Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		MHL043-012	B. WING		R 12/06/2018	
		WII 12043-012			12/06/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME 141 EAST COATS, N	JACKSON : IC 27521	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENT	ΓS	V 000			
	on December 6, 20 The facility is licens category: 10A NCA	w up survey was completed 18. Deficiencies were cited. ed for the following service C 27 G .5600C Supervised h Developmental Disabilities				
V 112	10A NCAC 27G .02 TREATMENT/HABI PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome(achieved by provisic projected date of ac (2) strategies; (3) staff responsibl (4) a schedule for annually in consultar responsible person (5) basis for evalua outcome achieveme (6) written consent	de developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: (a) that are anticipated to be on of the service and a chievement; (b) the plan at least action with the client or legally or both; action or assessment of ent; and or agreement by the client or	V 112			
		or a written statement by the y such consent could not be				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(VO) MULTIPL	E CONCEDUCTION	(V2) DATE	CLIDVEV	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	LETED
			A. BUILDING:			
		MIII 040 040	B WING		F	
		MHL043-012	D. WING		12/0	6/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVCKSU	N STREET GROUP H	OME 141 EAST	JACKSON	STREET		
JACKSO	N STREET GROOF II	COATS, N	IC 27521			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
				DEFICIENCY)		
V 112	Continued From pa	ge 1	V 112			
	interviews, the facilistrategies to address two of four audited findings are: a. Review on 12/5/1 revealed: -Admission date of -Diagnoses of Mode Schizophrenia-Para Astigmatism, Hyper History of Urinary T Disease stage III, A CataractsPhysician's order 1 two tsp in eight oun and Polyethylene G one heaping tbsp in -The November 20′ #1 on 11/1 through Powder and Polyett -The October 2018 10/1 through 10/31 Powder. Client #1 h Powder on 10/1 through 10/30 4 PM doses; through 10/30 8 PM -Individualized Servicient #1 had no strarefusals. b. Review on 12/5/1	on, record reviews and ity failed to implement its the needs and behaviors for clients (#1 and #3). The 18 of client #1's record 18 of client #1's record 19/22/00. The arate Intellectual Disability, anoid Type, Depression, areat Infections, Chronic Kidney, anoid Type II Diabetes, and Infections, Chronic Kidney, Infections, Infectio				
		9/25/14. Intellectual Disability, /drocephalus, Neurogenic				

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Division of Health Service Regulation

Division of Health Service Regulation							
	IT OF DEFICIENCIES	(X1) PROVIDER/		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	TION NUMBER:	A. BUILDING:		COMPI	LETED
						R	,
		MHL043	-012	B. WING			6/2018
		WITTED43	-012			12/0	0/2010
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
IVCKEU	N STREET GROUP H	OME	141 EAST	JACKSON	STREET		
JACKSU	N SIKEET GROUP II	OIVIE	COATS, N	IC 27521			
(X4) ID	SUMMARY STA	TEMENT OF DEFI	CIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY			PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING II	NFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					BEI IOIEITO I		
V 112	Continued From pa	ge 2		V 112		ļ	
	Bladder, Tachycard	ia and Thyroid	litis				
	-Physician's order of						
	Glycol Powder, diss						
	of liquid daily and T						
	apply topically to aff	fected area of	face every other				
	night.						
	-The November 20						
	#3 on 11/1 through						
	Glycol Powder. Clie						
	Tretinoin topical cre						
	11/10, 11/14, 11/16,	, 11/18, 11/20,	11/23, 11/26,				
	11/27 and 11/28. -The October 2018	MAD had refu	usala by aliant #2				
	for the Tretinoin top						
	10/7, 10/9, 10/11, 1						
	10/21, 10/23, 10/25						
	-Individualized Serv						
	client #3 had no stra	ategies to add	ress medication				
	refusals.	· ·					
	Observation on 12/		imately 12:30				
	PM of the facility re						
	-The above refused		were in clients'				
	#1 and #3's medica	ition boxes.					
	Interview with client	+#1 on 19/6/10	revealed:				
	-He was refusing th						
	and Benefiber Pow		o oryoon i owaer				
	-He felt like he did r		medications.				
	-He had regular bile						
	medications.						
	Interview with client						
	-He was refusing th		e Glycol Powder				
	and Tretinoin topica						
	-The Polyethylene (iycol Powderاند	was making his				
	stools too loose.	udor bilo mostro	manta with a ct				
	 -He was having reg the Polyethylene Gl 		ments without				
	-He felt like he no k		the Tretingin				
	-1 IC ICIT IIVE HE HOLD	Juger Heeded	and Freditions			Į.	

