

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2019
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NAME OF PROVIDER OR SUPPLIER MCLAWHORNE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1044 MCLAWHORNE ROAD ROBERSONVILLE, NC 27871
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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 and follow up survey was completed on 12/19/19. A deficiency was 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<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 implement strategies for 1 of 3 audited clients. The findings are:</p> <p>Review on 12/18/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/24/06 - diagnoses of Hypertension, Intellectual Development Disorder (severe) & Incontinence - FL2 dated 4/1/19: Miralax twice a day (can treat occasional constipation) <p>Review on 12/18/19 of client #1's treatment plan dated 4/1/19 revealed:</p> <ul style="list-style-type: none"> - "...I had a blockage in my colon; right now this is being monitored. I am to have bowel movements, however, I will try to hold my bowel and staff are monitoring and I am on toileting schedule every 2 hours. I take medication for constipation. My bowel movements are tracked to ensure that I don't become constipated or try to hold my bowel movement." <p>Review on 12/18/19 of the bowel movement - monthly monitoring record for client #1 revealed:</p> <ul style="list-style-type: none"> - last completed monitoring log was November 2019 - two days were logged in (November 11 & 12) <p>During interview on 12/18/19 staff #1 reported:</p> <ul style="list-style-type: none"> - staff are independent of ensuring bowel movement sheets were completed - staff are supposed to check after each other to ensure the sheets are completed - she checked the monthly monitoring sheets every other week - the monthly monitoring sheets have not been checked 	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - client #1 will hold his bowels therefore, staff has to ensure he has bowel movements - client #1 had bowel movements because she has observed them - the medication prescribed helps him with the bowel movements - staff failed to document the bowel movements <p>During interview on 12/19/19 the day support staff reported:</p> <ul style="list-style-type: none"> - he was the 1:1 for client #1 at the day program - has worked with client #1 for 2 years - client #1 has regular bowel movements - day program staff do not have to document client #1's bowel movements <p>During interview on 12/19/19 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she visits the facility 3 times a week - she has not visited the facility this month (December 2019) - the last time she checked the bowel movement log was 1st week of November 2019 - she implemented the bowel movement log to monitor his bowel movements - client #1 wears diapers and the bowel movements could be monitored - day program staff are supposed to monitor his bowel movements - she would follow up with day program staff - bowel monitoring sheets will be monitored weekly - she (QP) & staff will sign off on the bowel monitoring sheets 	V 112		