STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHI 024-081		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL024-081	B. WING		07/17/2019	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		0//1//2019	
			PGROUND RC			
CAMPGF	ROUND HOUSE		LLE, NC 2847			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on July 17, 2019. Deficiencies were cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.				
V 291	27G .5603 Supervi	sed Living - Operations	V 291			
	six clients when the developmental disa on June 15, 2001, a than six clients at th provide services at licensed capacity. (b) Service Coordi maintained betwee qualified profession treatment/habilitatio (c) Participation of Responsible Perso provided the oppor relationship with he means as visits to the facility. Reports annually to the para legally responsible Reports may be in conference and sha progress toward m (d) Program Activiti activity opportunitie needs and the trea Activities shall be d	cility shall serve no more than a clients have mental illness or abilities. Any facility licensed and providing services to more nat time, may continue to no more than the facility's nation. Coordination shall be n the facility operator and the hals who are responsible for on or case management. the Family or Legally n. Each client shall be tunity to maintain an ongoing er or his family through such the facility and visits outside s shall be submitted at least ent of a minor resident, or the person of an adult resident. writing or take the form of a all focus on the client's eeting individual goals. ties. Each client shall have is based on her/his choices, tment/habilitation plan. lesigned to foster community may be limited when the court				

Division of Health Service Restriction Statement of Deficiencies AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL024-081	B. WING		07/	17/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CAMPG	ROUND HOUSE		PGROUND RO			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 291	Continued From pa	ige 1	V 291			
	facility failed to mai with the qualified pr responsible for trea (#3). The findings Review on 7/15/19 record revealed: - 46-year-old femal - Admission date of - Schizophrenia -CI Intellectual Disabilit Intermittent Explosi - Order dated 6/27/ Extended Release Take one tablet by - Order dated 6/27/ Losartan-Hydrochlo one tablet by moutt -No order, policy/pr blood pressure (BP	eviews and interviews, the ntain coordination of services rofessionals who are thment for 1 of 3 audited clients are: and 7/16/19 of client #3's e. f 2/16/19 hronic Undifferentiated Type, ty (Severe), Hypertension, and ve Disorder. 19 for Metoprolol Succinate- (ER) 25 milligrams (mg) - mouth daily (hypertension). 19 for prothiazide 100/25 mg- Take n daily (hypertension). ocedure, or guidelines with the parameters and instructions sults that would be considered				
	Individual Support I revealed: - "Medical/Behavior	and 7/16/19 of client #3's Plan (ISP) dated 4/01/19 ralI have hypertension and to manage my blood				
	pressure." - "Medical/Behavior checked by the gro pressure machine. pressure 1 to 2x we	ralMy blood pressure is up home staff with a blood Staff check my blood eek or as needed. If my blood n contact [physician's] office or				

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL024-081	B. WING		07/	17/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CAMPG	ROUND HOUSE					
			ILLE, NC 2847	PROVIDER'S PLAN OF ((YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From pa	ge 2	V 291			
	Stress/Trigger Crisi and require full sup pressure. I require ful medications daily a pressure." - "Crisis Prevention StrategiesStaff s pressure and assist blood pressure med ensure I maintain a check my blood pres Staff should monito dizziness. Staff sho taking medications pressure once or tw blood pressure mad - "Strategies for Cri In the event my b is at a dangerous le [physician's] office, - Specific Recomm The Person Receiv should monitoring r Interview on 7/15/19 (HM) stated:: - Client #3's BP was the absence of a pf -There were no pa to follow for BP rest low. - Client #3 was see monitor blood press Interview of 7/17/19 stated: - Contact was estat	sis Response and Stabilization lood pressure begins to rise or evel, staff should contact or call 911." endations For Interacting With ing a Crisis ServiceStaff ne for high blood pressure." 9 and 7/16/19 House Manager s not checked regularly due to hysician's order. rameters or guidelines for staf ults that were too high or too n by her primary physician to sure. 9 the Qualified Professional olished with client #3's primary cation of how to proceed with	n f			

STATE FORM

T OF DEFICIENCIES OF CORRECTION	Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL024-081	B. WING		07/17/2019		
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OUND HOUSE						
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	age 3	V 291				
ensure staff were e - Client #3's ISP ha Local Management	educated. Id been developed by her It Entity (LME) and not by her					
27G .0303(d) Pest Control		V 738				
10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.						
Based on observati	ion and interview, the License	e				
- Multiple ants, app crawling on top of t refrigerator, top of f	roximately ¼ inch in length, he kitchen counter, front of freezer, kitchen window blinds	,				
She had not witne 7/15/19.The facility had ar sprayed to control i	essed ants until the morning of n exterminator who routinely nsects.	F				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - Blood Pressure tr ensure staff were e - Client #3's ISP ha Local Management current providing ag 27G .0303(d) Pest 10A NCAC 27G .03 EXTERIOR REQU (d) Buildings shall to rodents. This Rule is not ma Based on observat failed to keep the fa findings are: Observations on 7/ - Multiple ants, app crawling on top of ta refrigerator, top of ta dining room table, a Interview on 7/15/1 - She had not wither 7/15/19. - The facility had ar sprayed to control ia - She would ensure	MHL024-081 PROVIDER OR SUPPLIER STREET A AT5 CAM WHITEV AT5 CAM WHITEV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. - 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 License 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. - The facility had an exterminator returned to -	MHL024-081 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 291 - Blood Pressure training was scheduled to ensure staff were educated. V 291 - Client #3's ISP had been developed by her Local Management Entity (LME) and not by her current providing agency. V 738 27G .0303(d) Pest Control V 738 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. V 738 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. - The facility had an exterminator returned to	MHL024-081 B. WING BOUNDER STREET ADDRESS, CITY, STATE, ZIP CODE AT5 CAMPGROUND ROAD WHITEVILLE, NC 28472 OUND HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 3 V 291 - Blood Pressure training was scheduled to ensure staff were educated. Continued From page 3 - Continued From page 3 - V 291 - Continued From page 3 - V 291 - Blood Pressure training was scheduled to ensure staff were educated. - Client #3's ISP had been developed by her corrent providing agency. 27G .0303(d) Pest Control V 738 IOA 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. 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V 291 - Construction of the APPROPRIATE DEFICIENCY Continued From page 3 - OTHE APPROPRIATE DEFICIENCY V 291 - Construction of the Appropriate DEFICIENCY Continued From page 3 - OTHE APPROPRIATE DEFICIENCY V 291 - Construction of the Appropriate DEFICIENCY - Construction of the Appropriate DEFICIENCY Cold Management Entity (LME) and not by her current providing agency. V 738 - Construction of the Control V 738 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects. The findings are: - Constructions on 7/15/19 and 7/16/19 revealed: - Multiple ants, approximately ½ 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. <	