| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
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| | | MHL097-044 | | | 03/ | 10/2020 |
| | | | DDRESS, CITY, S ⁻ NDY RIDGE R(| | | |
| IULBER | RY GROUP HOME | | WILKESBORO | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| V 000 | INITIAL COMMEN | rs | V 000 | | | |
| | | w up survey was completed . Deficiencies were cited. | | | | |
| | category: 10A NCA | sed for the following service AC 27G .5600C Supervised th Developmental Disabilities. | | | | |
| V 112 | 27G .0205 (C-D) Assessment/Treatr | nent/Habilitation Plan | V 112 | | | |
| | PLAN (c) The plan shall I assessment, and ir legally responsible of admission for clir receive services be (d) The plan shall i (1) client outcome achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consulta responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, o | ILITATION OR SERVICE be developed based on the in partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. include: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of | | | | |
| | ealth Service Regulation | | | | | |

| TAIL BRANCH OF CORRECTION [X1] PROVIDER/SUPPLIERCIAL IDENTIFICATION NUMBER [X2] NUMERY A BULLING: [X3] NUMERY A BULLING: [X3] NUMERY CONFLICTION AND PLAN OF CORRECTION [X3] NUMERY CONFLICTION [X3] NUMBER IDENTIFICATION NUMBER [X3] NUMERY A BULLING: [X3] NUMERY CONFLICTION MALE OF PROVIDER OR SUPPLIER STREET ADDRESS. OTTY STREEMEN OF DEPICIENCY INCLERCY GROUP HOME ISTREET ADDRESS. OTTY STREEMEN OF CORRECTION (RCAP COCRECTIVE ACTION BANUED BENCHMANN) [X3] NUMBERY STREEMENT OF DEPICIENCY INCLERCY GROUP HOME [X3] NUMBERY STREEMENT OF DEPICIENCY INCLERCY GROUP HOME [X3] NUMBERY STREEMENT OF DEPICIENCY INCLERCY GROUP HOME [X4] NUMPERY (RCAP COCRECTIVE ACTION BANUED BE (RCAP COCRET | Division | of Health Service Re | egulation | | | FORM | APPROVED |
|--|-----------|---|--|----------------|--|--------------------------------|----------|
| MHL097-044 B.WING O3/10/2020 NAME OF PROVIDER. OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659 Image: Comparison of Defective Street Predictions SHOULD BE (ROAD REPCIENCY OR LSC IDENTIFYING INFORMATION) Image: Comparison of Defective Street Predictions SHOULD BE (ROAD REPCIENCY OR LSC IDENTIFYING INFORMATION) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison of Defective Street PLAN OF CORRECTION (READ REPCIENCY) Image: Comparison Defective Street PLAN OF CORRECTION (READ READ REPCIENC) Image: C | STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | | | | |
| MULBERY GROUP HOME 1944 WINDY RUBGE ROB INCRIMENTATION Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<> | | | MHL097-044 | B. WING | | | |
| MULEERRY GROUP HOME NORTH WILKESBORO, NC 28659 (X4)10 PREFIX TAS ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENT WORTS BPRACE TO BE THUN RESULTIONY OR USE DEINTHYMIS INFORMATION) ID PREFIX TAS PROVIDER'S PLAN OF CORRECTING ACTION (EACH ORDERCTING ACTION SHOULD BE CROSS-REFERENCE ACTION BERICIENCY) ID PREFIX TAS PROVIDER'S PLAN OF CORRECTING (EACH DEFICIENCY) ID PREFIX TAS PROVIDER'S PLAN OF CORRECTING (EACH ORDERCTING ACTION (EACH ORDERCTING (EACH ORDERCTING ACTION (EACH ORDERCTING ACTION (EACH ORDE | NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| NORTH WILKESBORO, NC 28699 PREFIX TAG SUMMARY STATEMENT OF DEPICENCIES (ECAD EPICIENCY MUST BE PRECEDED BY FULL TAG p PREFIX TAG PREFIX TAG PREFIX TAG <tht< td=""><td></td><td></td><td>1904 WIN</td><td>DY RIDGE R</td><td>OAD</td><td></td><td></td></tht<> | | | 1904 WIN | DY RIDGE R | OAD | | |
| Přěčív TAG (EACH DERICENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC DENTIFYING INFORMATION) Přěčív TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DEFICIENCY V 112 Continued From page 1 V 112 V 112 DEFICIENCY DEFICIENCY DEFICIENCY V 112 Continued From page 1 V 112 V 112 DEFICIENCY DEFICIENCY V 112 This Rule is not met as evidenced by: Based on record review and interventions to address client treatment hans which include specific strategies and interventions to address client treatment hans which include specified Depressive Disorder, Mild Intellectual Disability, acid reflux, hypertension, pancreatilis and allergies. Physician's order dated 9/9/19 to "Monitor BP (blood pressure) once a day. Bring log to visit on 9/18/19. Keep food diary* Proview on 3/2/20 and 3/4/20 of the medical notes for Client #2 revealed: -*September 18, 2019. The following issues were addressed: Hypertensionfatigue* * December 9, 2019. The following issues were addressed: HypertensionBlood pressure 150/98* •Visit to the emergency room on 2/15/20 " Fmergencymeason for visit. headache Diagnosis: HypertensionBlood pressure 150/98* •Visit to the emergency room on 2/15/20 " Fresenting complaint. Patient states: reports high blood pressureDepatient was olign phe rusual activities at the group home and her pressure was found to be elevatedthis worst the blood pressure was moderateThe patient has experienced similar episodes in the pastShe states that she has had multiple episodes of | WULDEP | | NORTH V | VILKESBORG | D, NC 28659 | | |
