

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2022
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NAME OF PROVIDER OR SUPPLIER SOUTHWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WACCAMAW DRIVE TABOR CITY, NC 28463
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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 survey was completed on October 12, 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 6 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> <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 reviews and interviews the facility failed to develop and implement strategies to address the needs of the client affecting 2 or 3 clients (#1, #2). The findings are:</p> <p>Finding #1 Review on 10/12/22 of client #1's record revealed: -59 year old female. -Admitted on 6/15/94. -Diagnoses of Schizophrenia and Moderate Intellectual Disability.</p> <p>Review on 10/12/22 of client #1's treatment plan dated 10/1/22 revealed: -There were no strategies related to client #1's goals.</p> <p>Interview on 10/12/22 client #1 stated: -Staff worked with her on her goals.</p> <p>Finding #2 Review on 10/12/22 of client #2's record revealed: -60 year old female. -Admitted on 5/19/97. -Diagnoses of Schizophrenia, Mild Intellectual Disability and Hypertension.</p> <p>Review on 10/12/22 of client #2's treatment plan dated 4/1/22 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -There were no strategies related to client #2's goals. <p>Interview on 10/12/22 client #2 stated:</p> <ul style="list-style-type: none"> -She lived in the home for 33 years off and on. -Staff worked with her on her goals. <p>Interview on 10/12/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -The Local Management Entity does the client treatment plans. -She was responsible for the short range goals for the clients. -The short range goals had strategies and staff responsible. -The information was in the computer system the facility used. -She was the only person with access to the goals, strategies and staff responsible. -She was out of the office until the following week. <p>Interview on 10/12/22 the Program Manager stated:</p> <ul style="list-style-type: none"> -She was unable to access the short range goals for the clients. -Each client had a staff that worked with them daily. -The QP completed the treatment plan. 	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be 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.</p> <p>(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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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 review and interviews the facility failed to administer medication as ordered and maintain an accurate MAR for 1 of 3 clients (#2). The findings are:</p> <p>Review on 10/12/22 of client #2's record revealed: -60 year old female. -Admitted on 5/19/97.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Diagnoses of Schizophrenia, Mild Intellectual Disability and Hypertension.</p> <p>Review on 10/12/22 of client #2's signed physicians orders revealed: -Order dated 7/19/22 - Furosemide 20 milligrams (mg) 1/2 tablet daily. (fluid retention) -Order dated 7/22/22 - Furosemide 20 mg 1 tablet daily, increase from 1/2 tablet.</p> <p>Review on 10/12/22 of client #2's MARs for August 2022 revealed: -Furosemide 20 mg 1/2 tablet was documented as administered from 8/1/22 - 8/31/22. -Furosemide 20 mg 1 tablet was documented as administered from 8/1/22 - 8/31/22. -Furosemide 20 mg 1/2 tablet (**TAKE IN ADDITION TO CURRENT DOSE TO = 20MG*) was documented as administered from 8/1/22 - 8/31/22.</p> <p>Interview on 10/12/22 client #2 stated: -She received her medications daily. -She took her "water pill (Furosemide) it works good, makes me go to the bathroom." -She asked the doctor to reduce it but she still takes it. -She believed she took her Furosemide "2 or 3 a day."</p> <p>Interview on 10/12/22 the Program Manager stated: -Client #2 complained to her doctor the Furosemide made her use the bathroom too much and her medication was reduced. -Client #2 was seen at the Emergency Room for swelling and her Furosemide was increased back to 1 tablet. -There was a documentation error on the August MARs.</p>	V 118		

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V 118	Continued From page 5 -Client #2 received her medication as prescribed.	V 118		