

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2021
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NAME OF PROVIDER OR SUPPLIER EAGLES NEST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 320 CHISHOLM TRAIL JACKSONVILLE, NC 28546
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 12, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/10/21 of the facility's fire and disaster drill documentation for 10/1/20 - 9/30/21 revealed: -No disaster drills on the first shift documented during the quarter, 7/1/21 - 9/30/21.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>-No fire drills on the second or third shift documented during the quarter, 1/1/21 - 3/31/21.</p> <p>Interview on 11/10/21 client #2 stated: -They practiced hurricane drills by putting their hands over their head and going inside a big closet in one of the client's bedroom. -For a fire drill they would go outside to the neighbor's property.</p> <p>Interview on 11/10/21 the Chief Executive Officer/Qualified Professional stated: -The shifts were 8 am - 3:59 pm (first shift); 4 pm - 11:59 pm (second shift), and 12 am - 7:59 am (third shift). -It looked like the staff had used an old form that could have contributed to errors in documentation of the times and shifts the drills were held. -He would make sure drills were completed and documented correctly.</p>	V 114		
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</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>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 or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to coordinate services between the facility operator and the qualified professionals who are responsible for treatment affecting 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 11/10/21 of client #6's record revealed: -28 year old male admitted on 11/1/19. -Diagnoses included moderate intellectual developmental disability, autism spectrum disorder; cerebral palsy, and seizure disorder. -Order dated 6/1/21 by client #6's primary care physician for, "Left wrist contractor (contractures) referral to OT (occupational therapy)." -No documentation the OT referral had been made. -FL2 dated 7/29/21 documented client #6 was non-verbal.</p> <p>Review on 11/10/21 of client #6's individual service plan dated 1/1/21 revealed client #6 had a</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>communication device.</p> <p>Interview and observation of client #6 on 11/10/21 at 10:45 am revealed:</p> <ul style="list-style-type: none"> -Client #6 made no verbal responses to questions. -In response to "yes-no" questions the movement with his head was so slight it was impossible to determine if client #6 was responding "yes" or "no." -When client #6 exited the room he had a slight limp and held his left arm in a flexed position at the elbow. <p>Interview on 11/10/21 Staff #2 stated:</p> <ul style="list-style-type: none"> -She was a Life Skills Coach and had worked at the facility about 2 and a half years. -Client #6 had a communication device. -She was the person who "set up" the communication device. -She had tried to get all staff to use the communication device, but the device charger had been lost more than a few months ago. -Before the charger was lost, client #6 was making progress in learning how to use the device. -The prior Group Home Manager had been made aware the charger had been lost. <p>Interviews on 11/10/21 and 11/12/21 the Chief Executive Officer/Qualified Professional stated:</p> <ul style="list-style-type: none"> -Client #6 had not received the OT ordered 6/1/21. -The Group Home Manager called the local hospital physical therapy department on 11/10/21 to schedule an appointment and was informed a new order was needed before the client could be seen. -Client #6's primary care provider had been contacted for an appointment to obtain another 	V 291		

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V 291	Continued From page 4 OT order. -Client #6 had a communication device and the charger had been lost. -He would make sure the charger was replaced and the device put back in service.	V 291		