | V 109 | 10A NCAC 27G. 0203 Competencies of Qualified Professional + Associate Professional Implemented Oct 8th, 2018 The AP will have on file certifications that are updated and current that indicates she has knowledge and experience of the population served. AP will stay abreast of any new trainings that she or staff will gain of knowledge | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

4899

9CWH11

If continuation sheet 1 of 10

Division of Health Service Regulation

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| V 109 | <p>Continued From page 1</p> <p>(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 and interviews the Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/9/18 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 in Substance Abuse Clinical Counseling, 2012; and Master's Degree in 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. - No documented training with regard to working with adults diagnosed with developmental disabilities or mental illness, or Person Centered Planning. - "Qualified Professional Job Description" signed and dated by the QP 2/19/16 included "... 2. Is responsible for the overall personal care plans 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 | V 109 | <p>and understanding the population served.</p> <p>QP is to be responsible for all her duties in her job description.</p> <p>QP will set up + meet with staff, clients and/or guardians for team meetings regarding personal care plans. All goals will be discussed and agreed upon during the meeting. Notes taken during the meeting will be kept by the QP readily available to reevaluate or make changes.</p> <p>One goal is noted QP will prepare a plan + complete it in a timely manner for signature of all that attended the team meeting.</p> | |

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| V 109 | <p>Continued From page 2</p> <p>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>During interview on 10/1/18 the QP stated:</p> <ul style="list-style-type: none"> - 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," and clinical paperwork, including 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 was 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. - She had no responsibility for client medications or Medication Administration Records. <p>During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor.</p> | V 109 | <p>And send to primary care provider for review and signature.</p> <p>Once all signatures are completed the QP will make copies for clients record, guardian & house manager to follow.</p> <p>Staff will assist in helping the client to achieve their goals. QP will monitor progress by staff documentation monthly.</p> <p>The QP will ensure each staff that works with a client understands the goals and how to achieve the goals.</p> <p>The QP will update or revise the plans as needed as the clients need change.</p> | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p> | V 114 | | |

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V 109 Continued From page 2

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During interview on 10/1/18 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," and clinical paperwork, including 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 was 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.
- She had no responsibility for client medications or Medication Administration Records.

During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor.

V 109

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 Assessments or Evaluations. Plans for new client shall be completed w/in 30 days of admission. All other plans shall be completed w/in 10 days of team treatment meeting. QP will keep an updated chart of when all plans are due and set up meetings prior to date due. The QP will ensure the staff of the facility will follow all rules and regulations put in place by the facility and (b)

V 114 27G .0207 Emergency Plans and Supplies

10A NCAC 27G .0207 EMERGENCY PLANS

V 114

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| V 109 | <p>Continued From page 2</p> <p>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>During interview on 10/1/18 the QP stated:</p> <ul style="list-style-type: none"> - 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," and clinical paperwork, including 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 was 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. - She had no responsibility for client medications or Medication Administration Records. <p>During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor.</p> | V 109 | <p>State. Any violations must be addressed, documented and reported as indicated by the regulations. 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 QP job description to reflect bi-weekly. All monitoring will be documented and kept in the office of the facility.</p> <p>The QP will address any errors found with the staff. She will document her plan of corrections to fix and prevent future errors. (c)</p> | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p> | V 114 | | |

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| V 109 | Continued From page 2 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 . . . " During interview on 10/1/18 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," and clinical paperwork, including 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 was 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. - She had no responsibility for client medications or Medication Administration Records. During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor. | V 109 | QP will contact Pharmacy immediately for corrections needed regarding MAR's or medication. This will be documented with date, time, and person spoken to regarding problem. Administrator or office assistant will set up clients book upon admission. The QP will check the book for completion or assist in getting what is needed to complete the book. Once the book is completed the QP will sign off that it is completed. The QP will follow-up with the staff regarding dr's appointments and/or med changes immediately (d) | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS | V 114 | | | |

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| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p> | V 114 | | (e) | |

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| V 114 | <p>Continued From page 3</p> <p>AND SUPPLIES</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 record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 10/9/18 the facility Administrator stated staff worked "24 hour shifts," and the shifts ran Monday 9:00 am - Friday 11:30 am, and Friday 11:30 am - Monday 9:00 am.</p> <p>Review on 10/9/18 of the facility's fire and disaster drill documentation revealed:</p> <ul style="list-style-type: none"> - No fire drill documented for the Friday - Monday shift in the 4th quarter (October - December) of 2017. - No fire drill documented for the Friday - Monday shift in the 2nd quarter (April - June) of 2018. - No fire drill documented for the Friday - Monday shift in the 3rd quarter (July - September) of 2018. - No disaster drill documented on either shift for the 2nd quarter (April - June) of 2018. | V 114 | | |