| This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop treatment plans which include specific strategies and interventions to address client treatment needs for 1 of 3 audited clients (#2). The findings are: Record review on 3/2/20 for Client #2 revealed: -Admitted on 4/1/03 with diagnoses of Unspecified Depressive Disorder, Mild Intellectual Disability, acid reflux, hypertension, pancreatitis and allergies. -Physician's order dated 9/9/19 to "Monitor BP (blood pressure) once a day. Bring log to visit on 9/18/19. Keep food diary" Review on 3/2/20 and 3/4/20 of the medical notes for Client #2 revealed: -* December 9, 2019. The following issues were addressed: Hypertensionfatigue" -* December 9, 2019. The following issues were addressed: Hypertension hyperlipidemia other chronic pancreatitis -* Biomber 9, 2019. The following issues there addressed: Hypertension Blood pressure 150/98" -Visit to the emergency room on 2/15/20 " Emergency reason for visit: headache Diagnosis: HypertensionBlood pressure 150/98" -Visit to the emergency room on 2/19/20 " Presenting complaint: Patient states: reports high blood pressure complains of pain in head Vital signs: 14/991 The patient has elevated blood pressure complains of pain in head Vital signs: 14/991 The patient has elevated activities at the group home and her pressure was found to be elevated It is worst the blood pressure was moderate The patient has experienced similar episodes of labile blood pressure She does have a family history of hypertension Interpation the pat She states that she has had multiple episodes of labile blood pressure | PRÉFIX | (EACH DEFICIENC) | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | ON SHOULD BE IE APPROPRIATE | COMPLETE |
| Based on record review and interviews the facility failed to develop treatment plans which include specific strategies and interventions to address client treatment needs for 1 of 3 audited clients (#2). The findings are: Record review on 3/2/20 for Client #2 revealed: -Admitted on 4/1/03 with diagnoses of Unspecified Depressive Disorder, Mild Intellectual Disability, acid reflux, hypertension, pancreatitis and allergies. -Physician's order dated 9/9/19 to "Monitor BP (blood pressure) once a day. Bring log to visit on 9/18/19. Keep food diary" Review on 3/2/20 and 3/4/20 of the medical notes for Client #2 revealed: -"September 18, 2019. The following issues were addressed: Hypertensionhyperlipidemia other chronic pancreatitis -Visit to the emergency room on 2/15/20 " Emergencyreason for visit: headache Diagnosis: HypertensionBlood pressure 150/98" -Visit to the emergency room on 2/15/20 " Presenting complaint: Patient states: reports high blood pressurecomplains of pain in head Vita signs: 149/91The patient has elevated blood pressureBedom her pressure was found to be elevatedAlt is worst the blood pressure was moderateThe patient has experienced similar episodes of labile blood pressureShe dess have a family history of hypertensionshe does have a family history | V 112 | Continued From pa | ige 1 | V 112 | | | |
| experienced similar episodes in the pastShe states that she has had multiple episodes of labile blood pressureShe does have a family history of hypertensionrepeat blood pressure at | | Based on record re failed to develop tre specific strategies a client treatment nee (#2). The findings a Record review on 3 -Admitted on 4/1/03 Unspecified Depres Disability, acid reflu and allergies. -Physician's order of (blood pressure) or 9/18/19. Keep food Review on 3/2/20 a for Client #2 reveal -"September 18, were addressed: H -"December 9, 2 were addressed: H other chronic pan -Visit to the emerge Emergencyrea Diagnosis: Hype 150/98" -Visit to the emerge Presenting compl high blood pressure Vital signs: 149/9 blood pressureP activities at the grow was found to be ele | view and interviews the facility eatment plans which include and interventions to address eds for 1 of 3 audited clients are: 3/2/20 for Client #2 revealed: 8 with diagnoses of ssive Disorder, Mild Intellectual ix, hypertension, pancreatitis dated 9/9/19 to "Monitor BP nee a day. Bring log to visit on d diary" nd 3/4/20 of the medical notes ed: 2019. The following issues lypertensionfatigue" 019. The following issues lypertensionhyperlipidemia acreatitis" ency room on 2/15/20 " son for visit: headache rtensionBlood pressure ency room on 2/19/20 " laint: Patient states: reports ecomplains of pain in head 01The patient has elevated atient was doing her usual up home and her pressure evatedAt its worst the blood | | | | |
| of hypertensionrepeat blood pressure at | | experienced similar states that she has | episodes in the pastShe had multiple episodes of labile | | | | |
| | | of hypertensionre | | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | | |
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| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| MULBER | RY GROUP HOME | | NDY RIDGE RO WILKESBORO | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| V 112 | Continued From pa | ige 2 | V 112 | | | |
| | | 0. She is encouraged follow mary care physician" | | | | |
| | #2 revealed: -"[Client #2] has needs to be monito well and fails to tell -Goals included " some health conce alert staff when she #2] has a tendency has upset her and thas high blood press Strategies for this g for signs of pain or express feelings, st complaints/symptot doctor as needed. -There was no goal | Due to [Client #2] having rns it is important that she e is not feeling well([Client not to tell people about who that she is feeling bad. She ssure and pancreatitis)". goal included staff to monitor distress, encourage her to | | | | |
| | revealed: -Client #2 monitore times per day. -The sodium intake She did not eat cer had been reduced t | 0 and 3/5/20 with Staff #1 d her blood pressures three e for Client #2 was monitored. tain foods and the use of salt for her food preparation. inely seen by her primary care <i>y</i> pertension. | | | | |
| | plans. -At one time blood | | | | | |
| | | with the Executive Director | | | | |

