

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591
---	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 22, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G .5100 Community Respite Services.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p>	V 113		

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: MHL092-460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591
---	---

(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 113	<p>Continued From page 1</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audited clients' records (#2, #4 & #5) maintained documentation of progress towards outcomes. The findings are:</p> <p>Review on 7/22/19 of client records revealed:</p> <p>a. Client #2: - admission date 12/4/17 - diagnoses including Schizoaffective Disorder (DO) Bipolar DO, Diabetes, Hypertension and Substance Abuse - a treatment plan dated 12/19/18 with goals to 1. Utilize Behavior management to control symptoms associated with her diagnoses and 2. Improve independent living skills to allow her to eventually live on her own. - the last progress note from the Qualified Professional (QP) with information regarding her progress toward outcomes was dated February, 2019</p> <p>b. Client #4: - admission date 6/27/17 - diagnoses including Post Traumatic</p>	V 113		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591
---	---

(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 113	<p>Continued From page 2</p> <p>Stress DO (PTSD), Attention Deficit Hyperactivity DO, Intellectual and Developmental DO, Gastro-Esophageal Reflux Disease, and Hearing Impaired</p> <ul style="list-style-type: none"> - a treatment plan dated 6/18/19 with goals to 1. Comply with recommendations from all her treatment providers and 2. Develop appropriate social skills to enhance the quality of her interpersonal relationship - the last progress note from the QP with information regarding her progress toward outcomes was dated February, 2019 <p>c. Client #5:</p> <ul style="list-style-type: none"> - admission date 9/23/18 - diagnoses including Schizoaffective Disorder DO, Major Depressive DO, PTSD and Borderline Intellectual Functioning - a treatment plan dated 2/7/19 with goals to 1. Improve interactions and communications with others, 2. Improve independent living skills, 3. Decrease active mental health symptoms and 4. keep a daily notebook for documenting her personal progress - the last progress note from the QP with information regarding her progress toward outcomes was dated February, 2019 <p>During an interview on 7/22/19, staff #1 reported the QP came to the house monthly and met with all the clients. She stated she asked the QP about the monthly notes and he answered that he only had to do the notes quarterly.</p> <p>During an interview on 7/22/19, the Licensee reported she expected the QP to write progress notes monthly. She was not sure whether this was identified in the QP Job Description.</p>	V 113		