

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILLSIDE COURT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 HILLSIDE COURT JACKSONVILLE, NC 28540</b>
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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	INITIAL COMMENTS  An annual and follow up survey was completed on May 16, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105		

Division of Health Service Regulation  
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 interviews and record review, the facility failed to follow the facility admission policies and procedures when admitting a client</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>from a sister facility. The findings are:</p> <p>Review on 5/16/19 client 1's record revealed: -65 year old female, admission date 4/5/19. -Diagnoses included developmental disabilities-moderate; expressive language disorder; separation anxiety by history; allergies; arthritis; and Barrette's Esophagus. -Client #1 had been moved from a sister facility on 4/5/19. -No documentation of the admission processes as outlined in facility policies and procedures. -Service plan dated 9/1/18.</p> <p>Interview on 5/16/19 the Qualified Professional and Program Director stated: -Client #1 was moved from a sister facility. -They had not considered her a new admission, therefore, did not complete the admission processes per facility policies and procedures. -Client #1 had never lived in this facility prior to her recent move on 4/5/19.</p>	V 105		