| T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
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| Continued From pa | ige 3 | V 112 | | | |
| completing the trea -Treatment plans sl as needs change. -Treatment plans sl progress. -The treatment plan | tment plan. hould be revised and changed hould be reviewed quarterly fo n for Client #2 had not been | | | | |
| 27G .0209 (C) Med | lication Requirements | V 118 | | | |
| REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th | inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and | | | | |
| | T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER RY GROUP HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From par revealed: -The Qualified Prof completing the trea -Treatment plans st as needs change. -Treatment plans st progress. -The treatment plans st progress. -The treatment plans updated to reflect of 27G .0209 (C) Med 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications sha client's physician. (3) Medications, ind administered only to unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer current. Medication recorded immediate MAR is to include tt (A) client's name; (B) name, strength, (C) instructions for (D) date and time tt (E) name or initials | OF CORRECTION IDENTIFICATION NUMBER: MHL097-044 MHL097-044 PROVIDER OR SUPPLIER STREET AI RY GROUP HOME 1904 Will NORTH I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 revealed: -The Qualified Professional was responsible for completing the treatment plan. -Treatment plans should be revised and changed as needs change. -Treatment plans should be revised and the updated to reflect current medical issues. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (4) A Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; B) name, strength, and quantity of the drug; (D) date and time the drug is administered; and (E) name | TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING MHL097-044 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST 1904 WINDY RIDGE RC NORTH WILKESBBORO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 112 revealed: - The Qualified Professional was responsible for completing the treatment plan. - Treatment plans should be revised and changed as needs change. - Treatment plans should be revised quarterly for progress. - The treatment plan for Client #2 had not been updated to reflect current medical issues. V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. V 118 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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 administerine medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administered; and (d) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of perso | TO F DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIENCIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL097-044 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RY GROUP HOME 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREVIDER RECORE OR SUPPLIER Continued From page 3 V 112 revealed: | TOF DEFICIENCIES (X1) PROVIDERSUPPLIENCIAL DATA NUMBER: A: BUILDING: (X2) MULTIPLE CONSTRUCTION (X3) DATA ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RY GROUP HOME 1904 WINDY RIDGE ROAD NORTH WILKESBORD, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION SHOULD BE CACH CORRECTION SHOULD SHO |