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| V 114 | Continued From page 4 - No disaster drill documented for the Friday - Monday shift in the 3rd quarter (July - September) of 2018. During interview on 10/9/18 client #4 stated fire and tornado drills were conducted at the facility but she wasn't sure how often. They had one recently. She was familiar with and described fire and tornado drill procedures. They were prepared for a recent hurricane, but didn't evacuate the facility. During interview on 10/9/18 client #5 stated she wasn't sure about fire and tornado drills. During interview on 10/9/18 client #6 stated they sometimes did fire and tornado drills and had one recently. He described procedures for fire and tornado drills. During interview on 10/15/18 the Administrator stated she understood the requirement to hold fire and disaster drills quarterly and repeated on each shift. | V 114 | Any staff or client that doesn't understand a drill will receive extra training + drills to be completed. Documentation of extra drills will be kept also. V118 27G.0209 Medication Requirements Implemented Oct 9th, 2018. All staff shall administer medication as ordered by the doctor @ all times. | |
| 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 | V 118 | All orders shall be transcribed to MAR's Sent to the pharmacy for future transcription of the MAR's. The AP + Administrator will remove orders are kept current and on file. Checking to make | |

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| V 118 | <p>Continued From page 5</p> <p>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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications as ordered for 2 of 3 audited clients (#4 and #5) and to follow physician's orders for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 10/9/18 client #4's record revealed:</p> <ul style="list-style-type: none"> - 33 year old female admitted to the facility 11/27/10. - Diagnoses included Bipolar II Disorder, depressed; Intellectual/Developmental Disability, severity unspecified; Seizure Disorder; Gastroesophageal Reflux Disease; Hyperlipidemia. - Physician's order signed 9/12/18 for Lexapro (used to treat depression and anxiety) 10 | V 118 | <p>Sure all new orders are transcribed & followed correctly.</p> <p>All B/P's must be completed and documented as ordered by the doctor.</p> <p>OP + Admin will monitor B/P checks bi-weekly.</p> <p>B/Sugar checks shall be recorded @ each time as ordered by the doctor.</p> <p>All documentation shall be kept current & all documentation from the MAR + B/S Checklist shall match.</p> <p>Insulin usage shall be documented on the MAR along w/ site of injection</p> | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007054 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/15/2018 |
| NAME OF PROVIDER OR SUPPLIER WOODED ACRES #2 | | STREET ADDRESS, CITY, STATE, ZIP CODE 3644 CHERRY ROAD WASHINGTON, NC 27889 | | |
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| V 118 | <p>Continued From page 6</p> <p>milligrams (mg) one tablet daily; check blood pressure daily.</p> <p>Review on 10/9/18 of client #4's MARs for July - October 2018 revealed transcription for Lexapro 20 mg one tablet daily, with staff initials to indicate daily administration.</p> <p>Observation on 10/9/18 at 9:55 am of client #4's medications on hand revealed a supply of Lexapro 20 mg one tablet daily dispensed by the pharmacy 10/7/18.</p> <p>During interview on 10/9/18 client #4 stated she took her medications daily with staff assistance.</p> <p>Review on 10/9/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 64 year old female admitted to the facility 11/14/15. - Diagnoses included Mild Intellectual/Developmental Disability, Paranoid Schizophrenia, diabetes, Hypercholesterolemia, and Hypertension. - Physician's orders signed 1/31/18 for hydrochlorothiazide (HCTZ) (used to treat high blood pressure and fluid retention) 12.5 milligrams (mg) one tablet every other day; Humalog (used to treat diabetes) 100 units/milliliter (ml), inject 15 units subcutaneously (sub-q) with meals; check blood pressure daily; check fingerstick blood sugar (FSBS) four times daily. - Physician's order dated 2/21/18 for Humalog 100 units/ml, inject 8 units sub-q daily at 3:00 pm with snack. - Physician's order dated 6/14/18 for Lantus Solostar (used to treat diabetes) 100 units/ml, inject 20 units sub-q twice daily, morning and night. | V 118 | <p>If more than one type of insulin is given Pharmacy will be contacted to ensure proper space for correct documentation is provided.</p> <p>AP + Admin will continue to monitor MAR's + BLS log for correct documentation.</p> <p>Any errors found will be corrected immediately</p> <p>Any staff that continues to not document readings on Medication given will be suspended until further training is completed.</p> <p>The AP will ensure staff completes training and staff complies with</p> | |

