Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL097-044 B. WING 01/31/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD **MULBERRY GROUP HOME** NORTH WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS **DHSR** - Mental Health An annual and follow up survey was completed on January 31, 2019. Deficiencies were cited. FEB 2 2 2019 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Lic. & Cert. Section Living for Adults with Developmental Disabilities. V 118 27G .0209 (C) Medication 02/26/19 V 118 27G .0209 (C) Medication Requirements V 118 Requirements 10A NCAC 27G.0209 Medication 10A NCAC 27G .0209 MEDICATION Requirements REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall The following measures have been only be administered to a client on the written taken to correct and prevent this order of a person authorized by law to prescribe deficiency: On February 1 a staff meeting was held (2) Medications shall be self-administered by and it was emphasized that physicians' clients only when authorized in writing by the orders to discontinue or change a client's physician. medication order must be recorded and (3) Medications, including injections, shall be kept with the MAR file. administered only by licensed persons, or by Staff was instructed to find the missing unlicensed persons trained by a registered nurse, orders or have the doctors to re-write pharmacist or other legally qualified person and them and add to the file. privileged to prepare and administer medications. A meeting is scheduled for Friday, (4) A Medication Administration Record (MAR) of February 22 to assure that this has all drugs administered to each client must be kept been completed. current. Medications administered shall be In the future compliance will be monitored recorded immediately after administration. The monthly by the president of the board MAR is to include the following: of directors or the executive director (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 (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.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

STATE FORM

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If continuation sheet 1 of 8

Division	of Hoolth Conside Regu	lotion			FOR	M APPROVED
STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL097-044	B. WING		01/	31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
MIII DEDI	RY GROUP HOME	1904 WIN	DY RIDGE RO	AD		
MULBERI	CI GROUP HOME	NORTH V	VILKESBORO,	NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 118	This Rule is not met a Based on record revie failed to ensure medic as prescribed on the v authorized person and medications were disc	as evidenced by: w and interview, the facility ations were administered written order of an	V 118			
	-admitted 4/23/07 -diagnoses of Mild Interpretary Chronic Par Focal Nodular Hyperprepretaritis, Unspecified Reflux and Hypertensis Review on 1/30/19 of dated 8/31/18 revealed -"ZENPEP 10000-3206	Client #1's physician orders d: 00 units CPEP, TK 4 CS				
	with each meal and 2 description of the series of 1/30/19 of 0 description of 1/30/19 well and 1/30/19 well a	CS with snacks" J - 1 tablet daily. Client #1's Medication s from November 2018 revealed: 000 units - 4 capsules with ules with snack "PRN" J - 1 tablet daily was not on				

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STATEMENT OF DEFICIENCIES (X1) P

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ran constant the contract of the Anna Contract of the Contract	(X3) DATE :	
ANDIDAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMP	EIED
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
MULBER	RY GROUP HOME	1904 WIND	Y RIDGE ROA	AD		
			LKESBORO,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE
V 118	Continued From page	2	V 118			
	not find the discontinuexit.	discontinued but she could ed order prior to surveyor's				
	and must be corrected	utes a re-cited deficiency d within 30 days.				
V 138	27G .0404 (A-E) Oper Period	ations During Licensed	V 138	V 138 27G .0404 (A-E) Opera During Licensed Period	tions	02/02/2019
		PERIOD hall be valid for a period not		10A NCAC 27G.0404 Operation During Licensed Period		
	license is issued. Each annually thereafter and the calendar year. (b) For all facilities proday/night services, the a prominent location a within the licensed precedence (c) For 24-hour facilities available for review up (d) For residential facility hotline number shall be in each facility.	license shall be posted in ccessible to public view mises. es, the license shall be on request. lities, the DHSR complaint e posted in a public place		The President of the Board of met with Staff #1 on February and informed her that the indivision to longer allowed to stay in home while Staff #1 is working indicated that she understood comply. In the future the Board of Direct President and Vice President and QP will make unannounced visionme to ensure compliance.	1, 201 vidual i the j. Staf and w ctors and the	9 mentioned f #1 ill
	This Rule is not met a Based on observation, interviews, the facility f would serve no more c which it is licensed. Th	record review and ailed to ensure that it lients than the number for				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	ETED
		MHL097-044	B. WING		01/3	31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
MIII DEDI	OV CROUD HOME	1904 WIND	Y RIDGE ROA	AD		
MULBER	RY GROUP HOME	NORTH WIL	KESBORO, I	NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 138	Continued From page	3	V 138			
, 100	Review on 12/31/18 o	f the facility's license issued lth Service Regulation valid				
	Interview on 1/30/19 vehere were six currenther shifts were from Stranger Thursday 9:00 a.m.					
	their bedrooms and liv -when asked, she stat house, but came to th when Staff #1 was wo -she showed the surve hallway, in front of the where she slept	m. revealed: nteracting with the client's in ving room ted she lived at Staff #1's e facility and lived there				
	home and had a diagr Developmental Disabi -the client was not rela- the previous Director	ed with her in her private nosis of Mild Intellectual lity				
	facility, but thought it v in a while visit -she did not realize the facility the entire time	eventh client was in the was more of an every once e seventh client lived in the Staff #1 was working aving the seventh client				,

