

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/29/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET</b> <b>WASHINGTON, NC 27889</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 29, 2022. A deficiency was 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 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></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 activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</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>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, observation 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 three audited clients (#1). The findings are:</p> <p>Review on 07/28/22 of client #1's record revealed: - 64 year old male. - Admission date of 09/24/81. - Diagnoses of Autism Spectrum Disorder with Intellectual Impairment, Severe Intellectual Developmental Disability and Seizure Disorder.</p> <p>A. Review on 07/28/22 of a signed physician order sheet for client #1 and dated 06/30/22 revealed: - Proair Inhaler (treats Asthma symptoms) - inhale 2 puffs every 4 hours as needed for shortness of breath/wheezing. - No order for self administration of the Proair inhaler.</p> <p>Observation on 07/28/22 at approximately 2:45pm of client #1's medications revealed a Proair inhaler for client #1 dispensed on 08/18/21.</p> <p>B. Review on 07/28/22 of a signed prescription for client #1 dated 02/20/20 revealed: - "Check BS (blood sugar) twice weekly. Call if [greater than or equal to] 140 5 consecutive</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>checks."</p> <p>Review on 07/28/22 and 07/29/22 of client #1's blood glucose log from February 2022 thru July 2022 revealed:</p> <ul style="list-style-type: none"> <li>- 02/04/22 - 171.</li> <li>- 02/08/22 - 156.</li> <li>- 02/11/22 - 155.</li> <li>- 02/14/22 - 158.</li> <li>- 02/18/22 - 156.</li> <li>- 02/21/22 - 154.</li> <li>- 02/25/22 - 162.</li> <li>- 02/28/22 - 153.</li> <li>- 03/04/22 - 179.</li> <li>- 03/07/22 - 162.</li> <li>- 03/11/22 - 156.</li> <li>- 03/14/22 - 164.</li> <li>- 03/18/22 - 150.</li> <li>- 03/21/22 - 152.</li> <li>- 03/25/22 - 169.</li> <li>- 03/28/22 - 166.</li> <li>- 04/01/22 - 156.</li> <li>- 04/04/22 - 149.</li> <li>- 04/08/22 - 160.</li> <li>- 04/11/22 - 147.</li> <li>- 04/15/22 - 175.</li> <li>- 04/18/22 - 163.</li> <li>- 04/22/22 - 159.</li> <li>- 04/25/22 - 142.</li> </ul> <p>- No documentation the physician was notified for blood sugar values above 140 for 5 consecutive checks.</p> <p>Interview on 07/29/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She understood staff had not documented contact with client #1's doctor per written order when blood sugar values were above 140.</li> <li>- She would follow up with staff about ensuring blood sugar value parameters were followed.</li> </ul>	V 291		

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V 291	<p>Continued From page 3</p> <p>- She will follow up with client #1's doctor on the need for a self administration order for his Proair or possibly have it discontinued.</p> <p>Interview on 07/28/22 the Chief Executive Officer stated client #1 did not take his Proair inhaler to the day program.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 291		