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODED ACRES #2

**3644 CHERRY ROAD
WASHINGTON, NC 27889**

| (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 | <p>Continued From page 7</p> <p>Review on 10/9/18 of client #5's MARs for July - October 2018 revealed:</p> <ul style="list-style-type: none"> - Humalog 15 units sub-q with meals not documented on the MAR as given at 12:00 pm 8/4/18 and 8/13/18. - Lantus inject 20 units sub-q twice daily, not documented on the MAR as given at 5:00 pm 8/26/18. - Humalog 8 units sub q with snack not documented on the MAR as given 8/26/18. - Humalog 100 units/ml, inject 15 units sub-q with meals not documented on the MAR as given at noon on 8/4/18 or 8/13/18. - FSBS not documented as completed on the MAR 8:00 am 8/27/18. - Blood pressure check not documented as completed on the MAR 8/10/18, 8/12/18 - 8/16/18, 8/27/18. - HCTZ documented as administered daily 9/1/18 - 9/4/18. - Humalog 15 units sub-q with meals not documented on the MAR as given 8:00 am 9/10/18. - Humalog 15 units sub-q with meals not documented on the MAR as given 5:00 pm 10/7/18. <p>Review on 10/9/18 of client #5's "Blood Sugar Log," "Insulin Injection Log," and "Blood Pressure Log" revealed:</p> <p>"Blood Sugar Log:"</p> <ul style="list-style-type: none"> - 5:00 pm blood sugar value not documented 8/10/18 - 8/12/18. - 12:00 pm blood sugar value not documented 8/16/18. - 12:00 pm blood sugar value not documented 8/27/18 - 8/30/18. - No blood sugar values documented 12:00 pm 10/6/18 - 8:00 am 10/8/18. | V 118 | <p>regulations on Medication Administration.</p> | |

Division of Health Service Regulation

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|--------------------------|---|---------------------|--|--------------------------|
| V 118 | <p>Continued From page 8</p> <p>"Insulin Injection Log:" - 5:00 pm insulin injections not documented on the "Insulin Injection Log" 10/5/18 - 10/8/18 (though staff initials were entered on the MAR 10/5/18, 10/6/18, and 10/8/18, to indicate administration of all injections).</p> <p>"Blood Pressure Log:" - No blood pressure documented 8/3/18 - 8/6/18 due to "BP (blood pressure) machine not working properly" (though staff initials were entered on the MAR to indicate completion of the blood pressure check).</p> <p>Observation at 10:45 am on 10/9/18 of client #5's medications on hand revealed a supply of HCTZ 12.5 mg one tablet every other day, dispensed 10/7/18.</p> <p>During interview on 10/9/18 client #5 stated: - She took her medications every day with staff assistance. - Staff did her FSBS and checked her blood pressure daily. - She had never missed any medications that she could remember.</p> <p>During interview on 10/9/18 staff #1 stated: - She had been trained in diabetes care and insulin administration. - She administered medications as ordered and documented on the MAR and flow sheets.</p> <p>During interviews on 10/9/18 and 10/15/18 the Administrator stated: - She was responsible for reviewing the MARs and ensuring their accuracy. - She made sure medication changes were transcribed on the MARs and the staff notified of changes.</p> | V 118 | | |

Division of Health Service Regulation

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|--------------------------|--|---------------------|--|--------------------------|
| V 118 | Continued From page 9 - She did not have an updated order for client #4's Lexapro, but felt sure Lexapro 20 mg was correct; she would contact the pharmacy and physician for clarification. - She did not have a more recent physician's order for client #5's HCTZ. - Client #5's physician did not seem to understand the how complicated and confusing the orders for client #5's insulin were. - Staff were trained to document medication administration, including insulin administration, blood sugar checks, and blood pressure checks. - She understood the requirement for physician's orders to be carried out as written. | V 118 | | |

Save

Print

Blood Sugar Log

NAME _____

| DATE | MORNING BS/INSULIN COVERAGE | AFTERNOON BS/INSULIN COVERAGE | EVENING BS/INSULIN COVERAGE | COMMENTS |
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| INSULIN MEDICATIONS | DOSE | TIME |
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NAME

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-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 18, 2018

DHSR - Mental Health

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

NOV 13 2018

Lic. & Cert. Section

Re: Annual Survey completed 10/15/18
Wooded Acres #2, 3644 Cherry Road, Washington, NC 27889
MHL # 007-054
E-mail Address: wjones@woodedacres.org

Dear Ms. Hardison and Ms. Jones:

Thank you for the cooperation and courtesy extended during the annual survey completed October 15, 2018.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 14, 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.

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

October 18, 2018
Wooded Acres Guest Home, Inc.
Priscilla Hardison, Director
Wendy Jones, Administrator

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,

A black and white image of a handwritten signature, which appears to read "Connie Anderson". The signature is written in a cursive style on a dark background.

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