

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HONEY HILL RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 LAKELAND CIRCLE HALLSBORO, NC 28442</b>		
(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	INITIAL COMMENTS  An annual survey was completed on February 8, 2023. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  The facility is licensed for 3 and currently has a census of 3 clients. The survey sample consisted of audits of 3 current clients.	V 000		
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.	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 and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients (#3). The findings are:</p> <p>Review on 2/8/23 of client #3's record revealed: -50 year-old female -Admission date of 8/21/15 -Diagnoses of Schizoaffective disorder-bipolar type, diabetes, high blood pressure, high cholesterol, intellectual developmental disability-mild, and hypothyroidism -No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician.</p> <p>Review on 2/8/23 of client #3's 11/01/22 - 2/08/23 medication administration records (MAR) revealed: -BS was being checked three times weekly (Mon, Wed, Fri).</p> <p>Review on 2/8/23 of client #3's 11/01/22 - 1/31/23 BS recordings revealed: -BS results for November 2022 ranged from 139 - 175. -BS results for December 2022 ranged from 127 - 246. -BS results for January 2023 ranged from 126 - 188.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Interview on 2/8/23 staff #2 stated: -Client #3's BS checks were completed 3 times per week and reviewed with physician at appointments. -Client #3 produced pretty consistent BS readings. -She had only had 1-2 readings above 200 in the last 3 months. -Emergency medical services were to be contacted if client #3's BS recordings were abnormally out of range.</p> <p>Interview on 2/8/23 staff #3 stated: -Client #3's BS checks were completed 3 times per week and reviewed with physician at appointments. -Client #3 produced consistent BS readings. -She would dial 911 if client #3's BS readings were what she considered abnormally out of range or displayed behaviors consistent with high/low blood sugars.</p> <p>Interview on 2/8/23 client #3 stated: -She received weekly BS checks. -She was not certain of what her BS readings were. -She was not certain if her BS readings had been high or low.</p> <p>Interview on 2/8/23 Group Home Manager stated: -There were no parameters or guidelines for staff to follow for blood sugar results that were too high or too low. -She had worked closely with physician's office to monitor client #3's BS readings. -She would address concerns with client #3's physician right away and ensure parameters were put in place.</p>	V 291		