

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2019
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NAME OF PROVIDER OR SUPPLIER WOODED ACRES #4	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 CHERRY ROAD WASHINGTON, NC 27889
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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 and follow up survey was completed on November 12, 2019. 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 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 reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#4). The findings are:</p> <p>Review on 11/08/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 37 year old male. - Admission date of 09/08/14. - Diagnoses of Mood Disorder, Mild Intellectual Developmental Disability, Vitamin D Deficiency, Pre-Diabetes and Obesity. - No documentation of physician parameters for Finger Stick Blood Sugar (FSBS) values. - No documentation the physician or administrator was notified of FSBS values of 38. <p>Review on 11/08/19 of client #4's signed FL-2 dated 10/28/19 revealed the following medication:</p> <ul style="list-style-type: none"> - Metformin (treats Diabetes) 500 milligrams - take one time daily with breakfast. <p>Review on 11/08/19 of client #4's Person-Center Profile dated 01/24/19 revealed:</p> <ul style="list-style-type: none"> - "[Client #4] should keep his blood sugar levels at recommenced level's per doctor's orders. He should continue to follow all doctor's orders regarding his diet (no sugar, sweets and soda). He will also continue to work on managing a healthier weight exercising daily and/or as much as possible." <p>Review on 11/08/19 of client #4's November 2019 MAR revealed two separate days with a FSBS value of 38.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Interview on 11/12/19 client #4 stated:</p> <ul style="list-style-type: none"> - Staff checked his FSBS once per day. - His average FSBS value was 98. <p>Interview on 11/08/19 and 11/12/19 the Administrator stated:</p> <ul style="list-style-type: none"> - She had not been notified of a FSBS reading of 38 for client #4. - She would check client #4's glucometer to ensure it was working correctly. - She understood there needed to be physician order parameters for a low FSBS reading. 	V 291		