

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL048003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/28/2023
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NAME OF PROVIDER OR SUPPLIER HYDE COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9400 PINEY WOODS ROAD FAIRFIELD, NC 27826
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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	INITIAL COMMENTS An annual and follow up survey was completed on July 28, 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. 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 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	DHSR - Mental Health AUG 14 2023 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Zahedee Taylor

TITLE

Director

(X6) DATE

8/9/2023

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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 interview, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1: Review on 07/27/23 and 07/28/23 of client #2's record revealed: - 48 year old male. - Admission date of 06/25/13. - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Diabetes and Allergies.</p> <p>Review on 07/27/23 of a signed physician order for client #2 dated 10/11/18 revealed check finger stick blood sugar (FSBS) twice daily.</p> <p>Review on 07/28/23 of a physician order for client #2 revealed: - Call the physician for a FSBS reading of greater than 250. - Call the physician for a FSBS less than 70.</p> <p>Review on 07/27/23 and 07/28/23 of client #2 FSBS log revealed: - 07/14/23 at 5:05pm - FSBS 254. - No documentation the physician had been notified of the FSBS reading greater than 250 on</p>	V 291	<p>The FSBS scales of residents with diabetes shall be accessible for quick reference when checking blood sugar.</p> <p>The responsible staff shall review the scale when checking blood sugar and follow the physician's orders.</p> <p>The supervisor shall monitor blood sugar checks.</p>	<p>8/7/2023</p> <p>8/7/2023</p>

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V 291	<p>Continued From page 2</p> <p>07/14/23 at 5:05pm</p> <p>Interview on 07/28/23 client #2 stated his FSBS is checked twice a day</p> <p>Finding #2: Review on 07/27/23 and 07/28/23 of client #3's record revealed: - 61 year old male. - Admission date of 05/25/90. - Diagnoses of Mild IDD and Intermittent Explosive Disorder. - No documentation client #3 had an eye exam since 02/20/23.</p> <p>Review on 07/27/23 and 07/28/23 of client #3's physician order dated 02/20/23 revealed: - Client #3 needed an eye exam and diabetic shoes.</p> <p>Interview on 07/28/23 client #3 stated: - He had been to see a doctor recently about his diabetic shoes. - He had not had an eye exam in 2023. - He needed some new glasses.</p> <p>Interview on 07/28/23 an Administrative Staff stated she would follow up on client #3's eye exam.</p>	V 291	<p>Client #3 has an eye appointment on 9/28/2023. he has a doctor's to get a prescription for diabetic shoes on 8/8/2023.</p>	