

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(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 #1

STREET ADDRESS, CITY, STATE, ZIP CODE
**3706 CHERRY ROAD
WASHINGTON, NC 27889**

(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 November 12, 2019. Deficiencies were 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	<p>VIIA 27G .0205 (C-D) Assessment / Treatment Habilitation Plan.</p>	
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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	V 112	<p>Implemented December, 29, 2019.</p> <p>The facility AP will ensure that all treatment plans cover all parts of the residents day to day living, (including medication management + physical needs)</p> <p>AP will make sure that it is noted in the plans regarding treatment for diabetes + any other physical need.</p> <p>Strategies will be put in place to help the resident follow the doctor's orders to maintain a healthy living environment</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM *Princess Hardison*

April

1:20:2020

6899

2XEO11

DHSR - Mental Health

If continuation sheet 1 of 14

FEB 11 2020

Lic. & Cert. Section

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#5). The findings are: Review on 11/06/19 of client #5's record revealed: - 60 year old female. - Admission date of 09/17/1998. - Diagnoses of Mild Mental Retardation, Diabetes Mellitus, Hyperlipidemia and Paranoid Schizophrenia. Review on 11/06/19 of a signed FL-2 for client #5 dated 01/23/19 revealed: - Glyburide (treats Diabetes) 2.5 milligrams - take once daily. - Check Finger Stick Blood Sugar (FSBS) values once daily. Review on 11/06/19 of client #5's Person-Centered Profile (PCP) dated 12/12/18 revealed: - Goal: client #6 to follow doctor's orders and continue diet. - No strategies to address client #6's Diabetes management. Interview on 11/06/19 client #6 stated: - She had lived at the facility for 20 years. - She had a diagnosis of Diabetes and staff checked her FSBS everyday. Interview on 11/12/19 the Administrator stated: - Client #5 needed to have strategies in the PCP to address Diabetes Management. - The Qualified Professional was in the process of completing annual updates for the PCP's.	V 112	QP will assist resident + staff on working with strategies to keep resident on-track and maintaining a healthy living environment QP will monitor any changes and update plan as needed to meet the needs of the resident All plans will remain current @ all times.	

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V 118	Continued From page 2	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 118	<p>V118 27.G .0209</p> <p>Medication Requirements Implemented Dec 29, 2019</p> <p>The facility administrator will monitor doctor's orders & keep them compliant @ all times.</p> <p>Administrator will monitor Quick MAR system on regular basis to ensure that all residents are receiving medications as order by the doctor. If a client refuses a medication the prescribing doctor will be notified immediately of refusal. Administrator will address the issue & await further instructions from the doctor. Implementing these orders immediately</p>	

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V 118	<p>Continued From page 3</p> <p>failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#5). The findings are:</p> <p>Review on 11/06/19 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 60 year old female. - Admission date of 09/17/1998. - Diagnoses of Mild Mental Retardation, Diabetes Mellitus, Hyperlipidemia and Paranoid Schizophrenia. <p>Review on 11/06/19 of client #5's signed physician orders dated 07/24/19 revealed:</p> <ul style="list-style-type: none"> - Maalox (treats reflux disease) - take 3 to 4 teaspoons four times a day 20 minutes to 1 hour after meals and at bedtime. <p>Review on 11/06/19 of client #5's October 2019 MAR revealed blanks from 10/01/19 thru 10/23/19.</p> <p>Interview on 11/06/19 client #5 stated she received her medications as ordered by her doctor.</p> <p>Interview on 11/06/19 and 11/12/19 the Administrator stated:</p> <ul style="list-style-type: none"> - Client #5 should have Maalox as needed and not be scheduled. - She would follow up to ensure accurate physician orders <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 5 times since the original cite on 12/09/15 and must be corrected</p>	V 118	<p>All refusals of medications will be documented on an incident report. Administrator will notify AP and together come up w/ a plan to prevent further refusals.</p> <p>Staff will notify management immediately of refusal and document in Quick MAR system of the refusal.</p> <p>Administrator will get clarification from doctor on how medication is to be given immediately</p> <p>All information gathered will be sent to all persons (staff, AP + pharmacy).</p>	

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V 118	Continued From page 4 within 30 days.	V 118	Administrator will not accept any staff not reporting any refusals @ any time. Any staff not documenting ✓ for reporting to management will receive disciplinary actions.	
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#5). The findings are:</p> <p>See Tag V118 for Specifics.</p> <p>Review on 11/06/19 of facility records for October 2019 and November 2019 revealed no documented notification of a physician or pharmacist of client #5's refusal of Maalox.</p> <p>Review on 11/06/19 of client #5's October 2019 and November 2019 Medication Administration Records (MAR) revealed the following refusals of Maalox liquid:</p> <ul style="list-style-type: none"> - October 2019 - 25 documented refusals. - November 2019 - 10 documented refusals. 	V 123		

