

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl001-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/01/2019
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NAME OF PROVIDER OR SUPPLIER L & J HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 803 ELIZABETH STREET BURLINGTON, NC 27217
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 1, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(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;</p> <p>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 ensured operational and</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>a. Review on 2/28/19 of client #1's record revealed: -Admission date of 12/18/10. -Diagnoses of Borderline Diabetes, Mild Intellectual Disability, Schizoaffective Disorder-Depressed Type, History of Arnold-Chiari Malformation, Hypertension and Dermatomyositis. -Physician's order dated 9/12/18 for blood sugar to be checked once a week. -Client #1's December 2018 through February 2019 MAR's indicated staff checked the blood sugar once a week.</p> <p>b. Review on 2/28/19 of client #2's record revealed: -Admission date of 4/25/05. -Diagnoses of Type II Diabetes, Moderate Intellectual Disability, Schizoaffective Disorder-Bipolar Type, Possible Major Neurocognitive Disorder due to Alzheimer's, Dissociate Identity Disorder, Anemia, Hypertension, Sleep Apnea, Left lung non small cell Cancer and Gastroesophageal Reflux Disease. -Physician's order dated 12/28/17 for blood sugar to be checked once daily. -Client #2's December 2018 through February 2019 MAR's indicated staff checked the blood sugar once daily.</p> <p>Review of facility records on 2/28/19 revealed: -No evidence the facility had a CLIA waiver to check client's blood sugars.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Interview with staff #1 on 2/28/19 revealed: -Staff were required to check clients' #1 and #2 blood sugars. -Staff were required to check client #1's blood sugars once a week. -Staff were required to check client #2's blood sugar on a daily basis. -She had never heard of a CLIA waiver.</p> <p>Interview on 2/28/19 with the Manager revealed: -He knew that staff had to check client #2's blood sugars daily. -He was not sure if staff were required to check client #1's blood sugar. -He had never heard of a CLIA waiver being required for blood sugar checks. -He confirmed the facility failed to have a CLIA waiver to check clients' #1 and client #2 blood sugars.</p> <p>Interview with the Qualified Professional on 3/1/19 revealed: -He had never heard of a CLIA waiver being required for staff to check client's blood sugars. -He confirmed the facility failed to have a CLIA waiver to check clients' #1 and client #2 blood sugars.</p>	V 105		