

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2022
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #6	STREET ADDRESS, CITY, STATE, ZIP CODE 710 WEST HARPER STREET SNOW HILL, NC 28580
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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	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed March 22, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 beds and currently has a census of 5. The survey sample consisted of audit of 1 current client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop a treatment/habilitation or service plan in partnership with the legally responsible person and to get written consent or agreement from the legally responsible person for 1 of 1 audited client (#1). The findings are:</p> <p>Review on 3/21/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 31 year old female admitted 8/13/21. - Guardian of the Person was a private, non-profit organization with individual Guardian Representatives. - "Person Centered Profile" (PCP) dated 8/24/21 and "PCP Update/Revision" dated 11/11/21. - The updated PCP was signed by the Registered Nurse/Qualified Professional/Licensee (RN/QP/L) and the Associate Professional 11/11/21. - No Guardian Representative signature on the updated PCP. - A small piece of pink paper with the hand-written note "Waiting for GOP [Guardian of Person] to sign" affixed to the legally responsible person's signature line. - PCP dated 8/24/21 was developed by client #1's Assertive Community Treatment Team (ACTT). <p>During interview on 3/21/22 client #1's Guardian Representative stated:</p> <ul style="list-style-type: none"> - She was temporarily providing services to client #1 because the assigned Guardian Representative was on maternity leave. - She had been providing coverage since just 	V 112		

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V 112	<p>Continued From page 2</p> <p>after Christmas 2021.</p> <ul style="list-style-type: none"> - She had not received an updated PCP for signatures. - She reviewed the assigned Guardian Representative's documentation and could find no notes regarding a treatment planning meeting or receipt of an updated PCP for signature. <p>During interview on 3/21/22 the Guardianship Representative Supervisor stated she received a phone call 12/08/21 and was informed client #1's ACTT services were discontinued.</p> <p>During interview on 3/21/22 the RN/QP/L stated:</p> <ul style="list-style-type: none"> - Client #1's Guardian Representative was on maternity leave, but another Guardian Representative was providing services during her absence. - ACTT services were discontinued at client #1's request. - The PCP was revised when ACTT services were discontinued. - A treatment team meeting was held when the PCP was revised and a meeting summary was written. - She would forward a copy of the treatment team meeting summary documentation to the surveyors. <p>A copy of the treatment team meeting summary was not received prior to the completion of the survey.</p>	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner and free from offensive odor. The findings are:</p> <p>Observations on 3/21/22 during facility tour between 10:20 am and 10:50 am revealed:</p> <ul style="list-style-type: none"> -Strong pungent odor present upon entry to the living room. -Living room ceiling fan had 1 light bulb that was not working and not covered; one fan blade was missing. -A very strong pungent odor was noted in client #1's bedroom. -Holes in client #2's closet door. -A hole consistent with damage from a door knob in the wall behind client #3 and #4's bedroom door. -Client #3 was using an old television set as a bedside table. -Client #4's bedspread was ripped. -An overwhelming odor in client #5's bedroom. -Front bathroom: 2 bars of old soap lying on shower floor; dark stains consistent with mildew on the shower tiles. -Broken floor tiles by the bathroom door. -Corrosion visible on metal seat in front bathroom. -Kitchen: 2 light bulbs not working in kitchen fixture. Base cabinet door to the left of sink would not close securely; the decorative panel was missing from one cabinet door under the sink. 	V 736		

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Back hallway: 3 unfinished/unpainted wall patches; numerous pin size holes in wall to the right of the bathroom door. -Back bathroom: Sink cabinet door hanging unsecured to hinges; a crack in the toilet seat. -Doors near the rear of the home at the kitchen and in the hall were smudged with gray staining. -All of the curtains in client bedrooms were secured over the windows with bent nails. -Furniture surfaces and floor surfaces throughout the facility were scuffed. -A foundation air vent cover on the front of the facility was laying in the grass with the crawl space of the house exposed and accessible by animals and vermin. <p>Interview on 3/21/22 Staff #1 stated the odor was because they had a client that was incontinent of urine.</p> <p>Interview on 3/21/22 the Registered Nurse/Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> -The facility was an old home with plaster walls and some of the the cracks in the walls were caused by foundation settling. -There had been a lot of repairs done since the prior survey. -The Licensee has hired a full time maintenance staff to make repairs. -The wall damage in the hallways were recently done by client #2. -The curtains had been replaced and they were waiting on new rods. -They did not need the kitchen lights; the one ceiling light that straddled the partition between the kitchen and dining area was sufficient. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		