

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/17/2022
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NAME OF PROVIDER OR SUPPLIER COST CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 99 HIGHPOINT ROAD SOUTHPORT, NC 28461
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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>An annual, complaint and follow up survey was completed on May 17, 2022 The complaint was unsubstantiated (intake #NC00188539). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p> <p>This facility is licensed 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</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</p>	V 291		

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

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V 291	<p>Continued From page 1</p> <p>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 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 two clients (#2). The findings are:</p> <p>Review on 05/17/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 17 year old female. - Admission date of 03/28/22. - Diagnoses of Autism Spectrum Disorder, Moderate Intellectual Developmental Disability, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder (ADHD). - No physician visit to address non-psychiatric medications <p>Review on 05/17/22 of client #2's discharge summary from a psychiatric hospital signed 03/25/22 revealed the following seven day medication regimen supplied:</p> <ul style="list-style-type: none"> - Miralax (stool softner). - Metformin (associated weight gain). - Colace (stool softner). - Benadryl (antihistamine). - Kapvay Extended Release (treats ADHD). - Catapres (treats ADHD). - Abilify (antipsychotic). <p>Review on 05/17/22 of client #2's doctor orders</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>dated 04/06/22 revealed:</p> <ul style="list-style-type: none"> - Client #2 was seen in office. - Client #2 was stable. - Continue psychiatric medications, Kapvay, Catapres and Abilify. <p>Interview on 05/17/22 the staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2 was admitted from a psychiatric hospital - The psychiatric hospital sent a 7 day supply of medications. - She made multiple attempts to secure additional orders from the psychiatric hospital. - She was able to get client #2 in to see a doctor for the psychiatric medications. - Client #2 was taken to a male primary doctor on 04/12/22. - Client #2 "shut down" and was not able to be seen by the male doctor. - She was making an appointment for client #2 to be sent by a female doctor. <p>Interview on 05/17/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #2 was admitted to the facility from a psychiatric hospital. - Client #2 was admitted with a 7 day supply of medication. - Client #2 was not able to participate in an initial primary care doctor visit. - She understood clients admitted to the facility need to have coordination of care to ensure their needs are met. 	V 291		