

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER UNCLE EDDIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 413 KENWOOD DRIVE JACKSONVILLE, NC 28540
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V 000	INITIAL COMMENTS A complaint survey was completed on June 7, 2019. The complaint was substantiated (intake #NC00152417). 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 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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	V 291	DHSR - Mental Health JUL 09 2019 Lic. & Cert. Section	

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

TITLE

(X6) DATE

Datani Flores BS, RD

Qualified Professional 6-23-19

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V 291	Continued From page 1 safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and professionals who are responsible for the clients treatment, affecting 2 of 2 clients (#2, #3) audited. The findings are: Finding #1: Review on 06/06/19 and 06/07/19 of client #3's record revealed: - 44 year old male. - Admission date of 07/12/10. - Diagnoses included autism disorder, intellectual disabilities (severe), cerebral palsy, gastroesophageal reflux disease, and rumination disorder. - Order dated 3/06/19 for Linzess 290 micrograms (mcg) - Take 1 capsule by oral route every day on an empty stomach at least 30 minutes before 1st meal of the day to treat constipation - Order dated 5/03/19 for Lactulose 10 grams (gm) / 15 milliliter (ml) oral solution - Take 30 ml by oral route twice daily for constipation. - Standing order for Milk of Magnesia - Take 30 ml by mouth at bedtime as needed (PRN). If no bowel movement in 48 hours call physician's assistant (PA). Review on 6/6/19 of client #3's Individual Service Plan dated 7/1/18 revealed: - He notified those around him when he needed to use the restroom but was still asked by staff to ensure regularity. - He displayed constipation issues.	V 291		

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V 291	<p>Continued From page 2</p> <p>Review on 6/06/19 and 6/07/19 of client #3's bowel movement sheets from 3/01/19 to 5/31/19 revealed:</p> <ul style="list-style-type: none"> - March: No bowel movements (BMs) for 3 days or greater documented from 3/05/19 -3/11/19, 3/15/19 -3/22/19, and 3/25/19 - 3/28/19. - April: No BMs for 3 days or greater documented from 4/01/19 - 4/04/19, 4/06/19 - 4/10/19, and 4/29/19 - 5/03/19. - May: No BMs for 3 days or greater documented from 5/08/19 - 5/15/19, and 5/22/19 - 5/27/19. <p>Review on 6/07/19 of March 2019 through May 2019 MAR's revealed:</p> <ul style="list-style-type: none"> - Milk of Magnesia had been administered as needed on 4/10/19 - 4-13/19, 5/15/19- 5/16/19, and 5/20/19. <p>Review on 6/06/19 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - A Level II IRIS report was submitted on 4/13/19. - Client #3 was transported to medical facility and referred to local community emergency room on 4/12/19 due to lack of bowel movement for several days. He displayed a firm, distended stomach, had utilized PRN medications, and was displaying discomfort. He was treated with a colonoscopy for drug-induced constipation and released on 4/13/19 with a 5mg single dose prescription for Dulcolax, and an order for Miralax 17gm to be administered over 7 hours. On 4/14/19 client #3 was transported to a 2nd community emergency room, as a result of continued discomfort and no recorded bowel movement following introduction of new medications. On 4/15/19 client #3 was treated with a colonoscopy to remove the bowel obstruction. He was discharged on 4/15/19. - Qualified Professional developed a daily food log to accompany BM sheets and scheduled 	V 291		

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V 291	<p>Continued From page 3</p> <p>appointment with client #3's physician for follow-up.</p> <p>Review on 6/07/19 of facility electronic mail dated 4/15/19 revealed:</p> <ul style="list-style-type: none"> - Qualified Professional informed staff that client #3 had undergone 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. <p>Interview with QP on 6/07/19 revealed:</p> <ul style="list-style-type: none"> - 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. <p>-No documentation the Qualified Professional was notified when client #3 did not have a BM from 5/08/19 - 5/15/19 and 5/22/19 - 5/27/19.</p> <p>Finding #2: Review on 6/7/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 53 year old female admitted 10/14/99. - Diagnoses included Intermittent Explosive Disorder; Severe Intellectual Disability, Hypothyroidism, Diabetes Insipidus; hypernatremia. - Order dated 1/16/19 (FL-2) for daily blood pressure checks. 	V 291		

