

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/04/2019
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NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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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>A Follow Up Survey was completed on November 4, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service 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 review and interview, the facility failed to coordinate services with other Qualified Professionals responsible for the care for one of three audited clients (#2). The findings are:</p> <p>Review on 10/31/19 of client #2's record revealed: -Admitted: 11/2018 -Diagnoses: Mild Intellectual Disability, Narcissistic Personality, Anxiety Disorder, Obesity, Glaucoma and Arthritis Rheumatoid</p> <p>Review on 11/01/19 of faxes received from the group home regarding client #2 revealed: -07/18/19 sleep study lab -Patient comments: "Patient did not meet criteria for splitnight" (an overnight polysomnogram performed with a two-hour period of baseline sleep study recording, followed by a CPAP [continuous positive airway pressure] titration study if it is determined to be indicated by the presence of clinically significant sleep apnea.) -11/01/19- Note signed by the Primary Care Physician's (PCP) Nurse on the verbal order of client #2's PCP "d/c (discontinue) cpap"</p> <p>Review on 11/01/19 of sleep study interpretation dated 08/27/19 and obtained by client #2's PCP from the sleep study lab revealed: -Summary...Mild obstructive sleep apnea and low sleep efficiency. -Recommendations: "-Recommend that the patient return to the sleep lab for a titration study -If a lab based study is not possible and autotitrating CPAP is pursued as the initial</p>	{V 291}		

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{V 291}	<p>Continued From page 2</p> <p>treatment option, recommend close clinical follow up including continuing evaluation of sleep related symptoms as well as objective adherence and therapy related data to establish compliance with treatment, assess efficacy and make modifications as necessary.</p> <p>-Non-CPAP treatment modalities may be pursued as dictated by patient preference, provide her description and clinical appropriateness. These may include but may not be limited to oral appliance therapy surgical options on hypoglossal nerve stimulation.</p> <p>-Weight loss is advised."</p> <p>Review on 10/31/19 of the facility's records revealed no evidence of coordination of services with physician's or client #2's treatment team to address the recommendations.</p> <p>During interview on 11/04/19, the technician at the sleep study lab reported:</p> <p>-It was never determined client #2 was not a candidate for CPAP machine, just her sleep study results did not exceed mild.</p> <p>-She had not been back to the lab for any follow up.</p> <p>During interview on 11/01/19, client #2's PCP Nurse reported:</p> <p>-Per client #2's notes in the electronic record, 09/25/19 was the only noted office visit since July 2019. The notes did not reflect any conversation regarding the recommendations from the sleep study or anything about the CPAP machine.</p> <p>-Historically, client #2's records did not reflect any notes to D/C the CPAP machine. The D/C order was written because the documentation from the sleep study mentioned alternative non cpap alternatives based on client preference. Based on self reporting, client #2 had not used the</p>	{V 291}		

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{V 291}	<p>Continued From page 3</p> <p>CPAP machine in years. Therefore, the D/C order was written on 11/01/19.</p> <p>During interviews between 10/31/19 and 11/04/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> -She could not locate the D/C order provided by client #2's PCP in July 2019 in the facility records. The PCP's Nurse dated the D/C order on 11/1/19 as that was the date the group home requested a copy for a written order. She was not sure why the PCP's Nurse could not locate the previous written physician's order. -It was her understanding, client #2 was not a candidate for CPAP per the July 2019 sleep study. The group home did not receive the paperwork from the sleepstudy findings as the group home was not client#2's guardian. -The group home did not receive any written documentation regarding the sleep study. Prior to this interview, the group home was not aware of recommendations from the sleep study. Therefore, no services would have been coordinated with the PCP, guardian, care coordinator and client to discuss the next steps post the sleep study and the recommendation. 	{V 291}		