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
MHL043-012		043-012	B. WING			R 06/2018	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME	141 EAST COATS, N	JACKSON S IC 27521	STREET		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	MUST BE PR	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 3		V 112			
	topical cream for hi	s face.					
	Interview with the Frevealed: -Clients' #1 and #3 their medicationsThey were mainly Glycol PowderShe confirmed cliestrategies to address Interview with the G12/5/18 confirmed: -Clients' #1 and #3 address medication.	had been refusing the ents' #1 and ss medication and indication and indicated the entre en	refusing some of e Polyethylene I #3 did not have on refusals. ofessional on we strategies to				
	and must be correct	ted within (30 days.				
V 118	27G .0209 (C) Med	ication Red	quirements	V 118			
	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 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						

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 ti Boileanno.		R	
		MHL043-012	B. WING			6/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME	JACKSON	STREET		
	OLIMANA DV. OTA	COATS, N		PROVIDERIO DI ANI OF CORRECTI	ON.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded.	ely after administration. The				
	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: a. Review on 12/5/18 of client #1's record					
	revealed: -Admission date of -Diagnoses of Mod Schizophrenia-Para					
	History of Urinary T	ract Infections, Chronic Kidney Illergic Rhinitis and Bilateral				
	-Physician's order of HCL 10 mg, one tal -Physician's order of two tsp in eight oun Hydrochlorothiazide and Linzess 290 m -The December 20	dated 10/31/18 for Cetirizine blet daily. 10/2/18 for Benefiber Powder, ces of liquid three times daily; a 12.5 mg, one capsule daily cg, one capsule daily. 18 MAR had blank boxes on othiazide 12.5 mg and Linzess				

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Division of Health Service Regulation

OTATEMENT OF DEFICIENCIES (VA), DROVIDED OURDING OF DEFICIENCIES				0.00 - 1	011517517	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	
			A. BUILDING:		COMPLETED	
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		MHL043-012	B. WING		12/0	6/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1401/00		141 EAS	JACKSON S	STREET		
JACKSO	N STREET GROUP H	OME COATS, N	NC 27521			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				22.10.2.01,		
V 118	Continued From pa	ge 5	V 118			
	290 mcg. There we	re blank boxes on 12/1 and				
	12/2 for Cetirizine F					
		MAR had blank boxes on				
	10/31 for all three d	loses for the Benefiber				
	Powder.					
		18 of client #2's record				
	revealed:	0/04/00				
	-Admission date of					
		ere Intellectual Disability, th Psychotic features,				
		natism, Epilepsy, Benign				
	Prostate Hypertropl					
	Dermatographia.	ny, Alicigics and				
		5/8/18 for Propranolol 10 mg,				
		es daily and Zolpidem 10 mg,				
	one tablet at bedtim					
	-The November 20	18 MAR had blank boxes on				
		M doses for Propranolol 10				
	mg.					
		MAR had blank boxes on				
		10 mg and Propranolol 10				
	mg 8PM dose.					
	c. Review on 12/5/1	18 of client #3's record				
	revealed:					
	-Admission date of	9/25/14.				
	-Diagnoses of Mild	Intellectual Disability,				
		ydrocephalus, Neurogenic				
	Bladder, Tachycard					
	-Physician's order dated 10/5/18 for Meloxicam					
	15 mg, one tablet d					
		dated 10/2/18 for Clindamycin				
	' ' ' '	fected areas of face in the				
	morning.	dated 6/12/18 for Dolyothylana				
		dated 6/12/18 for Polyethylene solve 17 gm into eight ounces				
		ofen 20 mg, one and one half				
		ly; Latuda 80 mg, one tablet in				
		rolol Succinate 50 mg, one				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMPI		
			B. WING		R	
		MHL043-012	B. WING		12/0	6/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME	JACKSON S	STREET		
040.15	CLIMMA DV CTA	COATS, N		DDOVIDEDIC DI ANI OF CODDECTION		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 6	V 118			
	dailyThe November 20 11/30 for Baclofen 2 Gel 1%, Meloxicam 50 mg and Polyethy -The October 2018 10/31 for Baclofen 2 mg. Interview with the Q 12/5/18 confirmed:	nsulosin 0.4 mg, one capsule 18 MAR had blank boxes on 20 mg AM dose, Clindamycin 15 mg, Metoprolol Succinate vlene Glycol Powder. MAR had blank boxes on 20 mg AM dose and Latuda 80 dualified Professional on the MAR current for clients'				
V 500	27D .0101(a-e) Clie	ent Rights - Policy on Rights	V 500			
	RESTRICTIONS AN (a) The governing I assures the implem G.S. 122C-65, and (b) The governing I implement policy to (1) all instanc abuse, neglect or ex reported to the Cou Services as specific G.S. 7A, Article 44; (2) procedure instituted in accorda practice when a me present serious risk Particular attention neuroleptic medicat (c) In addition to th 10A NCAC 27E .01	body shall develop and assure that: ees of alleged or suspected exploitation of clients are nty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ence with sound medical edication that is known to a to the client is prescribed. shall be given to the use of				

