

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
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NAME OF PROVIDER OR SUPPLIER WATTS STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 506 WATTS STREET DURHAM, NC 27701
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 2/26/19. The complaint was unsubstantiated (intake #NC00148679). 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement strategies to address the needs and behaviors for one of three audited clients (#1). The findings are:</p> <p>Review on 2/22/19 of client #1's record revealed: -Admission date of 8/15/14. -Diagnoses of Moderate Mental Retardation, Autism, Attention Deficit Hyperactivity Disorder and Expressive Language Disorder. -A discharge summary from local hospital dated 2/15/19 had the following: Client #1 was admitted to the hospital on 2/2/19 and discharged on 2/15/19. Client #1 diagnosis at admission was Hyponatremia, Psychogenic Polydipsia, Acute Respiratory failure-unspecific whether with hypoxia or hypercapnia. He was admitted with a seizure due to low sodium due to excessive water intake. -Individualized Service Plan dated 8/1/18 for client #1 had no strategies to address his excessive water consumption.</p> <p>Review of facility records on 2/22/19 revealed: -Incident report dated 2/4/19 for client #1 had the following information: "On the night of 01/02/2019 (date should be 2/2/19) at 11:00 PM [client #2] came home and after he took a shower he encountered [client #1] going downstairs. [Client #1] said that he was going to get some water because he was thirsty and [client #1] went outside. [Client #2] stated that he was looking out of his bedroom window and saw [client #1] on his hands and knees, and then fall backwards, [client #2] went out to check on [client #1] and it appeared that [client #1] must of hit his head as his forehead was very red. [Client #2] then called</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>the on call supervisor at 11:44PM and then called 911. The police called back at 12:06 AM and arrived shortly after. EMS arrived and transported [client #1] to [local hospital] where it was determined that [client #1] was displaying odd behaviors and that his sodium levels were low which may have resulted from him drinking excessive water. The doctor also reported that [client #1] had a seizure which may be due to low electrolytes. A cat scan was performed and because he was vomiting. A tube was inserted in his throat to assist with his breathing. [Client #1] also had a superficial injury to his forehead. [Client #1] was admitted to the ICU (Intensive Care Unit) for further testing and observation."</p> <p>Interview with client #1 on 2/25/19 revealed: -He had been really thirsty over the past few weeks. -He felt like he would "die" if he did not get any water. -He just recently had a hospital visit a few weeks ago. -He thought he went to the hospital because he drank too much water.</p> <p>Interview with client #3 on 2/25/19 revealed: -He just recently called Emergency Services for client #1. -He looked out his bedroom window and saw client #1 outside. -He saw client #1 kneeling on the ground and drinking water from the hose. -He saw client #1 fall back onto the ground while he was drinking water. -He called 911 because he was concerned about client #1. -He alerted staff #1 about the incident with client #1. -They both went outside to check on client #1.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>-He thought the incident occurred after 9:00 PM.</p> <p>Interview with staff #1 on 2/25/19 revealed:</p> <ul style="list-style-type: none"> -There was a recent incident with client #1. -Client #2 alerted her that client #1 was outside late at night. -She thought client #1 was outside around 12:00 AM. -She was asleep prior to client #2 waking her up. -She normally goes off the clock around 10:30 PM. -When she went outside she saw client #1 on his knees drinking water from the hose. -Client #2 had already called Emergency Medical Services (EMS). -EMS and the police arrived within a few minutes. -Client #1 went to the hospital as a result of that incident. -Client #1 had been complaining about two days prior to this incident. -Client #1 was saying he was "dying" of thirst. -Client #1 always had an "obsession" with drinking water. -The water "obsession" just seemed to get worst. -Client #1 was constantly trying to drink water. -She made management aware of client #1's recent "obsession" with water. -She confirmed client #1 had no strategies to address his excessive water consumption. <p>Interview with the Assistant Director on 2/25/19 and 2/26/19 revealed:</p> <ul style="list-style-type: none"> -Client #1 had always had an issue with water. -The water issue was related to him flushing items down the toilet and/or playing in water. -The excessive water consumption just recently got worst prior to the hospital visit. -She confirmed client #1 had no strategies to address his excessive water consumption. 	V 112		

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V 112	Continued From page 4 Interview with the Executive Director on 2/22/19 revealed: -Client #1 just recently had a hospital visit. -They were informed client #2 saw client #1 outside drinking water from a hose at night. -Client #2 told them he called 911 because he was concerned about client #1. -Client #2 made staff #1 aware of the incident because she was sleeping. -Staff #1 was allowed to sleep because that home does not have awake staff during 3rd shift. -Client #1 went to the hospital due to a seizure and drinking too much water. -During the hospital visit medical staff realized his sodium levels were off. -They thought his sodium levels were off due to over consumption of water. -Client #1 had always had an "obsession" with water. -The "obsession" with drinking water just recently got worst. -She thought client #1 was in the hospital about two weeks for that incident. -Since being out of the hospital client #1 drinking water "obsession" is still there. -Staff had to constantly monitor client #1 to ensure he does not drink too much water. -She confirmed client #1 had no strategies to address his excessive water consumption.	V 112		