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V 291	<p>Continued From page 4</p> <ul style="list-style-type: none"> - No orders or guidelines to identify blood pressure results that would require action (i.e. retake, call physician, etc.) <p>Review on 6/6/19 and 6/7/19 of client #2's Blood Pressure Records for March, April, May, and June 2019 revealed:</p> <ul style="list-style-type: none"> -March: No blood pressure recorded on 3/6/19, and 3/22/19. Systolic readings ranged from 106-148; diastolic readings ranged from 78-102. Diastolic readings greater than 90: 3/4/19 = 133/97; 3/7/19 = 113/98; 3/8/19 = 136/98; 3/12/19 = 137/98; 3/23/19 = 118/93; 3/24/19 = 148/102; 3/25/19 = 134/90; 3/31/19 = 121/96. -April: No blood pressure recorded on 4/13/19, 4/18/19, 4/19/19 - 4/21/19, 4/27/19 -4/29/19. Systolic readings ranged from 94-144; diastolic readings ranged from 70-112. Diastolic readings greater than 90: 4/2/19 = 138/97; 4/7/19 = 140/112; 4/15/19 = 124/95; 4/16/19 = 138/93; 4/25/19 = 116/98. - May: No blood pressure recorded on 5/2/19, 5/3/19, 5/6/19 - 5/9/19, 5/11/19 - 5/13/19, 5/26/19, 5/27/19. Systolic readings ranged from 108-140; diastolic readings ranged from 77-101. Diastolic readings greater than 90: 5/4/19 = 114/90; 5/14/19 = 123/101; 5/16/19 = 116/91; 5/22/19 = 120/90. - Blood pressures were not taken for 7 days in May 2019 because the blood pressure machine was not working. The dates were 5/6/19 - 5/9/19, and 5/11 - 5/13/19. <p>Review of Medication Regimen review dated 5/17/19 revealed:</p> <ul style="list-style-type: none"> - Pharmacist noted blood pressure averages in the "120's/80s" with some values in 130s/90s. - No documentation these results had been sent to the physician. 	V 291		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Anna's Care/Uncle Eddie's Place			Phone:	910-455-6724
Provider Contact Person for follow-up:	Natalie Flores			Fax:	910-346-5489
Address:	413 Kenwood Drive, Jacksonville, NC 28540			Email:	asstdaycenterdir@annascare.com
Provider MHL #067-131					
Finding	Corrective Action Steps	Responsible Party	Timeline		
<p>V 291 27G .5603 Supervised Living – Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and professionals who are responsible for the client's treatment, affecting 2 of 2 clients (#2, #3) audited.</p>	<p>Finding #1 Correction: The Associate Professional over the house will conduct a weekly inspection to review all documentation pertaining to BM's are being completed. Associate Professionals will report to Qualified Professional after inspection. Supervisions will be conducted with all staff at Uncle Eddie's to ensure they understand the BM protocol for the clients. The 7-3 staff will report to Med Tech Monday through Friday whether or not clients have had a BM.</p>	<p>Clinical and Administrative staff. Designated to QA/QI rep.</p>	<p>Implementation Date: 7/1/2019</p> <p>Projected Completion Date: 8/6/2019</p>		
<p>V 291 27G .5603 Supervised Living – Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and professionals who are responsible for the client's treatment, affecting 2 of 2 clients (#2, #3) audited.</p>	<p>Finding #2 Correction: An appointment with PCM to get a standing physician order that states the guidelines to identify blood pressure results that would require action will be obtained. The home will have 2 blood pressure monitors that are electric and have battery backup.</p>	<p>Clinical and Administrative staff. Designated to QA/QI rep.</p>	<p>Implementation Date: 7/1/2019</p> <p>Projected Completion Date: 8/6/2019</p>		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 14, 2019

Linda Gibson
Anna's Care, Inc.
180 Coastal Lane
Jacksonville, NC 28546

DHSR - Mental Health

JUL 09 2019

Lic. & Cert. Section

Re: Complaint Survey completed June 7, 2019
Uncle Eddie's Place, 413 Kenwood Drive, Jacksonville, NC 28540
MHL # 067-131
E-mail Address: clinicalqp@annascare.com,
asstdaycenterdir@annascare.com, asstbookkeeper@annascare.com
Intake # NC00152417

Dear Ms. Gibson:

Thank you for the cooperation and courtesy extended during the complaint survey completed June 7, 2019. The complaint was substantiated.

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

- Standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 6, 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.

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

6/14/19
Linda Gibson
Anna's Care, Inc.

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.***

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 at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section



Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources
LME/MCO
Pam Pridgen, Administrative Assistant