

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL021-013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
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NAME OF PROVIDER OR SUPPLIER LUKE STREET FACILITY-EDENTON	STREET ADDRESS, CITY, STATE, ZIP CODE 200 LUKE STREET EDENTON, NC 27932
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed on May 02, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disorders.</p>	V 000	<p>DHSR - Mental Health</p> <p>JUN 05 2019</p> <p>Lic. & Cert. Section</p>	
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or</p>	V 291		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shirley M. Bowman MS QP II

TITLE

Program Manager

(X6) DATE

5/30/19

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V 291	<p>Continued From page 1</p> <p>safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with qualified professional responsible for two of three audited clients (#1 and #3). The findings are:</p> <p>Review on 04/29/19 of client #1's record revealed: -Admission Date: 03/30/18 -Diagnoses which included Diabetes, Intellectual Developmental Disability (moderate), Autism, Schizoaffective, Depressive Disorder, Hypertension, Obesity, Nystagmus, Epilepsy and Impulse Control Disorder -No evidence of a Diabetic Protocol in his record</p> <p>Review on 04/29/19 of client #3's record revealed: -Admission Date: 12/18/01 -Diagnoses which included Diabetes, Intellectual Developmental Disability (severe), Epilepsy, Hypercholesterolemia, Atopic Dermatitis, Tinea Pedis, Impacted Cerumen, Gastroesophageal reflux disease and Edema -No evidence of a Diabetic Protocol in his record</p> <p>During interview between 04/29/19 and 05/02/19, the Qualified Professional reported: -Clients #1 and #3 diabetes were maintained by medication. Their blood sugar levels (BSL) were checked once a day -If their BSL were over 250, staff called the facility's nurse who called the physician. -Clients had readings over 250 a few times a</p>	V 291	<p>To be in compliance LIFE Inc. will do the following:</p> <p>1) Diabetic protocol has now been added to MAR in Therap.</p>	5/1/19

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V 291	Continued From page 2 month at least. -Staff documented the rechecked BSL reading in the electronic recording system. -The facility changed to a paperless system for record keeping. The protocol for ranges used to be noted on the paper log for recording BSLs -Prior to 04/29/19, she did not have a physician's signed diabetic protocol for clients #1 and #3.	V 291	2) Physician signed diabetic protocol for client's #1 and #3.	5/13/19