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V 123	Continued From page 5 Interview on 11/12/19 the Administrator stated she understood medication refusals or errors needed to be reported to a physician or pharmacist.	V 123	V123 G.S. 122C-80 Criminal History Record check.	
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a	V 133	Administrator will ensure that all background are completed @ the time of hiring Any new hire that has lived outside the state in past 5 years will undergo National background check. Facility will ensure this is completed & results placed in employees file. Any employee offered employment & refuses	

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V 133	Continued From page 6 criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.	V 133	<p>to background check will not be allowed to work @ the facility until all is completed.</p> <p>Facility is responsible for making sure all background checks are completed in timely manner as regulated.</p>	

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V 133	<p>Continued From page 7</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in 	V 133		

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V 133	Continued From page 8 compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter	V 133		

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V 133	<p>Continued From page 9</p> <p>90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a national criminal history check, including a check of the applicant's fingerprints, within 5 days of making a conditional offer of employment for 1 of 3 audited staff (#1) who had lived out of state within 5 years of hire. The</p>	V 133		

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V 133	Continued From page 10 findings are: Review on 11/06/19 of staff #2's personnel record revealed: - Direct care staff hired 05/13/19. - Application for employment indicated she lived out of state in 2/2017. - A background check completed 05/21/19. - No documentation of a national criminal history record check with fingerprints. Interview on 11/08/19 staff #2 stated: - She had worked at the facility for approximately 6 months. - She had lived in the state since 2017. Interview on 11/12/19 the Administrator stated: - Staff #2 had been in the Armed Forces and had lived in North Carolina. - She would follow up on the finger print checks for staff #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133	V1366 27G .0603 Incident Response Requirements Implemented Dec 29, 2019 Facility will ensure all incidents are reported & properly documented in times out by regulation & facility. Any incident shall be documented & kept on file. All medication refusals are to be documented & reported to prescribing doctor. Reason of refusal time/date of refusal type of medication shall all be documented.	
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified	V 366		

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V 366	Continued From page 11 timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's	V 366	Staff shall report refusals immediately to management. Administrator + AF will together come up with a plan to ensure residents are getting their medications as ordered, and as to why they are refusing medications. Facility will follow doctor's orders once incident has been reported. Any staff not reporting any incidents of any type will receive disciplinary actions, any further issues	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2019
NAME OF PROVIDER OR SUPPLIER WOODED ACRES #1		STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889		
(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 366	Continued From page 12 services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department;	V 366	<i>Could result in termination.</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-053	(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 #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3706 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 366	<p>Continued From page 13</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are:</p> <p>See Tag V118 for specifics.</p> <p>See Tag V123 for specifics.</p> <p>Review on 11/06/19 of facility records revealed no incident reports documented for client #5's medication refusals in October 2019 or November 2019.</p> <p>Interview on 11/06/19 and 11/12/19 the Administrator stated:</p> <ul style="list-style-type: none"> - No incident reports were completed for the facility. - She understood medication refusals and errors needed to documented on level I incident reports. 	V 366		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 18, 2019

Ms. Priscilla Hardison, Director
Ms. Wendy Jones, Administrator
Wooded Acres Guest Home, Inc.
3706 Cherry Road
Washington, NC 27889

Re: Annual and Follow Up Survey completed November 12, 2019
Wooded Acres #1, 3706 Cherry Road, Washington, NC 27889
MHL # 007-053
E-mail Address: wjones@woodedacres.org

Dear Ms. Hardison and Ms. Jones:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed November 12, 2019.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- The other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is December 12, 2019.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 11, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

FEB 11 2020

Lic. & Cert. Section

November 18, 2019
Ms. Priscilla Hardison and Ms. Wendy Jones
Wooded Acres Guest Home, Inc.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL007-053	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2019
NAME OF FACILITY WOODED ACRES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0109	Correction	ID Prefix V0114	Correction	ID Prefix V0736	Correction
Reg. # 27G .0203	Completed	Reg. # 27G .0207	Completed	Reg. # 27G .0303(c)	Completed
LSC	11/12/2019	LSC	11/12/2019	LSC	11/12/2019
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 11/12/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/1/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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