Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl078-197	A. BUILDING: _____ B. WING _____	12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON CENTER II	111 TAYLOR STREET RED SPRINGS, NC 28377

(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 survey was completed on December 12, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for and Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105	DHSR - Mental Health JAN 03 2019 Lic. & Cert. Section	

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

Sheila Ferguson — RN/BSN Director — 12/20/18

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V 105	Continued From page 1 (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable	V 105		

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V 105	Continued From page 2 standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 12/11/18 and 12/12/18 of the facility's records no documentation of a completed CLIA waiver. Review on 12/11/18 of client #3's record revealed: - 16 year old male. - Admission date of 11/28/18. - Diagnoses of Attention Deficit Hyperactivity Disorder, Conduct Disorder-Childhood Onset and Disruptive Mood Dysregulation Disorder. Review on 12/11/18 of client #3's physician orders dated 11/19/18 revealed: - Metformin (treats diabetes) 500 milligrams - once daily. - Finger Stick Blood Sugar (FSBS) to be completed daily. Review on 12/11/18 of client #3's November 2018 and December 2018 MARs revealed staff documented FSBS daily. Interview on 12/11/18 client #3 stated staff at the group home check his blood sugar values every morning. Interview on 12/11/18 the Registered Nurse/ Associate Professional stated: - She had attempted to obtain a CLIA waiver in the past and the regulatory agency did not respond. - She was aware a CLIA waiver was required when FSBS checks were completed by staff. - She would follow up on obtaining a CLIA waiver.	V 105	On 12/20/18 the application for a CLIA waiver was completed and mailed to DHHS Regulation/CLIA	12/20/18

JOHNSON CENTER HOMES, INC.
121 MAIN STREET
RED SPRINGS, NC 28377
TEL: (910) 843-7007
FAX: (910) 843-7008
Johnsoncenterhomes@yahoo.com

December 20, 2018

Re: Annual Survey completed December 12, 2018
Johnson Center II

Dear Mr. Hughes:

Thank you for assisting Johnson Center Home II in our annual survey. Enclosed you will find a copy of the Plan of Correction addressing the cited deficiency. If you have any questions please contact me at (910) 527-7162.

Sincerely,

Sheila Ferguson RN BSN

Sheila Ferguson RN BSN/Director