

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2023
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NAME OF PROVIDER OR SUPPLIER EAGLES NEST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 320 CHISHOLM TRAIL JACKSONVILLE, NC 28546
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 5, 2023. The complaint was unsubstantiated (intake #NC00199946). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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> <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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118	<p>V 118- QP spoke with staff about need for consistent tracking of resident's blood pressure. Blood pressure is currently being tracked in a notebook pending completion of revised training to show staff how and where to document readings in electronic documentation platform. Staff have been reminded to notify QP if any readings are outside of what doctor has determined to be typical for resident. QP will then inform doctor and follow doctor's guidance.</p> <p>Current staff will undergo revised training for how and where to properly document blood pressure and what steps to take if pressure is above or below range established by resident's doctor. QP has developed revised training handouts to illustrate how and where to document blood pressure within agencies documentation platform. Revised training with all group home staff will be completed within the next 30 days. Future staff will receive training as part of onboarding process.</p> <p>QPs will monitor for compliance at least</p>	<p>04/20/23 and ongoing, All group home staff, QPs, Jorge Rios</p> <p>05/19/23 and ongoing, Current and future group home staff, QPs, APs, Training Staff and Jorge Rios</p> <p>04/20/2023</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Jorge Rios
6899 5VRM11

BSQP, CEO

04/21/2023

DHSR - Mental Health

If continuation sheet 1 of 6

APR 24 2023

Lic. & Cert. Section

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V 118	<p>Continued From page 1</p> <p>(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 interview the facility failed to follow physician's orders for one of three audited clients (#4). The findings are:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Review on 04/04/23 of client #4's February 2023</p>	V 118	monthly plus random spot checks. QPs will give staff feedback and additional training if not properly documenting. QPs will continue to communicate with resident's doctors in order to ensure instructions are clear and followed.	and ongoing, QPs and APs

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V 118	<p>Continued From page 2</p> <p>thru April 2023 MARs revealed the following transcribed entry:</p> <ul style="list-style-type: none"> - Check blood pressure daily and call physician if greater than 150/100 or less than 90/60 and document on health tab. <p>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:</p> <p>February</p> <ul style="list-style-type: none"> - 02/01/23 thru 02/10/23. - 02/12/23. - 02/19/23. <p>March 2023</p> <ul style="list-style-type: none"> - 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. <p>Interview on 04/04/23 client #4 stated staff take his blood pressure daily.</p> <p>Interview on 04/04/23 and 04/05/23 the QP stated:</p> <ul style="list-style-type: none"> - 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	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)</p>	V 290	<p>V 290- Resident had appointment with Psychiatrist to verify guidance for unsupervised time. Need for regular review to determine if guidance should change and need for annual review was discussed with doctor. Care Coordinator at Trillium Health</p>	05/20/2023

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V 290	<p>Continued From page 3</p> <p>of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance</p>	V 290	<p>Resources has been contacted about revising the Individual Support Plan to include doctor's recommendations for Unsupervised Time. ISP is being revised to include doctor's guidance.</p> <p>QPs were re-trained regarding statute guidance regarding unsupervised time.</p> <p>Internal Peer Review Form will be updated to include need to verify unsupervised time is part of the ISP/PCP for residents who have been granted unsupervised time by their doctors. QPs and APs will be responsible for completing Peer Review Forms on an ongoing quarterly basis.</p>	<p>04/21/2023</p> <p>05/20/2023 and ongoing</p>

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V 290	<p>Continued From page 4</p> <p>abuse counselor shall be available on an as-needed basis for each client.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	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		