

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/07/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET WASHINGTON, NC 27889</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<b>INITIAL COMMENTS</b>  An annual and follow-up survey was completed on November 7, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<b>DHSR - Mental Health</b>  <b>NOV 28 2018</b>  <b>Lic. &amp; Cert. Section</b>	
V 290	<b>27G .5602 Supervised Living - Staff</b>  10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor 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; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or	V 290	Client #1 Record revealed that her PCP did not contain any documentation regarding client #1's unsupervised time at church on Sunday mornings. ATx team meeting was held on 11/9/2018. Client #1, Group Home Staff #1 & #2 and Natural Supports from the 15th St. Church of Christ in Washington discussed over the phone the roles and responsibilities of supervised time etc. Client #1 is known guardian and the Natural Support has known Client #1 for many, many years to include being responsible for running the	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

14NX11

If continuation sheet 1 of 4

*g. S. P. [Signature]* Residential Service Manager 11/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/07/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET WASHINGTON, NC 27889</b>		
(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 290	<p>Continued From page 1</p> <p>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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 11/07/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 71 year old female.</li> <li>- Admission date of 10/09/13.</li> <li>- Diagnoses of Moderate Intellectual Developmental Disability (IDD), Unspecified Schizophrenia, and History of Breast cancer.</li> <li>- Person-Centered Profile (PCP) dated 05/23/18.</li> <li>- The PCP did not contain any documentation regarding client #1's unsupervised time at church on Sunday mornings.</li> </ul> <p>Review on 11/07/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 53 year old female.</li> </ul>	V 290	<p>Church programs that Client #1 attends. The Natural Support will be responsible to provide total responsibility for Client #1 supervision during his unsupervised time during church services.</p> <p>The staff #1 and staff #2 will transport client #1 to church services on Sundays from 9:30 AM until 12:15 PM. At 12:15 PM staff #1 and staff #2 will return to pick up client #1 to transport home to Group Home #1.</p> <p>This will also occur on Wednesday nights when there is church services at this church. Staff #1 and #2 will transport client #1 to the church at 7 PM until 8 PM, when staff #1 and #2 returns to transport back to Group Home #1. STAFF</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/07/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET WASHINGTON, NC 27889</b>		
(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 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Admission date of 12/07/09.</li> <li>- Diagnoses of Moderate IDD, Sleep Apnea and Congestive Heart failure.</li> <li>- PCP dated 06/20/18.</li> <li>- The PCP did not contain any documentation regarding client #2's unsupervised time at church on Sunday mornings.</li> </ul> <p>Review on 11/07/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 60 year old male.</li> <li>- Admission date of 09/24/81.</li> <li>- Diagnoses of Severe IDD, Autism Spectrum Disorder and Seizure Disorder.</li> <li>- PCP dated 08/31/18.</li> <li>- The PCP did not contain any documentation regarding client #3's unsupervised time at church on Sunday mornings.</li> </ul> <p>Interview on 11/06/18 client #1 stated:</p> <ul style="list-style-type: none"> <li>- She had lived at the facility for 5 years.</li> <li>- She attended Church every Sunday morning.</li> <li>- Staff would take her and some of her peers to a local Church. The staff would drop off her and her peers and pick them up after the service.</li> <li>- Staff did not stay with clients at the Church Service.</li> </ul> <p>Interview on 11/06/18 client #2 stated:</p> <ul style="list-style-type: none"> <li>- She went with some peers to a local Church on Sundays.</li> <li>- Staff dropped the clients off at Church and picked them up later after the service.</li> </ul> <p>Interview on 11/07/18 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- She had worked at the facility since 1998.</li> <li>- She took some of the clients to a local Church on Sunday mornings.</li> <li>- She dropped them off with someone who is familiar with the clients and she picked them up after the service.</li> </ul>	V 290	<p>Natural Supports will be responsible to call the Group Home and inform Staff #1 or #2 of any changes such as if the Natural Support will not be at Church services, or will be late, etc. at that time Client #1 will have the option to not attend services or Staff #1 or #2 will be available to stay at the Church as their will be no unsupervised time utilized by any other person. If the Natural Support is late the Staff member will stay until the Natural Support gets there. If Staff stays through out the service with Client #1 there is not unsupervised time used. This will be the Client #1's choice.</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/07/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET WASHINGTON, NC 27889</b>		
(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 290	Continued From page 3  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.  Interview on 11/07/18 the Qualified professional stated: - Client #1, #2 and #3 went to a local church. Someone familiar with the clients provided supervision while at Church. - She understood the client's treatment plans needed to indicate the specified periods of time clients could be left unsupervised in the community. - She would follow up on the client's PCPs.	V 290	<p>This information will be documented in Client #1's treatment plan, (PCP) by 11/26/2018. → 11/26/18</p> <p>A Team Meeting will be held as needed, should there be any changes or updates made. The team will discuss and make the necessary changes that will be documented in the client #1's PCP regarding unsupervised time.</p> <p>The Treatment team will consists of Client #1, Staff #1 and #2, Natural Supports as well as this written the Q.P</p>		