**FORM APPROVED** 

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL007-026 B. WING NAME OF PROVIDER OR SUPPLIER 11/07/2018 STREET ADDRESS, CITY, STATE, ZIP CODE BEAUFORT COUNTY GROUP HOME #1 **405 EAST 6TH STREET** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed DHSR - Mental Health 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. Lic. & Cert. Section Client #2 Record revealed V 290 27G .5602 Supervised Living - Staff V 290 that her PCP did Not contain 10A NCAC 27G .5602 STAFF any Documentation regarding
Closent #2' unsupervised time
for Church on Sunday Smornings
A team Muting was relding
11/13/2018- with Group Home #4 (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 Residential Start, Chent #2 without supervision. The plan shall be reviewed as needed but not less than annually to ensure this writer the QP, bullian the client continues to be capable of remaining in from BCDSS and Natural the home or community without supervision for to discuss Client # 2's unsupervised 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: Time at Church, We also children or adolescents with substance (1) abuse disorders shall be served with a minimum discussed the role and responsibility of one staff present for every five or fewer minor OF the Natural Supports for clients present. However, only one staff need be present during sleeping hours if specified by the Client #2. Client # 2 Is usuall emergency back-up procedures determined by Transported to Church by her the governing body; or Mutural Supports.
Client # 2 TS picked up hom children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients GH# 1 at approximately 10:45 AM present and two staff present for every four or Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Ros, dentine Service Manager

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STATE FORM

PRINTED: 11/09/2018 FORM APPROVED

Division	of Health Service Re	egulation			FORM APPROVED			
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY			
	TO TOTAL CHOIN	IDENTIFICATION NUMBER:	A. BUILDIN		COMPLETED			
		MHL007-026	B. WING		R			
NAME OF	PROVIDER OR SUPPLIER				11/07/2018			
				, STATE, ZIP CODE				
BEAUFO	ORT COUNTY GROUP		T 6TH STRE STON, NC					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PRECTION			
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE				
V 290	Continued From page 1		V 290	Transported by h	10. NIAtra			
	more clients present. However, only one staff			Transported by h	ne whomas			
	need be present du	ring sleeping hours if		Supports to: B	eech brove			
	specified by the emergency back-up procedures determined by the governing body.			Missionary Bo Located on Gra	iphst Church			
	(d) In facilities which	h serve clients whose primary		LOCASE don Com	is PA in			
	diagnosis is substar	nce abuse dependency:		Char	y NO. 1			
	<ol> <li>at least on</li> </ol>	e staff member who is on		Choco winty,	v.C. Client			
	uity shall be trained	in alcohol and other drug		#2 IS return	ed to the			
	withdrawal symptom secondary complica	tions to alcohol and other		Ground 11 41	L 135			
	drug addiction; and			Group Home #1	Dy 1.30 pm			
	(2) the service	es of a certified substance		This proces	SOFMERNE			
	abuse counselor shall be available on an as-needed basis for each client.			FEML IS FINAH	1 A PLOW			
	do ficeded basis for	each chefft.		Time IS FINAN	Approva			
				10 11 - 11 - 11 + 2 3	Gnard.			
				Frm Benfat	On. Dept of			
	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			Car D A	1.1			
				Services. The N				
				PUSON IS Also	4001			
				her the here	-appr			
	supervision for speci	fied periods of time affecting		of magning	an, that ci			
	three of three audited	d clients (#1, #2 and #3). The		#2 Will BURH	masing M.			
	findings are:			by the guards # 2 Will be RH	oure			
	Review on 11/07/18 of client #1's record revealed:			It is the ras	ome bil			
	<ul> <li>71 year old female.</li> </ul>			4 001	Las mark			
	- Admission date of 1	0/09/13.	_	The Montal SV	ipant to can to			
	<ul> <li>Diagnoses of Mode</li> <li>Developmental Disal</li> </ul>	rate Intellectual pility (IDD), Unspecified		Gmp Homi#1.	to inform to			
0   1	Schizophrenia, and F	listory of Breast cancer		Start and EL				
	<ul> <li>Person-Centered Pr</li> </ul>	rofile (PCP) dated 05/23/18		army and El	1 cm # 2 I			
	<ul> <li>The PCP did not co</li> </ul>	ntain any documentation		Shu I'S NO+ AD	11 to Come			
	regarding client #1's i on Sunday mornings.	unsupervised time at church		LATE 1 IF A	nit Change			
	).55			LAKE A IF A.	g charge			
1	Review on 11/07/18 o	of client #2's record revealed:		IF NATural	Supont To			
-	53 year old female.		1	1	200			

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Di	vision	of Health Service Re	egulation			FORM	APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			MHL007-026	B. WING			R 07/2018		
NA	ME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE				
BE	AUFC	ORT COUNTY GROUP		T 6TH STRE					
PF	K4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE				
V 290 Continu  - Admis - Diagnor Conges - PCP de The Portegardir on Sund  Review - 60 year - Admis - Diagnor Disorde - PCP de The Portegardir on Sund  Interview - She hat - She att - Staff we local Chepers ar - Staff di Service.		- Admission date of - Diagnoses of Mod Congestive Heart fa - PCP dated 06/20/- The PCP did not coregarding client #2's on Sunday morning:  Review on 11/07/18 - 60 year old male Admission date of - Diagnoses of Seven Disorder and Seizur - PCP dated 08/31/1 - The PCP did not coregarding client #3's on Sunday mornings.  Interview on 11/06/1 - She had lived at the Staff would take he local Church. The st peers and pick them - Staff did not stay w Service.  Interview on 11/06/18 - She went with some	mission date of 12/07/09. Ignoses of Moderate IDD, Sleep Apnea and gestive Heart failure. P dated 06/20/18. P CP did not contain any documentation rding client #2's unsupervised time at church unday mornings.  We won 11/07/18 of client #3's record revealed: year old male. Inission date of 09/24/81. Ignoses of Severe IDD, Autism Spectrum rder and Seizure Disorder. P dated 08/31/18. P CP did not contain any documentation rding client #3's unsupervised time at church unday mornings.  P wiew on 11/06/18 client #1 stated: In had lived at the facility for 5 years. In attended Church every Sunday morning. If would take her and some of her peers to a Church. The staff would drop off her and her is and pick them up after the service. If did not stay with clients at the Church		Not able to alle Chent #2 dres Church Which to Chrice Not to a Services The Final I Siven by the This m From documented an	ACTION SHOULD BE TO THE APPROPRIATE BATE  TO THE APPROPRIATE BATE  A HING THINK  A HES HOT A HIND  AL APPROVAL TS  THE GRANDIAN  FROM LION  AND A APPROVAL TS  THE GRANDIAN  FROM LION  AND A APPROVAL  FROM LION  AND A APPROVAL  FROM LION  INTERNATION  I			
		picked them up later Interview on 11/07/18 - She had worked at	3 staff #1 stated: the facility since 1998.		documented in	- hn	Pap		
		on Sunday mornings - She dropped them	he clients to a local Church off with someone who is ts and she picked them up						

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