

Division of Health Service Regulation

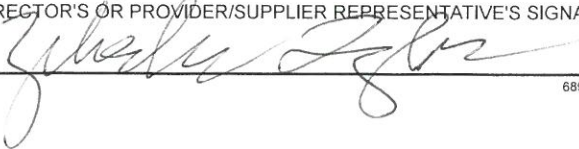
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL048003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2018
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NAME OF PROVIDER OR SUPPLIER HYDE COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9400 PINEY WOODS ROAD FAIRFIELD, NC 27826
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(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 November 16, 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		
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		

DHSR - Mental Health
DEC 12 2018
Lic. & Cert. Section

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



TITLE
Director

(X6) DATE
12/3/18

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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: - 43 year old male. - Admission date of 06/15/13. - Diagnoses of Moderate Intellectual Developmental Disability, Diabetes Mellitus and Seasonal Allergies. - No primary care provider order to contact Family Nurse Practitioner (FNP) if blood sugar value was greater than 200. - 10/11/18 - FNP order to check blood sugar twice daily.</p> <p>Review on 11/16/18 of client #2's Person-Centered Profile (PCP) dated 06/25/18 revealed: - Check blood sugar value daily before breakfast. - Contact the FNP if blood sugar value was greater than 200.</p> <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: - 10/11/18 - 232. - 10/12/18 - 246.</p> <p>Interview on 11/16/18 staff #1 stated: - Staff recently began checking client #2's blood sugar twice daily. - She did not know why the PCP indicated to call the FNP when client #2's blood sugar was greater than 200.</p>	V 112	<p>Client #2 shall get instructions to follow when blood sugar is high or low from FNP. Client #2 was seen by FNP on 11/29/18. Instructions stated that blood sugar greater than 200 should follow with a call to doctor. Blood sugar less than 70 should be followed with feeding and a call to the doctor. Staff shall check blood sugar before breakfast and before dinner and follow the aforementioned protocol from the FNP. The current PCP shall be updated by 01/01/2019. QP shall check MAR documentation monthly to verify that the staff followed the proper protocol. The nurse consultant shall also review MAR documentations.</p>	

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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	<p>Client #1 shall get physician's approval to self-administer his Proair inhaler. Client #1 physician gave permission to self-administer on 11/29/18. Client #1 shall be trained on the care and security of the inhaler. on 12/5/18. Staff shall be responsible for monitoring to ensure the inhaler is with Client #1 when departing from the home and when he returns to the home. QP shall monitor staff's management of inhaler.</p>	

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

ROANOKE DEVELOPMENTAL CENTER, INC.
PO BOX 967 – 607 ADAMS STREET
PLYMOUTH, NORTH CAROLINA 27962
TELEPHONE: 252 793-5077
FAX: 252 793-9144

December 3, 2018

Mr. Keith Hughes
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHCR - Mental Health
DEC 12 2018
Lic. & Cert. Section

Re: Annual and Follow Up Survey completed 11/16/2018
Hyde County Group Home
9400 Piney Woods Road
Fairfield, NC 27826
MHL #048-003

Dear Mr. Hughes:

Enclosed you will find the plan of correction for the cited deficiencies during the Annual Survey of 11/16/18. Thank you for your input to enhance our quality of service. If you have any questions please give me a call.

Sincerely,



Zebedee Taylor
Director