| STATEMEN | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | | E CONSTRUCTION | | | |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED | |
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| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| | RY GROUP HOME | 1904 WI | | OAD | | | |
| NULDER | | NORTH | WILKESBORC |), NC 28659 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 118 | Continued From pa | age 4 | V 118 | | - , | | |
| | | corded and kept with the MAR appointment or consultation | | | | | |
| | Based on record re failed to follow writt 1 of 3 audited clien Record review on 3 -Admitted on 4/1/03 Unspecified Depres Disability, acid reflu and allergies. -Physician's order of | et as evidenced by: eview and interview the facility een orders by the physician for ts (#2). The findings are: 8/2/20 for Client #2 revealed: 3 with diagnoses of ssive Disorder, Mild Intellectua ux, hypertension, pancreatitis dated 9/9/19 to "Monitor BP nce a day. Bring log to visit on d diary" | 1 | | | | |
| | for Client #2 reveal -"September 18, were addressed: H -"December 9, 2 were addressed: H other chronic par -Visit to the emerge Emergencyrea Diagnosis: Hype 150/98" -Visit to the emerge Presenting comp high blood pressure | 2019. The following issues Hypertensionfatigue" 019. The following issues Hypertensionhyperlipidemia | 5 | | | | |
| | blood pressureP activities at the gro | atient was doing her usual up home and her pressure evatedAt its worst the blood | | | | | |

If continuation sheet 5 of 13

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | СОМ | E SURVEY PLETED |
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| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| MULBER | RRY GROUP HOME | | DY RIDGE RO /ILKESBORC | - | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 118 | Continued From pa | age 5 | V 118 | | | |
| | experienced similar states that she has blood pressureS of hypertensionre disposition is 136/9 closely with her prin Review on 3/4/20 o diary documentatio -Blood pressures th indicated high read blood pressures do anywhere from 139 -Documented by Cl -Daily blood pressure 9/24/19, 9/27/19, 10 10/6/19, 10/8/19-10 2/14/20. Daily blood documented on 2/2 -There was no docu | erate The patient has r episodes in the past She had multiple episodes of labile he does have a family history epeat blood pressure at 0. She is encouraged follow mary care physician" of the blood pressure and food in for Client #2 revealed: hat were recorded since 9/9/19 ings almost daily. Range of boumented were noted to be 0/93 to as high as 156/110. lient #2 not a staff member. Irres were not documented on 0/2/19, 10/3/19, 10/5/19, 0/29/19 and from 10/31/19 to bod pressures were also not 23/20, 2/24/20 and 2/29/20. umentation of a food diary. | | | | |
| | -She stated that sh pressure and that it -She was told by th she was eating. -She indicated that with that in the beg down what she ate have time to do tha -She was taking he morning, at lunch a -She had not alway | e doctor to write down what Staff #2 had tried to help her inning, but she was not writing . She stated that she didn't it. er blood pressure in the and before bed. rs written it down and the staff | | | | |
| | did not write it down Interview on 3/6/20 revealed: -Client #2's blood p problematic for 8-9 ealth Service Regulation | with the Guardian of Client #2 pressures had been | | | | |