Division of Health Service Regulation STATE FORM

OTI611 If continuation sheet 7 of 10

Division of Health Service Regulation

MHL043-012 B. WING	AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521 (X4) ID PREPIX (EACH DELICIENCY MUST BE PRECEDED BY PILL) TAG (EACH DELICIENCY MUST BE PRECEDED BY PILL) TAG (PREPIX TAG) V 500 Continued From page 7 (1) any restrictive intervention that is prohibited from use within the facility, and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictives the use of restrictive interventions or involuntary client who refuses the use of 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: (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 or 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). (2) the designation of an individual to be responsible for reviews of the use of restrictive.			A. BUILDING.	·		R	
ACKSON STREET GROUP HOME 141 EAST JACKSON STREET COATS, NC 27521 (A4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFRENCED TO THE APPROPRIATE DATE V 500 Continued From page 7 (1) any restrictive intervention that is prohibited from use within the facility, and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or fi, in a 24-hour facility, the crestrictive interventions or fi, in a 24-hour facility, the restrictive interventions or fi. in a 24-hour facility, the restrictive interventions or allowed 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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive			MHL043-012	B. WING			
CATS, NC 27521 CATS, ID CATS, NC 27521 CATS, ID CATS, ID	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 500 Continued From page 7 (1) any restrictive intervention that is prohibited from use within the facility, and (2) in a 24-hour facility, and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions. (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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive.	JACKSO	N STREET GROUP H	OME		STREET		
(1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive	PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by:	V 500	(1) any restriction prohibited from use (2) in a 24-hounder which staff at the rights of a client (d) If the governing restrictive intervent the restrictions of c 122C-62(b) and (d) identify: (1) the permiallowed restrictions (2) the individent the client; and (3) the due prinvoluntary client was restrictive intervent (e) If restrictive intervent (e) If restrictive intervent (e) If restrictive intervent (f) the designance with Survival which includes: (1) the designance with survival written authorized with the competence to use provide written authorized with the NCAC 27E .0104(e) (2) the designance with the NCAC 27E .0104(e) (2) the designance with the NCAC 27E .0104(e) (3) the estab appeal for the resolution over the planned us	ctive intervention that is within the facility; and our facility, the circumstances re prohibited from restricting the body allows the use of ions or if, in a 24-hour facility, lient rights specified in G.S. are allowed, the policy shall ted restrictive interventions or it dual responsible for informing rocess procedures for an the refuses the use of ions. The eventions are allowed for use the governing body shall ment policy that assures abchapter 27E, Section .0100, anation of an individual, who and who has demonstrated restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in the time limits specified in 10A e)(10)(E); that ion of an individual to be the use of restrictive intervention.	V 500			

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		A. BUILDING.		R		
		MHL043-012	B. WING			06/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME 141 EAST COATS, N	JACKSON S IC 27521	STREET		
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 500	Continued From pa	ige 8	V 500			
	interviews, the facil as specified in G.S right to free access	ion, record review and ity failed to ensure client rights . 122C-62(b) and (d) clients' to personal belongings ir audited clients (#4). The				
	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."					
	Observation on 12/5/18 at approximately 11:30 AM of the facility revealed: -Client #4's bedroom- There were no clothes in the closetThe chest of drawers only had one T-shirt in it.					
	-Admission date of -Diagnoses of Mild Schizoaffective Dis Hypertension, Glau Glucose Intolerance -There was no evid client #4 detailing re possessions or evid restriction reviewed Interview on 12/6/1 -His clothing was no	of client #4's record revealed: 9/24/15. Mental Retardation, order, Hyperlipidemia, coma, Reflux Esophagitis, e and Tobacco Abuse. ence of a written statement for estrictions of personal dence of an evaluation of each at least every seven days. 8 with client #4 revealed: ot kept in his bedroom.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, Joil J		R	
		MHL043-012	B. WING			6/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JACKSO	N STREET GROUP H	OME 141 EAST COATS, N	JACKSON S C 27521	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 500	Continued From pa	ge 9	V 500			
	-Staff had never tol his clothes in his be	d him why he could not keep edroom.				
	revealed:	lome Manager on 12/5/18 a history of tearing his				
	-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 anymoreShe was not aware that client #4's clothes were not in his bedroom. Interview with the Qualified Professional on 12/5/18 revealed: -She was aware that client #4 had a history of tearing his clothingClient #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. 					

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