

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/17/2023
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NAME OF PROVIDER OR SUPPLIER MCLAWHORNE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1044 MCLAWHORNE ROAD ROBERSONVILLE, NC 27871
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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 and follow up survey was completed on 1/17/23. 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 Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 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 review and interview the facility failed to implement strategies to meet the needs for 1 of 4 audited clients (#1). The findings are:</p> <p>Review on 1/17/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/1/07 - Diagnoses: Intellectual Developmental Disability Moderate, Other Persistent Mood (Affective) Disorder, Constipation, Hypertension, Diarrhea, Incontinence and Seasonal Allergies - Hospitalized from 12/2/22 - 12/5/22 due to a small bowel obstruction <p>Review on 1/17/23 of client #1's treatment plan dated 4/1/22 revealed:</p> <ul style="list-style-type: none"> - "...I had a blockage in my colon; right now this is being monitored. I am to have bowel movements, however, I will try to hold my bowel and staff are monitoring and I am on toileting schedule every 2 hours. I take medication for constipation. My bowel movements are tracked to ensure that I don't become constipated or try to hold my bowel movement. Staff prompts me to use the toilet when I don't have a bowel movement in 2-3 days. If I don't have a bowel movement, staff will have my doctor contacted for further medical instructions." <p>Review on 1/17/23 of the November 2022 bowel movement - monthly monitoring record for client #1 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Nov. 17th - Nov. 23rd no logged entries - Nov. 26th - Nov. 30th no logged entries <p>Review on 1/17/23 of the Hospital's discharge summary dated 12/5/22 revealed:</p> <ul style="list-style-type: none"> - "CT (Catscan) findings consistent with a relatively high graded SBO (small bowel obstruction)" - "Moderate to large stool in the colon suggesting constipation" - "Patient had a disimpaction and has had 5 large loose brown stools while in the emergency department" - "Discharge Diagnosis: SBO..." <p>Interview on 1/17/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Visited the group home once a week but that's getting ready to change to twice per week - She told the staff to call EMS (Emergency Medical Service) for client #1 on 12/2/22 because he seemed weak - The day program did not currently check for his bowel movements - The day program did not log his bowel movements - She wondered if the day program didn't report client #1's bowel movements during the time there were no entries on his log - She would have to find a way to "intertwine" the day program recording client #1's bowels and notifying the group home of his bowel movements so that he was being tracked all day - There should have been written communication between the day program and the residential staff about his bowel movements - She didn't know why staff failed to document any bowel movements during that time - Would have a discussion with all staff in reference to client #1's bowel movements and 	V 112		

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V 112	Continued From page 3 logging them This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		