

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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	INITIAL COMMENTS An annual and follow up survey was completed on December 6, 2018. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27 G .5600C Supervised Living for Adults with Developmental Disabilities	V 000		
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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to implement strategies to address the needs and behaviors for two of four audited clients (#1 and #3). The findings are:</p> <p>a. Review on 12/5/18 of client #1's record revealed: -Admission date of 2/22/00. -Diagnoses of Moderate Intellectual Disability, Schizophrenia-Paranoid Type, Depression, Astigmatism, Hypertension, Type II Diabetes, History of Urinary Tract Infections, Chronic Kidney Disease stage III, Allergic Rhinitis and Bilateral Cataracts. -Physician's order 10/2/18 for Benefiber Powder, two tsp in eight ounces of liquid three times daily and Polyethylene Glycol Powder 3350, dissolve one heaping tbsp in eight ounces of water daily. -The November 2018 MAR had refusals by client #1 on 11/1 through 11/30 for the Benefiber Powder and Polyethylene Glycol Powder. -The October 2018 MAR had refusals by client on 10/1 through 10/31 for the Polyethylene Glycol Powder. Client #1 had refusals for the Benefiber Powder on 10/1 through 10/30 AM doses; 10/6, 10/8 through 10/19, 10/22, 10/23, 10/26 through 10/30 4 PM doses; 10/2 through 10/19, 10/21 through 10/30 8PM doses. -Individualized Service Plan dated 1/1/18 for client #1 had no strategies to address medication refusals.</p> <p>b. Review on 12/5/18 of client #3's record revealed: -Admission date of 9/25/14. -Diagnoses of Mild Intellectual Disability, Leukodystrophy, Hydrocephalus, Neurogenic</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 112	<p>Continued From page 2</p> <p>Bladder, Tachycardia and Thyroiditis.</p> <p>-Physician's order dated 6/12/18 for Polyethylene Glycol Powder, dissolve 17 gm into eight ounces of liquid daily and Tretinoin topical cream 0.1 %, apply topically to affected area of face every other night.</p> <p>-The November 2018 MAR had refusals by client #3 on 11/1 through 11/29 for the Polyethylene Glycol Powder. Client #3 had refusals for the Tretinoin topical cream on 11/2, 11/4, 11/6, 11/8, 11/10, 11/14, 11/16, 11/18, 11/20, 11/23, 11/26, 11/27 and 11/28.</p> <p>-The October 2018 MAR had refusals by client #3 for the Tretinoin topical cream on 10/2, 10/4, 10/7, 10/9, 10/11, 10/13, 10/15, 10/17, 10/19, 10/21, 10/23, 10/25, 10/27 and 10/29.</p> <p>-Individualized Service Plan dated 11/1/18 for client #3 had no strategies to address medication refusals.</p> <p>Observation on 12/5/18 at approximately 12:30 PM of the facility revealed:</p> <p>-The above refused medications were in clients' #1 and #3's medication boxes.</p> <p>Interview with client #1 on 12/6/18 revealed:</p> <p>-He was refusing the Polyethylene Glycol Powder and Benefiber Powder.</p> <p>-He felt like he did not need those medications.</p> <p>-He had regular bile movements without those medications.</p> <p>Interview with client #3 on 12/6/18 revealed:</p> <p>-He was refusing the Polyethylene Glycol Powder and Tretinoin topical cream.</p> <p>-The Polyethylene Glycol Powder was making his stools too loose.</p> <p>-He was having regular bile movements without the Polyethylene Glycol Powder.</p> <p>-He felt like he no longer needed the Tretinoin</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 112	<p>Continued From page 3</p> <p>topical cream for his face.</p> <p>Interview with the Home Manager on 12/5/18 revealed: -Clients' #1 and #3 had been refusing some of their medications. -They were mainly refusing the Polyethylene Glycol Powder. -She confirmed clients' #1 and #3 did not have strategies to address medication refusals.</p> <p>Interview with the Qualified Professional on 12/5/18 confirmed: -Clients' #1 and #3 did not have strategies to address medication refusals.