STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-187	A. BUILDING: _____ B. WING _____	R 04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES NEST RETREAT	320 CHISHOLM TRAIL JACKSONVILLE, NC 28546

(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, complaint and follow up survey was completed on April 5, 2023. The complaint was unsubstantiated (intake #NC00199946). Deficencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to follow physician's orders for one of three audited clients (#4). The findings are: Review on 04/04/23 and 04/05/23 of client #4's record revealed: - 34 year old male. - Admission date of 11/24/10. - Diagnoses of Major Depressive Disorder, Obsessive Compulsive Disorder =, Autistic Disorder and Mild Intellectual Developmental Disability. Review on 04/04/23 of client #4's physician order dated 01/04/23 revealed: - Lisinopril (treats high blood pressure) 10 milligrams (mg) - take once daily. - Metoprolol (treats high blood pressure) 50mg - take once daily. Review on 04/03/23 of a signed physician for client #4 dated 11/21/21 revealed: -Change blood pressure checks to once daily and call with readings in one month. Review on 04/04/23 of client #4's February 2023	V 118		

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V 118	Continued From page 2 thru April 2023 MARs revealed the following transcribed entry: - Check blood pressure daily and call physician if greater than 150/100 or less than 90/60 and document on health tab. Review on 04/05/23 of an email from the Qualified Professional (QP) dated 04/05/23 revealed the following dates client #4's blood pressure was not documented from January 2023 thru March 2023: February - 02/01/23 thru 02/10/23. - 02/12/23. - 02/19/23. March 2023 - 03/01/23. - 03/14/23. - 03/16/23. - 03/21/23 thru 03/23/23 and 03/28/28/23 thru 03/31/23. Interview on 04/04/23 client #4 stated staff take his blood pressure daily. Interview on 04/04/23 and 04/05/23 the QP stated: - He thought the physician had decreased the frequency of client #4's blood pressure checks. - He understood staff should document client #4's blood pressure per the physician order. - He would follow up with client #4's doctor.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)	V 290		

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V 290	Continued From page 3	V 290		

of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.
(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.
(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:
(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or
(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and
(2) the services of a certified substance

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V 290	Continued From page 4 abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting one of three audited clients (#2). The findings are: Review on 04/04/23 and 04/05/23 of client #2's record revealed: - 34 year old female. - Admission date of 08/23/10. - Diagnoses of Mild Intellectual Developmental Disability, Unspecified Schizophrenia and Obsessive Compulsive Disorder. Review on 04/05/23 of client #2's Individual Support Plan (ISP) dated 12/01/22 revealed: - No documentation client #2 was allowed unsupervised time while out in the community. Interview on 04/04/23 the Care Manager stated: - Client #2 was able to sign herself out of the facility. - Client #2 was able to walk around the neighborhood without supervision. Interview on 04/05/23 the Qualified Professional stated: - Client #2 had a previous treatment plan which documented unsupervised time. - He was aware client #2's treatment plan was required to document unsupervised time.	V 290		

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V 290	Continued From page 5 - The agency would follow up with client #2's care coordinator to address unsupervised plan in the ISP.	V 290		