

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/23/2023
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NAME OF PROVIDER OR SUPPLIER BARNES GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 RILEY ROAD KINSTON, NC 28504
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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 June 23, 2023. 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 06/22/23 of facility records from July</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>2022 thru May 2023 revealed:</p> <ul style="list-style-type: none"> - One fire and one disaster drill conducted on the weekend shift (08/06/22) for the 3rd quarter of 2022. - No fire or disaster drills conducted on the weekend shifts for the 4th quarter of 2022. - One fire and one disaster drill conducted on the weekend shift (01/07/23) for the 1st quarter of 2023. <p>Interview on 06/21/23 staff #1 stated:</p> <ul style="list-style-type: none"> - She had been recently rehired at the facility. - She primarily worked on the weekends 8am to 8pm. - She also worked as a fill in staff. - She had not completed any fire or disaster drills at the facility since she was rehired. <p>Interview on 06/21/21/23 the Licensee stated:</p> <ul style="list-style-type: none"> - 2nd shift at the facility was from 3pm to 11pm during the weekdays. - 3rd shift was from 11pm to 7am on the weekdays. - The weekend had two 12 hour shifts from 8am to 8pm and 8pm to 8am. <p>Interview on 06/22/23 the Qualified Professional stated he was not aware fire and disaster drills had to be completed on the weekend shifts.</p>	V 114		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. 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 review and interviews the facility failed to coordinate medical services with other professionals responsible for client's treatment for one of three audited clients (#4). The findings are:</p> <p>Review on 06/22/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 52 year old male. - Admission date of 07/30/20. - Diagnoses of Mild Intellectual Developmental Disability, Seizure Disorder and Hypothyroidism. - 10/12/22 and 04/18/23 a Primary Care note 	V 291		

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V 291	<p>Continued From page 3</p> <p>regarding a colonoscopy for client #4.</p> <ul style="list-style-type: none"> - No documentation a colonoscopy had been completed or scheduled for client #4. <p>Interview on 06/21/23 client #4 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility for 2 years. - He had visited his doctor but was not able to recall the dates or names of primary care provider. <p>Interview on 06/22/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The House Manager transported clients to appointments. - Client #4 may have had abnormal labs and was not able to get a colonoscopy. - There was no documentation of any scheduled colonoscopy for client #4. 	V 291		