

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL048003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/16/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HYDE COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9400 PINEY WOODS ROAD FAIRFIELD, NC 27826</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 16, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#2). The findings are:</p> <p>Review on 11/16/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 43 year old male.</li> <li>- Admission date of 06/15/13.</li> <li>- Diagnoses of Moderate Intellectual Developmental Disability, Diabetes Mellitus and Seasonal Allergies.</li> <li>- No primary care provider order to contact Family Nurse Practitioner (FNP) if blood sugar value was greater than 200.</li> <li>- 10/11/18 - FNP order to check blood sugar twice daily.</li> </ul> <p>Review on 11/16/18 of client #2's Person-Centered Profile (PCP) dated 06/25/18 revealed:</p> <ul style="list-style-type: none"> <li>- Check blood sugar value daily before breakfast.</li> <li>- Contact the FNP if blood sugar value was greater than 200.</li> </ul> <p>Review on 11/16/18 of client #2's October 2018 and November 2018 MARs revealed the following dates when client #2's blood sugar value was greater than 200 and no contact with the FNP was documented:</p> <ul style="list-style-type: none"> <li>- 10/11/18 - 232.</li> <li>- 10/12/18 - 246.</li> </ul> <p>Interview on 11/16/18 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- Staff recently began checking client #2's blood sugar twice daily.</li> <li>- She did not know why the PCP indicated to call the FNP when client #2's blood sugar was greater than 200.</li> </ul>	V 112		

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V 112	Continued From page 2  - She had not contacted the FNP regarding client #2's blood sugar greater than 200.  Interview on 11/16/18 the Qualified Professional stated: - Client #2's diabetes orders had changed frequently. - She would ensure the PCP was corrected.	V 112		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	<p>Continued From page 3</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain coordination among the medical providers responsible for the clients' treatment, affecting one of three audited clients (#1). The findings are:</p> <p>Review on 11/16/18 of client #1's record revealed: - 56 year old male. - Admission date of 05/25/90. - Diagnoses of Mild Intellectual Developmental Disability and Intermittent Explosive Disorder.</p> <p>Review on 11/16/18 of client #1's signed physician order dated 02/06/18 revealed: - Proair inhaler (treats bronchospasm) - inhale 2 puffs every 6 hours as needed.</p> <p>Observation on 11/16/18 at approximately 10:30am revealed: - Client #1 was at a local day program. - Client #1's Proair inhaler was at the facility.</p> <p>Interview on 11/16/18 staff #1 stated: - Client #1 did not take his Proair inhaler with him while in the community. - If client #1 needed his inhaler at the day program, staff would take it to him.</p> <p>Interview on 11/16/18 the Qualified Professional stated she would follow up on client #1's self-administration of his Proair inhaler.</p> <p>[This deficiency constitutes a re-cited deficiency</p>	V 291		

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V 291	Continued From page 4 and must be corrected within 30 days.]	V 291		