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		1				
gr .		MHL097-044	B. WING		01/3	31/2019
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IWWIL OI	NOVIDER ON SOLI EIEN		DY RIDGE ROA			
MULBERF	RY GROUP HOME		ILKESBORO, I			
			LKESBURG,			
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
-1.			S200001.0	DEFICIENCY)		
V 200	070 5000 Cumanian	distant Claff	V 290	V 290 27G .5602 Supervised	Livina	02/03/19
V 290	27G .5602 Supervised	d Living - Starr	V 290	- Staff	Living	02/00/10
	10A NCAC 27G .5602	2 STAFF		- Stair		
	(a) Staff-client ratios			10A NCAC 27G .5602 Staff		
		Paragraphs (b), (c) and (d)		TOA NOAC 27G .3002 Glaif		
		determined by the facility to		The following stone have bee	n takar	to
	AND ROOM TO A STANDARD OF THE PARTY OF THE P	nd to individualized client		The following steps have bee		1 10
	needs.	d to maindanzed dion		correct and prevent this defic	lericy.	
		e staff member shall be		A staff mosting was hold on I	- abruar	. 1
	1 1	then any adult client is on the		A staff meeting was held on figure 2019 and all staff were notified		
	1 .	en the client's treatment or				
		ments that the client is		person served is to have uns		
		in the home or community		time in the community unless		peen
		The plan shall be reviewed		addressed in the treatment pl		
		ss than annually to ensure		The Board President and the		τ
		be capable of remaining in		on February 4, 2019 to discus		
		ity without supervision for		deficiency. The QP will asser	ss and	
	specified periods of tir	me.		document clients' capability o	f navin	g
	(c) Staff shall be pres	sent in a facility in the		unsupervised time in the com		
	following client-staff ra	atios when more than one		and include these assessmer	nts/goal	S
	child or adolescent cli			in the treatment plans.		
	(.)	adolescents with substance				
		be served with a minimum		On her regular visits to the ho		}
		or every five or fewer minor		QP will monitor that the plans	are	
		vever, only one staff need be		being followed as written.		
1		ng hours if specified by the			1	
		procedures determined by				
	the governing body; or				1	
	· ,	adolescents with	1			
		lities shall be served with				
1		every one to three clients			1	
		present for every four or However, only one staff				
	need be present durin					
		gency back-up procedures	1			
	determined by the gov		1			
		serve clients whose primary	1			
	diagnosis is substance		1			
		staff member who is on	1			
		n alcohol and other drug				

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING_ MHL097-044 01/31/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1904 WINDY RIDGE ROAD

MULBERRY GROUP HOME NORTH WILKESBORO, NC 28659					
(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 290	Continued From page 5 withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the community affecting three of three audited clients (Clients #1, #2 and #3). The findings are:				
	Review on 1/30/19 of Client #1's record revealed: -an admission date of 4/23/07 -diagnoses of Mild Intellectual Developmental Disability, Chronic Pancreatitis, Hearing Loss, Focal Nodular Hyperplasia of Liver, Autoimmune Hepatitis, Unspecified Depression Disorder, Acid Reflux and Hypertension -the most recent Treatment Plan was dated 2/10/18 -there was no assessment/goal that addressed				
	the client's capability of having unsupervised time in the community. Interview on 1/30/19 with Client #1 revealed: -she was never by herself at the facility -she used to go into the store by herself, but felt she could not do that anymore.				
	Review on 1/30/19 of Client #2's record revealed: -an admission date of 7/14/03 -diagnoses of Mild Intellectual Developmental Disability, Obesity, Gastroesophageal Reflux Disease, Hypertension, Adjustment Disorder, Iron				

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PRINTED: 02/05/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL097-044 01/31/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD **MULBERRY GROUP HOME** NORTH WILKESBORO, NC 28659 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 290 V 290 Continued From page 6 Deficiency, Anemia, Allergic Rhinitis, and Attention Deficit Hyperactivity Disorder. -the most recent Treatment Plan was dated 2/5/18 -there was no assessment/goal that addressed the client's capability of having unsupervised time in the community. Interview on 1/30/19 with Client #2 revealed: -she was not left alone at the facility, however she did go into the store by herself -she just went into a local store yesterday and purchased a pink cup for herself that she had been wanting -Staff #1 stayed in the van with the other clients and told her to just go in there and come right back out. Review on 1/30/19 of Client #3's record revealed: -an admission date of 4/1/03 -diagnoses of Moderate Intellectual Developmental Disability, Seizure Disorder, Hypertriglyceridemia, Exophthalmos, Allergic Rhinitis, Adjustment Disorder with mixed Anxiety and Depressed Mood -the most recent Treatment Plan was dated 3/18/18 -there was no assessment/goal that addressed the client's capability of having unsupervised time in the community.

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Interview on 1/30/19 with Client #3 revealed: -she was not left alone at the facility, however she could go into the store, sometimes, by herself.

Interview on 1/30/19 with Staff #1 revealed: -she would park in front of the local store and let Client #1 and Client #2 run in and get what they

-the parking lot was very close to the door of the

PRINTED: 02/05/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING_ MHL097-044 01/31/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD **MULBERRY GROUP HOME** NORTH WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 290 V 290 Continued From page 7 store -she did not think this unsupervised time was in the clients' treatment plans. Interview on 1/30/19 with Staff #2 revealed: -she allowed Client #1 and Client #2 to go into the store by themselves -she always made sure they had an adequate amount of money to purchase the items they wanted -she parked the van in front of the store and waited with the other clients in the van. Interview on 1/31/19 with the Qualified Professional revealed: -she was aware that Client's #1 and #2 went into the store by themselves and felt they were fully capable of doing so -the staff sat in the van in front of the store and she felt this was enough supervision

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-the unsupervised time in the community was not

-she was not aware the capability of unsupervised time needed to be assessed and in the clients'

in the Treatment Plan for either client

treatment plan.