

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/06/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
WILSON COUNTY GROUP HOME #2

STREET ADDRESS, CITY, STATE, ZIP CODE
**3108 TILGHMAN ROAD
WILSON, NC 27893**

(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 January 6, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or	V 290		

RECEIVED
JAN 22 2020
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Tomeka Savage

TITLE
Residential Director

(X6) DATE
1-21-2020

STATE FORM
Digitally signed by Tomeka Savage
DN: dc=LOCAL, dc=WECARE, ou=Easter Seals UCP North
Carolina, ou=Sites, ou=WILSON0110, ou=05ers, cn=Tomeka
Savage
Date: 2020.01.21 23:45:14 -05'00' 6899

5UIC11

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/06/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3108 TILGHMAN ROAD WILSON, NC 27893
--	---

(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 290	<p>Continued From page 1</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a client's treatment or habilitation plan documented the client was capable of remaining in the home or community without supervision for specified periods of time affecting 2 of 3 audited clients (#2 and #5). The findings are:</p> <p>Review on 1/03/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 37 year old male admitted 8/11/11. - Diagnosis of Intellectual/Developmental Disability, moderate. - "Assessment for Unsupervised Time" dated 8/01/19 included statement that client #2 was capable of remaining in the home and community without supervision, but included no specified periods of time. - Person Centered Plan dated 6/13/19 with a goal to "remain safe during unsupervised time," with no specified periods of time for unsupervised time. 	V 290	<p>All consumers that are supported and work in the community without a job coach will have unsupervised time goal added to their person centered plan. Their unsupervised time assessment and person centered plan will be updated reflecting the hours per week they are capable being in the community without paid supports.</p>	1-8-2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/06/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3108 TILGHMAN ROAD WILSON, NC 27893
--	---

(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 290	<p>Continued From page 2</p> <p>Client #2 was not available for interview.</p> <p>Review on 1/03/20 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 21 year old male admitted 7/16/18. - Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Borderline Intellectual Functioning. - Person Centered Plan dated 5/01/19 with no documentation of client's capability of remaining in the community without supervision for specified periods of time. <p>Observation on 1/03/20 at approximately 11:30 am of client #5 revealed him to be dressed, in a uniform with a name tag, for work at at local grocery store.</p> <p>During interview on 1/03/20 client #5 stated:</p> <ul style="list-style-type: none"> - He was a cashier at a local grocery store. - He worked up to 10 hours each day with no supervision by facility staff. - He did not have a job coach. - He did not have any unsupervised time in the home or community. - He hoped to leave the group home for a "one on one situation." <p>During interview on 1/03/20 the Group Home Manager/Qualified Professional stated client #5 worked at a local grocery store; the staff at the grocery store "watched" client #5 and would call the facility if he had any issues at work.</p> <p>During interview on 1/03/20 the Residential Director stated:</p> <ul style="list-style-type: none"> - Client #5 worked up to 10 hours each week, as a cashier and stocker, at the grocery store, . - He did not have a job coach and no facility staff 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/06/2020
NAME OF PROVIDER OR SUPPLIER WILSON COUNTY GROUP HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 3108 TILGHMAN ROAD WILSON, NC 27893		
(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 290	Continued From page 3 supervised him while he worked. - Grocery store staff knew to contact the facility if needed. - She understood the requirement for clients' unsupervised time in the home or community, for specified periods of time, to be documented in the treatment or habilitation plan.	V 290		