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Division of Health Service Regulation

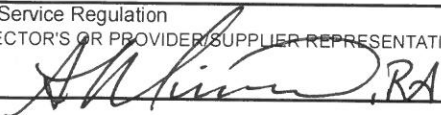
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/24/2022
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 SOUTH SHORE DRIVE JACKSONVILLE, NC 28540
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 24, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Residential Administrator 10 June 2022

(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 reviews and interviews the facility failed to develop and implement strategies based on assessment affecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Reviews on 5/19/22 an 5/24/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 18 year old male admitted 6/17/21. - Diagnoses included Intellectual/Developmental Disability, severe; Autistic Disorder; Prader-Willi Syndrome; Oppositional Defiant Disorder; and Diabetes. - "Risk/Support Needs Assessment" dated 9/01/21 included " . . . Positive Behavior Support . . . Requires support to participate in desired activities because of difficulties with anger control, anxiety, depression or other intellectual disability, mental health . . . to prevent, manage . . . behaviors or conditions that can potentially cause physical harm to self or others . . . Requires a highly structured environment with specially trained staff to prevent or manage behaviors that are expected to cause serious harm to self or to others if not addressed . . . [Client #2] has exhibited the following behaviors at the group home: running out of the home into heavy traffic, refusing to come back to the home . . . blowing bodily fluids onto staff, eating feces, digging his fingers in the hole where his g-tube used to be, flooding bathroom toilet, putting holes in the wall at the group home, putting items in his rectum. . . " 	V 112		
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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Individual Support Plan from the Local Management Entity (LME) dated 10/01/21 included " . . . Behavioral health support needs: . . . He also eats inedible items. Recently he has been peeling paint off the wall with his teeth and biting on the window frame in his bedroom . . . deliberately plans to lie on others to impune them. . . " - "Individual Support Plan Short Range Goals" implemented 10/01/21 with no goals or strategies to address client #2's behaviors of running out of the home into heavy traffic, refusing to come back to the home, blowing bodily fluids onto staff, eating feces, digging his fingers in the hole where his g-tube used to be, flooding the bathroom toilet, putting holes in the wall at the group home, and putting items in his rectum. <p>Reviews on 5/19/22 and 5/24/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 53 year old male admitted 11/18/19. - Diagnoses included Intellectual/Developmental Disability, severe-moderate; Schizoffective Disorder; and Diabetes. - "Risk/Support Needs Assessment" dated 11/19/21 included " . . . Positive Behavior Support . . . Requires support to prevent, manage . . . behaviors or conditions that can potentially cause physical harm to self or others . . . self-injury (will put objects in his penis and electric outlets), property destruction, extreme food or liquid seeking, pica, running away, window peeping, stripping in public, shoplifting, sleep disturbance). [Client #3] is also at risk of wandering away. [Client #3] will take off his clothes in his room and in front of his window." - Individual Support Plan from the LME dated 1/01/22 included " . . . What Others Need to Know to Best Support Me . . . needs to be monitored that he doesn't take food from others . . . " 	V 112		

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V 112	Continued From page 3 Medical/Behavioral . . . will steal food and eat raw items . . . will steal clothes as well . . . likes to break fire detectors that are hanging down . . . will eat raw meat, spices, condiments, bags of sugar, syrup, frozen foods . . . can be destructive . . . will slam, throw and break things . . . will purposely urinate on his clothes. . . at risk of wandering away . . . insert items into electrical outlets, insert items into his penis . . ." - "Short Range Goals/Interventions" effective 1/01/22 signed by client #3 12/02/21 with no goals or strategies to address client #3's behaviors of inserting items into his penis and electric outlets, property destruction, pica, running/wandering away, window peeping, stripping in public, stealing food, eating raw food items, and urinating on his clothes. During interview on 5/24/22 the Residential Administrator stated she understood the importance of developing and implementing goals and strategies based on assessment. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	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	V 118		

