

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/18/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WOODED ACRES #2 **3644 CHERRY ROAD**
WASHINGTON, NC 27889

(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 A complaint and follow-up survey was completed on February 18, 2019. The complaint was unsubstantial (intake #NC00147390). 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 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 02/18/19 of a Plan of Correction submitted for survey dated 10/15/18 revealed: - 11/6/18 - "Implemented Oct (October) 8th, 2018	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 114	<p>Continued From page 1</p> <p>Administrator will conduct random drills on each shift. Fire drills and disaster forms will be updated to reflect day, time of day and type of drill."</p> <p>Review on 02/18/19 of facility records from December 2018 thru present revealed no fire or disaster drills had been completed at the facility.</p> <p>Interview on 02/18/19 the Qualified Professional stated: - The facility had not conducted any fire or disaster drills since the 10/15/18 survey. - The facility had created forms to document fire and disaster drills.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
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 recorded immediately after administration. The</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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 administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#2). The findings are:</p> <p>Review on 02/28/19 of client #2's record revealed: - 65 year old female. - Admission date of 11/14/15. - Diagnoses of Mild Intellectual Developmental Disabilities, Type II Diabetes Mellitus and Paranoid Schizophrenia.</p> <p>Review on 02/18/19 of client #2's signed FL-2 dated 01/16/19 revealed: - Lantus (treats Diabetes) 20 units - twice daily at 8am and 5pm. - Check Finger Stick Blood Sugar (FSBS) Values four times daily. - Humalog (treats Diabetes) 10 units - Three times daily with meals (8am, 12 noon and 5pm). - Humalog 8 units - once daily with snack at 3pm.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>- Sliding scale with all Humalog injections - add 2 units for every 25 points FSBS is greater than 125.</p> <p>Review on 02/18/19 of client #2's FSBS values and subsequent sliding scale coverage of Humalog for January 2019 and February 2019 revealed the following: February 2019 - 02/01/19 thru 02/16/19 - Staff documented the incorrect Humalog units administered or failed to document dosages for a total of 32 of 64 opportunities. - 01/01/19 thru 01/31/19 - Staff documented the incorrect Humalog units administered or failed to document dosages for a total of 34 of 124 opportunities.</p> <p>Review on 02/18/19 of client #2's February 2019 MAR revealed the following blanks: - 02/04/19 - at 8am and 5pm.</p> <p>Interview on 02/18/19 the Administrator stated she would follow up medication issues.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		