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 4</p> <p>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 and interview the facility failed to ensure the MAR was kept current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>a. Review on 12/5/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 2/22/00. -Diagnoses of Moderate Intellectual Disability, Schizophrenia-Paranoid Type, Depression, Astigmatism, Hypertension, Type II Diabetes, History of Urinary Tract Infections, Chronic Kidney Disease stage III, Allergic Rhinitis and Bilateral Cataracts. -Physician's order dated 10/31/18 for Cetirizine HCL 10 mg, one tablet daily. -Physician's order 10/2/18 for Benefiber Powder, two tsp in eight ounces of liquid three times daily; Hydrochlorothiazide 12.5 mg, one capsule daily and Linzess 290 mcg, one capsule daily. -The December 2018 MAR had blank boxes on 12/4 for Hydrochlorothiazide 12.5 mg and Linzess 	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 5</p> <p>290 mcg. There were blank boxes on 12/1 and 12/2 for Cetirizine HCL 10 mg. -The October 2018 MAR had blank boxes on 10/31 for all three doses for the Benefiber Powder.</p> <p>b. Review on 12/5/18 of client #2's record revealed: -Admission date of 2/21/90. -Diagnoses of Severe Intellectual Disability, Autistic Disorder with Psychotic features, Depression, Astigmatism, Epilepsy, Benign Prostate Hypertrophy, Allergies and Dermatographia. -Physician's order 5/8/18 for Propranolol 10 mg, one tablet three times daily and Zolpidem 10 mg, one tablet at bedtime. -The November 2018 MAR had blank boxes on 11/9 and 11/20 12PM doses for Propranolol 10 mg. -The October 2018 MAR had blank boxes on 10/31 for Zolpidem 10 mg and Propranolol 10 mg 8PM dose.</p> <p>c. Review on 12/5/18 of client #3's record revealed: -Admission date of 9/25/14. -Diagnoses of Mild Intellectual Disability, Leukodystrophy, Hydrocephalus, Neurogenic Bladder, Tachycardia and Thyroiditis. -Physician's order dated 10/5/18 for Meloxicam 15 mg, one tablet daily. -Physician's order dated 10/2/18 for Clindamycin Gel 1%, apply to affected areas of face in the morning. -Physician's order dated 6/12/18 for Polyethylene Glycol Powder, dissolve 17 gm into eight ounces of liquid daily; Baclofen 20 mg, one and one half tablet two times daily; Latuda 80 mg, one tablet in the evening; Metoprolol Succinate 50 mg, one</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 6 tablet daily and Tamsulosin 0.4 mg, one capsule daily. -The November 2018 MAR had blank boxes on 11/30 for Baclofen 20 mg AM dose, Clindamycin Gel 1%, Meloxicam 15 mg, Metoprolol Succinate 50 mg and Polyethylene Glycol Powder. -The October 2018 MAR had blank boxes on 10/31 for Baclofen 20 mg AM dose and Latuda 80 mg. Interview with the Qualified Professional on 12/5/18 confirmed: -Staff failed to keep the MAR current for clients' #1, #2 and #3.	V 118		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 500	<p>Continued From page 7</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by:</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 500	<p>Continued From page 8</p> <p>Based on observation, record review and interviews, the facility failed to ensure client rights as specified in G.S. 122C-62(b) and (d) clients' right to free access to personal belongings affecting one of four audited clients (#4). The findings are:</p> <p>Review on 12/5/18 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Observation on 12/5/18 at approximately 11:30 AM of the facility revealed: -Client #4's bedroom- There were no clothes in the closet. -The chest of drawers only had one T-shirt in it.</p> <p>Review on 12/5/18 of client #4's record revealed: -Admission date of 9/24/15. -Diagnoses of Mild Mental Retardation, Schizoaffective Disorder, Hyperlipidemia, Hypertension, Glaucoma, Reflux Esophagitis, Glucose Intolerance and Tobacco Abuse. -There was no evidence of a written statement for client #4 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days.</p> <p>Interview on 12/6/18 with client #4 revealed: -His clothing was not kept in his bedroom. -He would like to keep his clothes in his bedroom.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
--	---

(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 500	<p>Continued From page 9</p> <p>-Staff had never told him why he could not keep his clothes in his bedroom.</p> <p>Interview with the Home Manager on 12/5/18 revealed: -Client #4 did have a history of tearing his clothing. -Staff used to keep his clothes in another area of the home to keep client #4 from tearing his clothing. -She did not think client #4 was tearing his clothes anymore. -She was not aware that client #4's clothes were not in his bedroom.</p> <p>Interview with the Qualified Professional on 12/5/18 revealed: -She was aware that client #4 had a history of tearing his clothing. -Client #4 had strategies in his treatment plan to address that issue. -She thought client #4's clothing was in his bedroom. -She was not aware staff were keeping client #4's clothing in a different area of the home.</p>	V 500		