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V 118	<p>Continued From page 4</p> <p>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 Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medication as ordered by a physician for 1 of 3 audited clients (#2) and to keep MARs current for 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Reviews on 5/19/22 and 5/24/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 18 year old male admitted 6/17/21. - Diagnoses included Intellectual/Developmental Disability, severe; Autistic Disorder; Prader-Willi Syndrome; Oppositional Defiant Disorder; and 	V 118		
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V 118	<p>Continued From page 5</p> <p>Diabetes.</p> <ul style="list-style-type: none"> - Physician's orders signed 1/03/22 and 4/02/22 for Metformin (anti-diabetic) 500 milligrams (mg) "Take 1 tablet by oral route everyday with the evening meal." <p>Review on 5/24/22 of client #2's MARs for March 2022 - May 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for Metformin 500 mg 1 tablet daily, with scheduled administration time of 8:00 am. - Staff initials documented administration of Metformin at 8:00 am daily 3/01/22 - 5/24/22. <p>Observation on 5/19/22 of client #2's medications on hand revealed Metformin 500 mg 1 tablet daily with evening meal, dispensed 4/28/22.</p> <p>During interview on 5/24/22 client #2 stated he took his medications daily with staff assistance, but he did not know the names of his medications.</p> <p>Reviews on 5/19/22 and 5/24/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 53 year old male admitted 11/18/19. - Diagnoses included Intellectual/Developmental Disability, severe-moderate; Schizoaffective Disorder; and Diabetes. - Physician's order signed 2/02/22 for Prazosin (anti-hypertensive) 1 mg 3 capsules at bedtime. - Physician's order signed 3/30/22 for Prazosin 1 mg 1 capsule at bedtime. <p>Review on 5/24/22 of client #3's MARs for March 2022 - May 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for Prazosin 1 mg 1 capsule at bedtime; staff initials documented administration of Prazosin 1 capsule at bedtime daily. - No transcription or documentation of 	V 118		

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V 118	<p>Continued From page 6</p> <p>administration of Prazosin 1 mg 3 capsules at bedtime in the month of March 2022.</p> <p>Observation on 5/19/22 of client #3's medications on hand revealed Prazosin 1 mg 3 capsules at bedtime, dispensed 4/28/22.</p> <p>During interview on 5/24/22 client #3's speech was very difficult to understand and he gave no meaningful response when asked about his medications.</p> <p>During interview on 5/24/22 the House Manager stated:</p> <ul style="list-style-type: none"> - Client #2 took his Metformin in the morning. - Medication changes were communicated to staff verbally and in writing. - A medical consult form was completed at medical appointments and included medication changes; the form was given to the nurse after the appointment and the nurse made changes to the MAR as indicated. <p>During interview on 5/24/22 the Residential Administrator stated:</p> <ul style="list-style-type: none"> - She understood the requirement for medications to be administered as ordered by the physician and for the MARs to be kept current. - She would share cited information with the nurse. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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:</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. – South Shore House	Phone:	910-455-6724
Provider Contact Person for follow-up:	Siobhan Miranda, Residential Administrator	Fax:	910-346-5489
		Email:	smiranda@acaringheartinc.com
Address:	409 South Shore Drive, Jacksonville, NC 28540		Provider # 3419141 MHL-067-209
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement strategies based on assessment affecting 2 of 3 audited clients (#2 and #3).</p>	<ol style="list-style-type: none"> 1. QP developed goals and strategies to address current behaviors that are baseline of the individuals not currently addressed in Short Range Goals. 2. QP will continue to host monthly group home meetings with HTPP and HM for discussion of baseline behaviors that are needing new/additional support strategies for individuals. 3. Assistant Program Director will continue to review incident reports, behavior logs and shift communication logs upon submission, while consulting with licensed professional, as applicable. 4. Assistant Program Director will consult with the Complex Needs Team if the severity and frequency of behaviors increase. 	<ol style="list-style-type: none"> 1. Qualified Professional 2. Qualified Professional 3. Assistant Program Director 4. Assistant Program Director 	<p>Implementation Date: 1. 5/24/2022</p> <hr/> <p>Projected Completion Date: 2. 5/24/2022 and ongoing 3. 5/24/2022 and ongoing 4. 5/24/2022 and TBD</p>
<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medication as ordered by a physician for 1 of 3 audited clients (#2) and to keep MARs current for 2 of 3 audited clients (#2 and #3).</p>	<ol style="list-style-type: none"> 1. Nurse corrected the transcription of medication listed on MAR. 2. Nurse/RA will implement new changes received from medical consult and physician order once received. 3. Nurse will audit current scripts and MARs to ensure changes have been made on MARs and implemented on a quarterly basis. RA will check MARs on a monthly basis to ensure transcription changes have been made for that month with the new scripts received that month. 	<ol style="list-style-type: none"> 1. Nurse 2. Nurse, Residential Administrator 3. Nurse, Residential Administrator 	<p>Implementation Date: 1. 5/24/2022</p> <hr/> <p>Projected Completion Date: 2. 5/24/2022 and ongoing 3. 5/24/2022 and ongoing</p>