

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2019
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NAME OF PROVIDER OR SUPPLIER CAMPGROUND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 475 CAMPGROUND ROAD WHITEVILLE, NC 28472
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on July 17, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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 safety issues become a primary concern.</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 7/15/19 and 7/16/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 46-year-old female. - Admission date of 2/16/19 - Schizophrenia -Chronic Undifferentiated Type, Intellectual Disability (Severe), Hypertension, and Intermittent Explosive Disorder. - Order dated 6/27/19 for Metoprolol Succinate-Extended Release (ER) 25 milligrams (mg) - Take one tablet by mouth daily (hypertension). - Order dated 6/27/19 for Losartan-Hydrochlorothiazide 100/25 mg- Take one tablet by mouth daily (hypertension). -No order, policy/procedure, or guidelines with blood pressure (BP) parameters and instructions for response for results that would be considered too high or too low by the physician. <p>Review on 7/15/19 and 7/16/19 of client #3's Individual Support Plan (ISP) dated 4/01/19 revealed:</p> <ul style="list-style-type: none"> - "Medical/Behavioral ...I have hypertension and require full support to manage my blood pressure." - "Medical/Behavioral ...My blood pressure is checked by the group home staff with a blood pressure machine. Staff check my blood pressure 1 to 2x week or as needed. If my blood pressure is too high contact [physician's] office or call 911." 	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> - "Significant Event(s) That May Cause Increased Stress/Trigger Crisis ...Know I have hypertension and require full support to manage my blood pressure. I require full assistance with taking my medications daily and checking my blood pressure." - "Crisis Prevention and Early Intervention Strategies ...Staff should monitor for high blood pressure and assist [client #3] with taking her blood pressure medications daily. Staff should ensure I maintain a low sodium diet. Staff should check my blood pressure 1-2 times per week. Staff should monitor for signs of headaches, or dizziness. Staff should provide full assistance with taking medications and checking my blood pressure once or twice per week by use of a blood pressure machine." - "Strategies for Crisis Response and Stabilization ...In the event my blood pressure begins to rise or is at a dangerous level, staff should contact [physician's] office, or call 911." - Specific Recommendations For Interacting With The Person Receiving a Crisis Service ...Staff should monitoring me for high blood pressure." <p>Interview on 7/15/19 and 7/16/19 House Manager (HM) stated::</p> <ul style="list-style-type: none"> - Client #3's BP was not checked regularly due to the absence of a physician's order. -There were no parameters or guidelines for staff to follow for BP results that were too high or too low. - Client #3 was seen by her primary physician to monitor blood pressure. <p>Interview of 7/17/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Contact was established with client #3's primary physician for clarification of how to proceed with blood pressure monitoring. 	V 291		

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V 291	Continued From page 3 - Blood Pressure training was scheduled to ensure staff were educated. - Client #3's ISP had been developed by her Local Management Entity (LME) and not by her current providing agency.	V 291		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the Licensee failed to keep the facility free from insects. The findings are: Observations on 7/15/19 and 7/16/19 revealed: - Multiple ants, approximately ¼ inch in length, crawling on top of the kitchen counter, front of refrigerator, top of freezer, kitchen window blinds, dining room table, and across surveyor. Interview on 7/15/18 the House Manager stated: - She had not witnessed ants until the morning of 7/15/19. - The facility had an exterminator who routinely sprayed to control insects. - She would ensure the exterminator returned to address the ants.	V 738		