

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/02/2020
--	---	--	---

NAME OF PROVIDER OR SUPPLIER KENWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 413 KENWOOD DRIVE JACKSONVILLE, NC 28540
--	--

(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>A complaint and follow up survey was completed on was completed on November 2, 2020. The complaint was unsubstantiated (Intake #NC00164563). 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</p>	V 291		

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

Albert

TITLE

(X6) DATE

11/19/20

Appendix 1-B: Plan of Correction Form

Plan of Correction			
<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to: NC DHSR</p>		<p>In lieu of mailing the form, you may e-mail the completed electronic form to:</p>	
Provider Name:	A Caring Heart Case Management, Inc.	Phone:	252-206-1266
Provider Contact Person for follow-up:	Ambrosia Johnson	Fax:	252-206-1268
		Email:	ajohnson@acaringheartinc.com
Address:	1901 Tarboro St SW, Suite 102, Wilson, NC 27893		Provider # 3419141
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>27G .5603 OPERATIONS (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>This rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients. The findings are: No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician.</p>	<ol style="list-style-type: none"> 1. Policy/procedure will be revised to contain specific wording regarding BS check information. This will be included/ reviewed with other health information and Medication Administration during intake process, or at any point during client's residence in facility that the physician orders blood sugar (BS) checks. 2. Agency nurse will be responsible for ensuring that BS protocols are filed in client's facility chart on-site and also in client's office binder. 3. Current staff and new staff will receive training regarding blood sugar protocols provided by physician, and directions to contact physician or agency nurse for readings that are too high or too low based on protocols for the individual client. 	<p>Program Director, Agency Nurse, QP</p>	<p>Implementation Date: 11/19/2020</p> <hr/> <p>Actual Completion Date: 12/19/2020</p>
			<p>Implementation Date:</p> <hr/> <p>Actual Completion Date:</p>