

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-056	(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 #4	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 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 000	INITIAL COMMENTS An annual and follow up survey was completed on November 12, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	1/29/2020 27G .5603 Supervised living. Implemented Dec 29, 2019	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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.	V 291	Facility administrator + NP will monitor Blood glucose readings Administrator will notify staff immediately of reporting low readings as they occur. Documentation for low readings must be completed. Administrator will notify doctor of perimeters needed for the resident immediately. Once perimeters are put in place	

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

Priscilla Hardison

Owner

TITLE

(X6) DATE

1-20-2020

STATE FORM

6899 LJD11
DHSR - Mental Health

If continuation sheet 1 of 3

FEB 11 2020

Lic. & Cert. Section

Division of Health Service Regulation

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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 one of three audited clients (#4). The findings are:</p> <p>Review on 11/08/19 of client #4's record revealed: - 37 year old male. - Admission date of 09/08/14. - Diagnoses of Mood Disorder, Mild Intellectual Developmental Disability, Vitamin D Deficiency, Pre-Diabetes and Obesity. - No documentation of physician parameters for Finger Stick Blood Sugar (FSBS) values. - No documentation the physician or administrator was notified of FSBS values of 38.</p> <p>Review on 11/08/19 of client #4's signed FL-2 dated 10/28/19 revealed the following medication: - Metformin (treats Diabetes) 500 milligrams - take one time daily with breakfast.</p> <p>Review on 11/08/19 of client #4's Person-Center Profile dated 01/24/19 revealed: - "[Client #4] should keep his blood sugar levels at recommenced level's per doctor's orders. He should continue to follow all doctor's orders regarding his diet (no sugar, sweets and soda). He will also continue to work on managing a healthier weight exercising daily and/or as much as possible."</p> <p>Review on 11/08/19 of client #4's November 2019 MAR revealed two separate days with a FSBS value of 38.</p>	V 291	<p>Staff is to follow those orders + document what they did and results. This must be reported to administrator also.</p> <p>Administrator will follow-up w/ pharmacy to replace meters + how often they should be replaced.</p> <p>Administrator will also have pharmacy nurse to come + monitor how blood glucose readings are being computed to ensure we are receiving</p>	

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V 291	<p>Continued From page 2</p> <p>Interview on 11/12/19 client #4 stated:</p> <ul style="list-style-type: none"> - Staff checked his FSBS once per day. - His average FSBS value was 98. <p>Interview on 11/08/19 and 11/12/19 the Administrator stated:</p> <ul style="list-style-type: none"> - She had not been notified of a FSBS reading of 38 for client #4. - She would check client #4's glucometer to ensure it was working correctly. - She understood there needed to be physician order parameters for a low FSBS reading. 	V 291	<p><i>Accurate readings</i></p> <p><i>Any staff not documenting and reporting low/high readings will receive disciplinary actions.</i></p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 19, 2019

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

DHSR - Mental Health

FEB 11 2020

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed November 12, 2019
Wooded Acres #4, 3650 Cherry Road, Washington, NC 27889
MHL # 007-056
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 the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. A deficiency was 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency 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.

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.

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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 19, 2019
Ms. Priscilla Hardison and Ms. Wendy Jones
Wooded Acres Guest Home, Inc.

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 MHL007-056	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2019
NAME OF FACILITY WOODED ACRES #4	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 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 V0112	Correction	ID Prefix V0114	Correction	ID Prefix V0118	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # 27G .0207	Completed	Reg. # 27G .0209 (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	

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 4/4/2019
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO