

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**

MAR 11 2019

(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	V114 27G.0207 Emergency Plans + Supplies Previously stated Implemented date Oct 8 th , 2018. Revised date March 1 st , 2019	
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	Administrator/ QP will conduct madam drills on each shift @ the facility. Fire drills and disaster forms will be updated to reflect day time of day and type of drill. Each staff will be required to do a drill 1 time per shift per qtr that they work. All drills will be documented & copies kept both in the home & office. Administrator/ QP will keep	

Division of Health Service Regulation

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

Priscilla Hardison

TITLE

Director / owner 3-6-19

(X6) DATE

STATE FORM

6899

NQCW11

If continuation sheet 1 of 4

DHSR - Mental Health

MAR 11 2019

Lic. & Cert. Section

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER WOODED ACRES #2		STREET ADDRESS, CITY, STATE, ZIP CODE 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 114	Continued From page 1 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." 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. 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. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114	documentation current and up to date on each drill Any new staff or client that doesn't understand a drill will receive extra training → drills will be completed Documentation of extra drills will also be kept → extra training	
V 118	27G .0209 (C) Medication Requirements 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	V 118	V118 27G .0209 Medication Requirements Implemented March 1 st , 2019 All staff will document administration of medication on MAR's at the time of giving meds. The facility has put in policy a no tolerance policy. (Revised) Attached is copy of the policy. (A) The facility will uphold its policy and ensure that it is being followed	

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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	<p>by weekly monitoring of MAR's medication counts. The Administrator / AP will perform weekly checks. Documentation of monitoring will be kept and disciplinary actions will be kept also.</p> <p>All re-training will be completed in timely manner and must have proof of training.</p> <p>All medications must be given as order by the doctor.</p> <p>Insulin logs have been revised to ensure correct B/s readings and insulin given to ensure proper medication was given and @ correct times.</p>	

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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</p> <p>- 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.</p> <p>- 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			

Wooded Acres Guest Home Inc.
Medication Policy
Revised March 1, 2019
Effective July 9, 2015

Wooded Acres Medication Administration policy is being changed to prevent future medication errors.

As of today July 9, 2015, Wooded Acres will not accept any medication errors for example: documentation (not signing MARS, Control Substance Sheets, Blood Pressure readings, Blood Sugar readings, and Insulin injection log), missing medication, medication not administered.

Any medication that is missing or unaccounted for will be replaced at the expense of the staff. Management will contact the pharmacy request the medication and the amount of the medication to be replaced. This money will be deducted from your payroll.

Any medication not administered or documented will result in suspension of staff immediately. Staff will be required to take further training with the suspension before being allowed to come back to work. If administration continues to not be administered staff will be terminated.

Any controlled substance medication that is missing or unaccounted for cannot be replaced but proper authorities will be contacted for further action, (meaning local law enforcement will be notified).

If staff is found to make two errors back to back, you will be taken off the clock and someone else will administer medication. This meaning you will lose time out of your payroll to pay someone else.

This policies is revised to end medication errors. Repeated errors will result in termination.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Blood Sugar Log & Insulin-Humalog

DATE	MORNING		Lunch		3pm		EVENING	
	Blood Sugar Reading	Units of insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING		Lunch		3pm		EVENING	
	Blood Sugar Reading	Units of insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING		Lunch		3pm		EVENING	
	Blood Sugar Reading	Units of insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING		Lunch		3pm		EVENING	
	Blood Sugar Reading	Units of insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin	Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								

THURS								
FRI								
SAT								
SUN								

Humalog- Give 10 units with meals (breakfast, lunch, dinner)

If blood sugar is over 125 follow the following scale:

126-150- 12 units

151-175-14 units

176-200 16 units

200-225-18 units

226-250-20 units

251-275-22 units

275-299-24 units

Over 300 call doctors: Dr. Lewis (Endocrinologist) 252-416-6683

CEMA (primary doctor) 252-975-1111

If Blood sugar is below 70 hold insulin

Give 1 tbsp of peanut butter or OJ to assist in bring levels up. Do not give a lot at one time.

Recheck in 30 minutes to see if blood sugar is coming up.

Revised 2-20-19

Blood Sugar Log & Insulin-Lantus

DATE	MORNING						EVENING	
	Blood Sugar Reading	Units of insulin					Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING						EVENING	
	Blood Sugar Reading	Units of insulin					Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING						EVENING	
	Blood Sugar Reading	Units of insulin					Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

DATE	MORNING						EVENING	
	Blood Sugar Reading	Units of insulin					Blood Sugar Reading	Units of Insulin
MON								
TUES								
WED								

-FIRE AND DISASTER REHEARSAL SCHEDULE

Name of Home: Wooded Acres House #2

Address: 3644 Cherry Rd. Washington DC

1. Date of Rehearsal: 3/6/19 Time of Rehearsal: 4pm Shift: 1st - 2nd - 3rd
(Circle One)

Type of Drill Conducted: Fire

Person in Charge: Russ Hass BS, NCEM, QP

Other Staff Members Present: EVON MAURIZZO

Time for Total Evacuation: 57 seconds

Brief Description of What Was Involved: Set off Alarms at
Entry to Hallway All Evacuated and
Manager Assist Residents to Safety.

2. Date of Rehearsal: _____ Time of Rehearsal: _____ Shift: 1st - 2nd - 3rd
(Circle One)

Type of Drill Conducted: _____

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

3. Date of Rehearsal: _____ Time of Rehearsal: _____ Shift: 1st - 2nd - 3rd
(Circle One)

Type of Drill Conducted: _____

Person in Charge: _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 25, 2019

Ms. Priscilla Hardison, Director
Ms. Wendy Jones, Administrator
Wooded Acres Guest Home, Inc.
3706 Cherry Road
Washington, NC 27889

Re: Complaint and Follow-up Survey completed February 18, 2019
Wooded Acres #2, 3644 Cherry Road, Washington, NC 27889
MHL # 007-054
E-mail Address: wjones@woodedacres.org
Intake #NC00147390

Dear Ms. Hardison and Ms. Jones:

Thank you for the cooperation and courtesy extended during the complaint and follow-up survey completed February 18, 2019. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is March 20, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 25, 2019
Ms. Hardison and Ms. Jones
Wooded Acres Guest Home, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Hughes", with a stylized flourish at the end.

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
File