STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL052-001	A. BUILDING: _____ B. WING _____	07/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES COUNTY HOME	2280 OAK GROVE ROAD TRENTON, NC 28585

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V 000	INITIAL COMMENTS An annual survey was completed on July 15, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to hold fire and disaster drills at least quarterly on each shift. The findings are: Review on 7/13/22 of the fire and disaster dills from 7/1/21 - 6/30/22 revealed:	V 114		

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V 114	Continued From page 1	V 114		

-Quarter 7/1/21 - 9/30/21: No fire or disaster drills documented on the 2 week end shifts.
-Quarter 10/1/21 - 12/31/21: No fire or disaster drills documented on the 2 week end shifts. No disaster drill documented on the week day 2nd shift.
-Quarter 1/1/22 - 3/31/22: No fire or disaster drills documented on the 2 week end shifts.
-Quarter 4/1/22 - 6/30/22: No fire or disaster drills documented on the week day 1st shift or the 6 pm - 6 am week end shift. No disaster drill documented on the week day 2nd shift.

Interview on 7/13/22 with the House Manager revealed:
-Fire and disaster drills were done for 3 shifts quarterly.
-The facility shifts on week days, Monday - Friday, were as follows:
  -1st shift: 6 am - 2 pm
  -2nd shift: 2 pm - 10 pm
  -3rd shift: 10 pm - 6 am
-Typically the clients attended a day program on the week days; therefore, there would be no clients or staff in the home between 10 am and 2 pm.
-If a staff was needed in the home during the day shift Monday - Friday between 10 am and 2 pm, the Home Manager would cover the shift.
-The facility shifts on the week ends, Saturday and Sunday, were as follows:
  -Day shift: 6 am - 6 pm
  -Night shift: 6 pm - 6 am

Interview on 7/13/22 the Qualified Professional stated:
-She did not realize drills had to be done quarterly on the week ends because these were different shifts.
-The drill, Lock Down/Secure Facility, was done

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V 114	Continued From page 2 for a disaster drill for the evening shifts on 11/5/21 and 5/2/22.	V 114		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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. This Rule is not met as evidenced by:	V 291		

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V 291	Continued From page 3 Based of record review and interview, the facility failed to maintain coordination between the facility and the qualified professionals who are responsible for treatment/habilitation for 3 of 3 clients audited, (#1, #3, #5). The findings are: Finding #1: Review on 7/13/22 of client #1's record revealed: -56 year old male admitted 9/1/77. -Diagnoses included Down Syndrome; sleep apnea; obesity; heart murmur; gout; diabetes type 2, controlled; cardiomyopathy; hyperlipidemia; vitamin D deficiency; moderate intellectual developmental disability. -Orders dated 6/30/20 and 6/7/22 to check and record weight on the first Saturday of each month, 1st shift. -May 2022 weight documented = 151 lbs. (pounds). -June 2022 weight documented = 98 lbs. (A documented loss of 53 lbs. between May and June 2022.) -July 2022 weight documented = 119 lbs. (A documented gain of 21 lbs. between June and July 2022.) Finding #2: Review on 7/13/22 of client #3's record revealed: -54 year old male admitted 11/3/2000. -Diagnoses included moderate intellectual developmental disability; cranial malformation; seizure disorder; Osteopenia; constipation; hypertension. -Orders dated 9/22/21 and 6/7/22 to check and record weight on the first Saturday of each month, 1st shift. -May 2022 weight documented = 225 lbs. (pounds). -June 2022 weight documented = 165 lbs. (A documented loss of 60 lbs. between May and	V 291		

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V 291	Continued From page 4 June 2022.) -July 2022 weight documented = 230 lbs. (A documented gain of 65 lbs. between June and July 2022.) Finding #3: Review on 7/13/22 of client #5's record revealed: -38 year old male admitted 11/3/2000. -Diagnoses included severe intellectual developmental disability; autism disorder. -Orders dated 10/21/21 to check and record blood pressure, pulse, and weight on the first Saturday of each month, 1st shift. -May 2022 weight documented = 245 lbs. (pounds). -June 2022 weight, blood pressure, and pulse were not documented. -June blood pressure and pulse-July 2022 weight documented = 167 lbs. (A documented loss of 78 lbs. between May and July 2022.) Interviews on 7/13/22 and 7/15/22 the Qualified Professional (QP) stated: -There were no parameters from the physicians or a facility policy for staff to determine when a physician or other qualified professional should be notified of blood pressure or pulse results, or changes in weight measurements. -Client #5 did not have his blood pressure, pulse, or weight recorded in June 2022 because he was out of the facility during the first shift on the first Saturday. -The physician had not been notified when client #5's blood pressure, pulse, and weight had not been done in June 2022. -There was no policy or procedure to follow if a client was out of the facility on the first Saturday of the month when the client was scheduled to have their blood pressure, pulse, and weight	V 291		

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V 291	Continued From page 5 measured and recorded. -No one had reported to the QP the large variations in weights for client #1, #3, and #5 between May and June, and June and July 2022. -She believed there were inaccuracies in the weight measurements rather than significant weight gains or losses for clients #1, #3, and #5.	V 291		