

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2019
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NAME OF PROVIDER OR SUPPLIER WELCOME HOME GROUP HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1522 GLEN EAGLE COURT NASHVILLE, NC 27856
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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	INITIAL COMMENTS An Annual & Follow up survey was completed 9/17/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.	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 safety issues become a primary concern.	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 review and interview the facility failed to coordinate services for one of six clients (#4). The findings are:</p> <p>Record review on 9/17/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted on 12/1/10 - diagnoses of Intellectual Developmental Disability; Cognitive Disorder; Incontinence; Seizure Disorder and visual impairment - a FL2 dated 8/9/19 Lipitor 20mg bedtime (can treat high cholesterol) <p>Review on 9/17/19 of client #4's July 2019; August 2019 & September 2019 Medication Administration Record revealed:</p> <ul style="list-style-type: none"> - Lipitor 10mg at bedtime <p>Observation on 9/17/19 at 1:19pm of the medication label for client #4 revealed:</p> <ul style="list-style-type: none"> - Lipitor 10mg at bedtime <p>During interview on 9/17/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she completed the FL2 - it was a typo - she will follow up with the physician 	V 291		