STATE FORM

YEGX11

If continuation sheet 6 of 13

| Division of Health | Service Re | egulation | | | FORM APPROVED |
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| STATEMENT OF DEFICI | INCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE SURVEY |
| AND PLAN OF CORREC | IION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPLETED |
| | | MHL097-044 | B. WING | | R 03/10/2020 |
| NAME OF PROVIDER OF | RSUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | |
| | | 1904 WIN | DY RIDGE R | OAD | |
| MULBERRY GROUI | | NORTH V | VILKESBOR | D, NC 28659 | |
| PREFIX (EACH | DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY) | N SHOULD BE COMPLETE E APPROPRIATE DATE |
| V 118 Continue | d From pa | age 6 | V 118 | | |
| -Client #2 her blood physician to see a 0 -Client #2 and monif facility an sure that -She state (primary 0 kept temp sure that not recall -She india monitored consisten Interview revealed: -Client #2 times per -Client #2 times dai show the write it do possessio -Staff did Client #2 -If Client #2 times that -Client #2 times dai show the write it do possessio -Staff did Client #2 -If Client #2 was taken been told unless that -Client #2 | had rece pressure multiple t Cardiologi had an e tored her d at the d her blood ed that Cli care physi porarily bu a food dia seeing or cated that d daily for tly docum s on 3/4/2 's blood p day. took her y with sta result to h wn in a no on. not take of the diastolic started a te dian't k on 3/9/20 | ived the proper attention for problem. She had seen the imes and was now scheduled st. electric blood pressure monitor own blood pressure at the ay program. Staff #1 made pressure was checked. ient #2's Nurse Practitioner ician) wanted the food diary at not ongoing. She wasn't ary was ever kept and could he. blood pressures were Client #2 even if not ented. 0 and 3/5/20 with Staff #1 oressures were checked three own blood pressure multiple ff present. Client #2 would her and then Client #2 would be book that she kept in her or record blood pressures for I pressures got too high she mergency room. She had se at the hospital not to worry a number was greater than 115. i food diary and kept for a now if Client #2 still kept a food | | | |
| -When C | ient #2 wa | as seen on 9/18/19 the facility og of blood pressure readings | | | |
| ivision of Health Service | | | 6899 | /ECX11 | If continuation sheet 7 of 1 |

| | of Health Service Re IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MUI TIPI F | CONSTRUCTION | (X3) DAT | E SURVEY |
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| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | PLETED |
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| | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | 10/2020 |
| | | | NDY RIDGE RO | | | |
| MULBER | RY GROUP HOME | NORTH | WILKESBORO | , NC 28659 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| V 118 | Continued From pa | ge 7 | V 118 | | | |
| | blood pressure and her sodium intake. -She stated that fac not monitor her bloo that blood pressure #2 was at her day p -Client #2's blood p never been well con -She did not feel that | ressure was volatile and has | | | | |
| | revealed: -Client #2's blood p staff were very sense had seen medical p occasions and was Cardiologist. She h at the emergency re blood pressure gets and does not come should be taken to -She indicated that daily for Client #2 b day program. -She thought that s pressures daily. She ensure those readin -She had not been a food diary docum food diary. -There was no systemonitor blood press | blood pressure was checked oth at the facility and at the taff had documented blood he had not monitored to hgs had been documented. aware that the doctor wanted ented. She had not seen a em of oversight in place to sures for Client #2. | | | | |
| | | f the Plan of Protection ned by the Executive Director | | | | |

