Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL007-027 B. WING 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 EAST SEVENTH STREET **BEAUFORT COUNTY GROUP HOME #2** WASHINGTON, NC 27889 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on January 24, 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. **DHSR** - Mental Health V 291 27G .5603 Supervised Living - Operations V 291 FEB 14 2020 10A NCAC 27G .5603 **OPERATIONS** (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or Lic. & Cert. Section 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.

Division of Health Service Regulation

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

TO DIRECTOR'S OR PROVIDER'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL007-027 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 903 EAST SEVENTH STREET **BEAUFORT COUNTY GROUP HOME #2** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 1 V 291 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 (#1). The findings are: Review on 1/23/20 of client #3's record revealed: 49-year-old male. - Admission date of 03/01/07. - Diagnoses of Autism Spectrum Disorder with Accompanying Intellectual and Language Impairment, and Severe Intellectual Developmental Disability. - No documentation of Finger Stick Blood Sugar (FSBS) values being rechecked or physician and administrator notification of FSBS values outside of desired range. Review on 1/23/20 of client #1's signed attending his Physician M In Lay 2/14/20
Alma with Staff medication review dated 12/27/19 revealed the following medication and orders: - Novolog Flex Pen (treats diabetes) 5 units -Inject subcutaneously daily before breakfast and lunch. - Novolog Flex Pen (treats diabetes) 1 unit - Inject 1 extra unit for every 50 points that blood sugar is to receive clarification over 130. - Basaglar (treats diabetes) 16 units - Inject and understanding of Parametus For subcutaneously twice a day as needed. - Glucose Gel (treats hypoglycemic reaction) 15 grams - Give 1 tube by mouth if glucose is less than 60 or if having symptoms of hypoglycemia. FSBS. Will receive - Blood Sugar Check - Check levels before meals CLERT protocol in How to Follow Procedures when and at bedtime. Review on 1/24/20 of client #1's Person-Center

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Division of Health Service Regulation FORM APPROVED									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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BEAUFORT COUNTY GROUP HOME #2 903 EAST SEVENTH STREET WASHINGTON, NC 27889									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE				
V 291			V 291	Blood sugar is	top High				
	Continued From page 2 Profile dated 05/14/19 revealed: - "[Client #1] gets his blood sugar checked 4 times per day preferably before meals and at night. He receives Lantus Solostar 100 units/ML (milliliter) - Inject 15 units subcutaneously every morning and at bedtime. Humalog Kwikpen-100U/ML (units/milliliters) Inject- Subcutaneously -Inject 5 units Subcutaneously before breakfast and lunch, inject 6 units, subcutaneously every evening before supper. Take 1 extra unit for 50 points that blood sugar is over 130. Goal sugars are less than 130 before meals, and less than 200 post meals. PRN- Give one tube by mouth if Glucose 45 Gel-give one tube by mouth if less than 60mg/DL (milligrams/deciliter) or if having symptoms of hypoglycemia." Review on 1/24/20 of client #1's December-2019 Blood Glucose Log revealed the following FSBS values: - 12/01/19: 266-11:30am, and 251-8:30pm 12/02/19: 240-6:00pm 12/03/19: 238-11:30am 12/06/19: 275-9:00pm 12/08/19: 275-9:00pm 12/10/19: 212-8:00pm 12/10/19: 212-7:00am 12/11/19: 212-7:00am 12/11/19: 212-7:00am 12/11/19: 228-7:30am, and 228-12:00pm. Review on 1/24/20 of client #1's November-2019 Blood Glucose Log revealed the following FSBS values: - 11/01/19: 228-7:30am 12/14/19: 21-4/20 of client #1's November-2019 Blood Glucose Log revealed the following FSBS values: - 11/01/19: 228-7:30am 11/02/19: 228-7:30am.			HOO HIGH WHO F TO HALL Show to face When to sive Hear and Show the sive Hear and Hea					
	11/05/19: 205-6:30a	m.		Incident Report.	111/6				

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V 291	Continued From pa	age 3	V 291				
	- 11/06/19: 248-8:3			completion Dasc	<u></u>		
	- 11/07/19: 217-8:3	0pm.		Complete N Date	1.		
	11/10/10. 211-0.00pm.		1				
	- 11/15/19: 284-8:00pm.			Becomes Teinh	nud		
	- 11/16/19: 290-7:30am, and 261-5:00pm. - 11/17/19: 285-5:00pm.			Who ch in the	Dade,		
	- 11/18/19: 258-8:3	Opm		OF The Dry			
	- 11/19/19: 207-6:30am, and 236-8:30pm.			IN DIE	nun	1 .	
	- 11/21/19: 206-8:00pm.			h		2/14	
	- 11/23/19: 238-8:00pm.			9		1.11	
	- 11/28/19: 204-7:30am, 268-12:00pm, 314-5:00pm, and 247-8:00pm.						
	- 11/30/19 201-12:0						
		•					
	Review on 1/24/20 of client #1's October-2019						
	Blood Glucose Log revealed the following FSBS values:						
		0am, 320-11:30am, and					
	259-8:30pm.						
	- 10/02/19: 238-11:3	30am, and 208-8:00pm.					
	- 10/03/19: 211-8:30	pm.					
	- 10/05/19: 228-12:(- 10/06/10: 201 7:20	00pm, and 202-6:00pm.					
	252-5:00pm.	Dam, 290-12:00pm, and					
	- 10/08/19: 230- 8:3	0pm.					
	- 10/09/19: 260-9:00	lpm.					
	- 10/10/19: 202-6:30)am, and 329-8:30pm.					
	- 10/11/19: 201- 6:30						
	- 10/12/19: 356-12:0 388-8:30pm.	00pm, 211-4:00pm, and					
	- 10/13/19: 241-8:00)pm					
		pm, and 201-8:30pm.					
	- 10/18/19: 297-9:00	pm.					
	- 10/19/19: 235-12:0	0pm, 201-5:00pm, and					
	218-2:30pm.	1007 5 5 5					
	- 10/20/19: 222-7:30 - 10/21/10: 202 4:20	am, and 207-5:00pm.		o o			
	- 10/21/19: 302-4:30 - 10/22/19: 249-6:30	pm.					
	10/24/19: 249-11:3	0am.					
-	10/26/19: 209-5:00	pm, and 283-8:00pm.					

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