

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2020
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NAME OF PROVIDER OR SUPPLIER BEAUFORT COUNTY GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 405 EAST 6TH STREET 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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on January 24, 2020. 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 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 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 two of three audited clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 1/23/20 of client #1's record revealed: - 72 year-old female. - Admission date of 10/09/13. - Diagnoses of Moderate Intellectual Developmental Disability, Osteoarthritis, Hypertension, Gastroesophageal Reflux Disease(GERD), Osteoporosis, History of Breast Cancer (remission), High Cholesterol, Seizures, Schizophrenia, Neuropathy - No documentation the physician or administrator was notified of desired blood pressure (BP) values during month of January-2020.</p> <p>Review on 1/23/20 of client #1's signed medication review dated 12/31/19 revealed the following medication and orders: - Cozaar (treats hypertension) 100 milligrams - take one time daily. - BP Check: Check BP 1x weekly. Call physician if BP stays over 150/90.</p> <p>Review on 1/23/20 of client #1's January-2020 Blood Pressure Log revealed the following BP values: - 1/01/20: 162/82 - 1/08/20: 159/93 - 1/15/20: 146/91 - 1/22/20: 158/90</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Finding #2: Review on 01/23/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 54 year old male. - Admission date of 09/24/81. - Diagnoses of Autism Spectrum Disorder, Severe Intellectual Developmental Disability, Vitamin D Deficiency, and Seizure Disorder - No documentation the physician or administrator was notified of desired blood glucose values during the months of November and December-2019. <p>Review on 1/23/20 of client #3's signed medication review dated 12/31/19 revealed the following medication and orders:</p> <ul style="list-style-type: none"> - Metformin (treats Diabetes) 500 milligrams - take one time daily with meal. - Blood Sugar (BS) check twice weekly. If BS is above 140 fasting, check daily until fasting blood sugar goes below 140. <p>Review on 1/23/20 of client #3's November Blood Glucose Log revealed the following BS values:</p> <ul style="list-style-type: none"> - 11/01/19: 168 - 11/04/19: 178 - 11/08/19: 191 - 11/22/19: 163 - 11/25/19: 184 - 11/29/19: 188 <p>Review on 1/23/20 of client #3's December Blood Glucose Log revealed the following BS values:</p> <ul style="list-style-type: none"> - 12/02/19: 153 - 12/09/19: 157 - 12/13/19: 156 - 12/19/19: 163 - 12/20/19: 165 - 12/21/19: 143 	V 291		

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V 291	<p>Continued From page 3</p> <ul style="list-style-type: none"> - 12/22/19: 154 - 12/23/19: 160 - 12/26/19: 161 - 12/27/19: 184 - 12/28/19: 172 - 12/29/19: 166 - 12/30/19: 142 - 12/31/19: 172 <p>Interview on 1/23/20 staff #2 stated:</p> <ul style="list-style-type: none"> - Staff checked client #1's BP once per week. - Client #1's BP values had not reached a level warranting a call to physician for the month of January-2020. - Client #3's BS was checked twice weekly and optimal BS levels were under 140. - She had not notified client #3's physician regarding any abnormal BS levels. <p>Interview on 1/23/20 and 1/24/20 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She had not been notified of any abnormal BP or BS values. - She would review further to gain clarity on how best to proceed moving forward. 	V 291		