STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL067-131	B. WING	· · · · · · · · · · · · · · · · · · ·	06/0	7/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
UNCLE	UNCLE EDDIE'S PLACE 413 KENWOOD DRIVE						
ONOLL	EDDIE OT EAGE	JACKSON	NVILLE, NC	28540			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	2019. The complai #NC00152417). De This facility is licens category: 10A NCA	was completed on June 7, nt was substantiated (intake ficiencies were cited. sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
V 291	27G .5603 Supervis	sed Living - Operations	V 291				
	six clients when the developmental disa on June 15, 2001, at than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to the facility. Reports annually to the parelegally responsible Reports may be in conference and shapprogress toward met (d) Program Activities and the treat Activities shall be dinclusion. Choices	OPERATIONS cility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more that time, may continue to no more than the facility's chation. Coordination shall be not the facility operator and the als who are responsible for on or case management. The Family or Legally continuity to maintain an ongoing or or his family through such the facility and visits outside a shall be submitted at least ent of a minor resident, or the person of an adult resident. Writing or take the form of a could focus on the client's cetting individual goals. The second of the second of the second of the county with the county way be limited when the county wolved or when health or					

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL067-131	B. WING		06/0	7/2019
	PROVIDER OR SUPPLIER	413 KENV	ORESS, CITY, S VOOD DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 1 ne a primary concern.	V 291			
	facility failed to main facility operator and responsible for the of 2 clients (#2, #3) Finding #1: Review on 06/06/19 record revealed: - 44 year old male Admission date of - Diagnoses included disabilities (severe) gastroesophageal of disorder Order dated 3/06/micrograms (mcg) every day on an emminutes before 1st constipation - Order dated 5/03/(gm) / 15 milliliter (ruby oral route twice of Standing order form by mouth at bed bowel movement in assistant (PA). Review on 6/6/19 or Plan dated 7/1/18 rugs - He notified those as	views and interviews the ntain coordination between the professionals who are clients treatment, affecting 2 audited. The findings are: 0 and 06/07/19 of client #3's 07/12/10. 0 autism disorder, intellectual, cerebral palsy, eflux disease, and rumination 19 for Linzess 290 Take 1 capsule by oral route opty stomach at least 30 meal of the day to treat 19 for Lactulose 10 grams on a solution - Take 30 ml daily for constipation. Milk of Magnesia - Take 30 ml daily for constipation. Milk of Magnesia - Take 30 ml daily for constipation. Milk of Magnesia - Take 30 time as needed (PRN). If no 48 hours call physician's f client #3's Individual Service evealed: around him when he needed but was still asked by staff to				

Division of Health Service Regulation STATE FORM

6899 PI1G11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL067-131	B. WING		06/0	7/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	112013
			VOOD DRIVE			
UNCLE E	EDDIE'S PLACE		IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 2	V 291			
	bowel movement sl revealed: - March: No bowel i or greater documer 3/15/19 -3/22/19, ai - April: No BMs for from 4/01/19 - 4/04, 4/29/19 - 5/03/19 May: No BMs for 3 from 5/08/19 - 5/15. Review on 6/07/19 2019 MAR's revealed in Milk of Magnesia in needed on 4/10/19 and 5/20/19.	had been administered as - 4-13/19, 5/15/19- 5/16/19,				
	Response Improver - A Level II IRIS rep - Client #3 was tran referred to local cor 4/12/19 due to lack several days. He d stomach, had utilized displaying discomfor colonoscopy for drureleased on 4/13/19 prescription for Dula 17gm to be administed 4/14/19 client #3 was community emerge continued discomfor movement following medications. On 4/1 with a colonoscopy obstruction. He was - Qualified Professi	of the North Carolina Incident ment System (IRIS) revealed: ort was submitted on 4/13/19. Isported to medical facility and munity emergency room on of bowel movement for isplayed a firm, distended ed PRN medications, and was ort. He was treated with a ug-induced constipation and with a 5mg single dose colax, and an order for Miralax stered over 7 hours. On as transported to a 2nd ncy room, as a result of ort and no recorded bowel grintroduction of new 15/19 client #3 was treated to remove the bowel is discharged on 4/15/19. Onal developed a daily food BM sheets and scheduled				

Division of Health Service Regulation

STATE FORM 6899 PI1G11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL067-131	B. WING		06/0	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UNCLE I	EDDIE'S PLACE		VOOD DRIVE			
			IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 3	V 291			
	appointment with cl follow-up.	ient #3's physician for				
	4/15/19 revealed:	of facility electronic mail dated				
		onal informed staff that client a colonoscopy to remove				
	blockage of stool and encouraged staff to suggest food options to clients that may help facilitate a BM. - Staff were instructed to utilize PRN medications if clients had not completed a BM in 2-3 days. - Qualified Professional requested contact through electronic mail if clients failed to					
	complete a BM, following the use of PRN					
	medications for 2 days, so she could notify physician.					
	Interview with QP on 6/07/19 revealed: - Client #3's order for Lactulose 10gm was					
	changed from as needed to twice day on 5/03/19 to address constipation.					
	- She had not received any notifications from staff					
	regarding constipation concerns or PRN ineffectiveness since client #3's hospitalization on					
	4/14/19.	·				
	was notified when o	the Qualified Professional client #3 did not have a BM /19 and 5/22/19 - 5/27/19.				
	Finding #2:					
	Review on 6/7/19 o	f client #2's record revealed:				
		e admitted 10/14/99. ed Intermittent Explosive				
	Disorder; Severe In	tellectual Disability,				
	Hypothyroidism, Diabetes Insipidus; hypernatremia.					
	- Order dated 1/16/ pressure checks.	19 (FL-2) for daily blood				

6899

Division of Health Service Regulation STATE FORM

PI1G11 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION (X3) DATI COM		SURVEY LETED
		MHL067-131	B. WING		06/0	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UNCLE E	EDDIE'S PLACE		VOOD DRIVE IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
V 291	pressure results that retake, call physicial Review on 6/6/19 at Pressure Records of June 2019 revealed -March: No blood pand 3/22/19. Systo 106-148; diastolic redings of 133/97; 3/7/19 = 11 = 137/98; 3/23/19 = 3/25/19 = 134/90; 3-April: No blood predyll 18/19, 4/19/19 - 4/25/19 = 116/98 May: No blood predyll 140/112; 4/15/19 = 4/25/19 = 116/98 May: No blood predyll 19/27/19. Systolic redings rareadings rareadings rareadings rareadings rareadings rareadings rareadings greater that 5/14/19 = 123/101;	elines to identify blood at would require action (i.e. an, etc.) and 6/7/19 of client #2's Blood for March, April, May, and d: ressure recorded on 3/6/19, lic readings ranged from eadings ranged from 78-102. greater than 90: 3/4/19 = 3/98; 3/8/19 = 136/98; 3/12/19 = 118/93; 3/24/19 = 148/102;	V 291	DELIGITION 1		
	May 2019 because	were not taken for 7 days in the blood pressure machine the dates were 5/6/19 - 5/9/19,				
	5/17/19 revealed: - Pharmacist noted the "120's/80s" with	blood pressure averages in some values in 130s/90s. In these results had been sent				

6899

Division of Health Service Regulation STATE FORM

PI1G11 If continuation sheet 5 of 5