

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604		
(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 complaint survey was completed 4/4/19. The complaint (Intake # NC00144854) was not substantiated. 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		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604		
(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 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure training to meet the needs clients was provided to 3 of 3 audited staff. (#1, #2 and #3). The findings are:</p> <p>Review on 3/28/19 and 3/29/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of October 2005 - diagnoses including Schizo-affective Disorder, Mild Mental Retardation, Intermittent Explosive Disorder and Diabetes - a physician's dated 3/22/18 order to check blood glucose level daily before breakfast, lunch and dinner - a physician's order dated 3/22/18 to inject 12 units subcutaneously of Lantus via Solostar 10 pen at hour of sleep - no evidence of a physician's order for the client to check his own blood glucose level or administer his own insulin <p>Review on 3/29/19 of personnel records revealed neither audited staff #1, staff #2 or staff #3 had training in Diabetes Management.</p> <p>During an interview on 4/4/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she had worked with the agency for a year and had worked at the group home 4 months - she worked with client #2 on a goal of taking his medications on time and she made sure he took his insulin on time - she would like training on diabetes 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604		
(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 108	Continued From page 2 During an interview on 4/3/19, staff #2 reported: - he was hired in 2014 and had worked at the group home 1 and 1/2 years - he assisted client #2 with blood sugar level check by making sure he washed his hands well - if client #2's blood sugar was too high, he would notify the Qualified Professional (QP) and the QP would give instructions - he would give client #2 something to eat if his blood sugar was too low but was not sure what to do if his blood sugar was too high - he had not had diabetes training through the agency During an interview on 3/29/19, the Residential Director reported staff received medication administration training but he was not sure if the training included a concentration on diabetes as far as checking blood sugar levels or injecting insulin.	V 108		
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.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604		
(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 118	<p>Continued From page 3</p> <p>(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 MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 observation, record review and interview, the governing body failed to assure written authorization for self administered procedures for 1 of 3 clients (#2) was maintained in the record. The findings are:</p> <p>Review on 3/28/19 and 3/29/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of October 2005 - diagnoses including Schizo-affective Disorder, Mild Mental Retardation, Intermittent Explosive Disorder and Diabetes - a physician's dated 3/22/18 order to check blood glucose level daily before breakfast, lunch and dinner - a physician's order dated 3/22/18 to inject 12 units subcutaneously of Lantus via Solostar 10 pen at hour of sleep - no evidence of a physician's order for the client 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604		
(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 118	<p>Continued From page 4</p> <p>to check his own blood glucose level or administer his own insulin</p> <p>During an interview on 3/29/19, client #2 reported he checked his blood glucose levels himself three times daily and administered his own insulin.</p> <p>During an interview on 3/29/19, the Qualified Professional reported she had not obtained a physician's order for client #2 to check his own blood glucose level.</p>	V 118		