| Division | of Health Service Re | egulation | | | FORM APPROVED |
|--------------------------|---|--|-------------------------------|--|---|
| STATEMEN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | MHL097-044 | B. WING | | R 03/10/2020 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | |
| | | 1904 WIN | | OAD | |
| MULBEF | RRY GROUP HOME | NORTH W | ILKESBORC |), NC 28659 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹ | ION SHOULD BE COMPLETE HE APPROPRIATE DATE |
| V 118 | Continued From pa | ge 8 | V 118 | | |
| | rule violations in ord further risk or additi -"Beginning immed orders will be follow will be checked and pressure) will be mo order until there is a from the doctor, by Should she show s she will be taken to will be called to tran Describe your plans happens. -"Executive Directo documentation a m week, up to five day | iately today 3-6-20 all doctor's ved as written. Blood pressure a food diary and BP (blood aintained daily as per doctor's a written order to discontinue Group Home Managers. ymptoms outside of her norm, ER (emergency room) or 911 | | | |
| | struggles daily with pressures that rang as high as 156/110 ordered daily blood the facility to docum eating. The facility Client #2 with no as capability to unders Facility staff did not pressures or food in and shared with the were not document September. The fa physicians orders for checks and balance information was more communicated with considered detrime | chronic, uncontrolled blood ded anywhere from 139/93 to . In September her physician pressure checks and wanted nent what Client #2 was left that responsibility up to seessment nto determine her tand and perform those tasks. document either daily blood ntake. No food diary was kept e physician. Blood pressures ed for 138 days since icility failed to follow the or treatment and had no es in place to ensure this ponitored, documented and the physician which is ntal to the health, safety and | | | |
| | | | | | |
| Division of H | Client #2 has a diag struggles daily with pressures that rang as high as 156/110. ordered daily blood the facility to docum eating. The facility Client #2 with no as capability to unders Facility staff did not pressures or food in and shared with the were not document September. The fa physicians orders for checks and balance information was more communicated with considered detrime | ed anywhere from 139/93 to In September her physician pressure checks and wanted nent what Client #2 was left that responsibility up to sessment nto determine her tand and perform those tasks. document either daily blood ntake. No food diary was kept e physician. Blood pressures ed for 138 days since icility failed to follow the or treatment and had no es in place to ensure this ponitored, documented and the physician which is | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|--|--|
| | or connection | IDENTIFICATION NOMBER. | A. BUILDING: | | |
| | | MHL097-044 | B. WING | | R 03/10/2020 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| | RRY GROUP HOME | 1904 WI | NDY RIDGE RO | DAD | |
| | | NORTH | WILKESBORO |), NC 28659 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE COMPLET THE APPROPRIATE DATE |
| V 118 | Continued From pa | ige 9 | V 118 | | |
| | corrected within 45 penalty of \$200.00 | n. If the violation is not days, an administrative per day will be imposed for / is out of compliance beyond | | | |
| V 290 | 27G .5602 Supervis | sed Living - Staff | V 290 | | |
| | numbers specified of this Rule shall be enable staff to resp needs. (b) A minimum of co present at all times premises, except w habilitation plan doo capable of remainir without supervision as needed but not I the client continues the home or commis specified periods of (c) Staff shall be pr following client-staff child or adolescent (1) children of abuse disorders sh of one staff present clients present. Ho present during slee emergency back-up the governing body (2) children of developmental disa one staff present for present and two staff | resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor owever, only one staff need be ping hours if specified by the o procedures determined by | | | |

| | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE | |
|--------------------------|---|--|---------------------|--|-----------------------------------|-------------------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMPL | EIED |
| | | MHL097-044 | B. WING | | R 03/1 | 0/2020 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | RY GROUP HOME | 1904 WI | NDY RIDGE RO | DAD | | |
| NULBER | | NORTH | WILKESBORO | , NC 28659 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 290 | Continued From pa | ige 10 | V 290 | | | |
| | specified by the em determined by the g (d) In facilities which diagnosis is substa (1) at least or duty shall be trained withdrawal symptor secondary complicat drug addiction; and (2) the service | ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ns and symptoms of ations to alcohol and other d ses of a certified substance nall be available on an | / | | | |
| | failed to assess, an that a client was ca | view and interviews the facility nually review and document pable of being unsupervised ir cting 2 of 3 audited clients (#2 | ı | | | |
| | -Admitted on 4/1/03 Unspecified Depres Disability, acid reflu and allergies. -There was no docu | 3/2/20 for Client #2 revealed: 3 with diagnoses of 3 sive Disorder, Mild Intellectua 1x, hypertension, pancreatitis umentation to indicate that assessed regarding her | d | | | |
| | capability to be uns in the community. -Treatment plan dar range goal[Client independent as pos peer, if she choose be allowed to go int | upervised for periods of time ted 1/10/20 indicated "Short t #2] enjoys being seen as ssible, therefore she and a s to have a peer with her, will to a business to make an ase of her choice, at least | t | | | |

| Division | of Health Service Re | egulation | | | FORM APPROVE |
|--------------------------|---|---|---------------------|--|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED |
| | | MHL097-044 | B. WING | | R 03/10/2020 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| MULBER | RY GROUP HOME | | NDY RIDGE RO | | |
| _ | | | WILKESBORO | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE COMPLET THE APPROPRIATE DATE |
| V 290 | Continued From pa | ige 11 | V 290 | | |
| | once a month" | | | | |
| | for the month of Ja -"[Client #2] will go of item of her choic honors [Client #2's] purchase personal the others while sho Interview on 3/2/20 -She went into store | f Client #2's progress notes nuary 2020 revealed: in store and make a purchase e at least once monthlyStaf request to go in store alone to items. Staff waits outside with e does her shopping" with Client #2 revealed: es to make personal f were present in the stores. | f D | | |
| | -Admitted on 10/22 Mental Retardation attention-deficit hyp obesity and season -Treatment plan dic strategies to addres community for Clien -There was no doct Client #3 had been | eractivity disorder, borderline allergies. I not include goals or ss unsupervised time in the | | | |
| | for the month of Ja -"[Client #3] will go personal purchases | f Client #3's progress notes nuary 2020 revealed: in store by herself and make s with staff permissionStaff n a store by herself to make S" | | | |
| | -She indicated that | with Client #3 revealed: she went to local stores and one or with a staff member the time. | | | |

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044 | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
|--|---|----------------------------|-------------------------|--|---------------------------------|------------------------|
| | | IDENTIFICATION NUMBER: | A. BUILDING: B. WING | | R 03/10/2020 | |
| | | MHL097-044 | | | | |
| AME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| IULBEF | RRY GROUP HOME | | | | | |
| | | | WILKESBORO | PROVIDER'S PLAN OF | | (NE) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLE DATE |
| V 290 | Continued From page 12 | | V 290 | | | |
| | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 Interviews on 3/2/20 and 3/5/20 with Staff #1 revealed: -Some clients had goals to go into stores and make purchases on their own. -Staff stayed outside the store in the vehicle but had eyesight on the door to the store. -She indicated that Client #2 and Client #3 went into stores without a staff member. She felt that they were safe. Interview on 3/5/20 with the Executive Director revealed: -Clients who went into stores unsupervised should have had a goal in their treatment plan. -Staff were always monitoring near the door of the store. -For each client the treatment team made the decision for clients to be unsupervised based on what the client wants to do and what the treatment team thinks should happen. -Unsupervised time is for specific periods of time and would only be in a safe environment. -She was not aware of identified criteria to meet for a client to be deemed capable of unsupervised time. -There was no documented evaluation of capability for Client #2 or Client #3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | | | | | |