

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INDIANHEAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1003 INDIANHEAD CIRCLE SNOW HILL, NC 28580</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on July 20, 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 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><i>DHSR - Mental Health</i></p> <p><i>AUG 10 2023</i></p> <p><i>Lic. &amp; Cert. Section</i></p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p><i>V112</i> Ambleside is working with this member's Trillium Care Coordinator in order to correct this deficiency. In order to correct this deficiency we have requested that the care coordinator modify the verbiage in the treatment plan to... "Client #2 has specific parameters for his blood sugar levels prescribed by his MD. It is important for group home staff know and follow these parameters." The reason that this request is being made is because Client #25</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Director of Operations* (X6) DATE *8/7/23*

STATE FORM 6899 VDDF11 If continuation sheet 1 of 8

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies affecting one of three clients (#2). The findings are:</p> <p>Review on 07/19/23 and 07/20/23 of client #2's record revealed: - 41 year old male. - Admission date of 10/11/10. - Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hypertension and Hypothyroidism.</p> <p>Review on 07/20/23 of client #2's Individual Support Plan (ISP) dated 01/01/23 revealed: - "Medical/Behavioral I've (client #2) been diagnosed with Diabetes Type II. Therefore, I should avoid sweets, sugars, and starches. I have to adhere to a Diabetic Diet, in which my food intake must be monitored. My blood sugar level is checked twice daily at 7:00am and 4:00pm. If I appear not to be feeling well, staff should also check it then. My fasting glucose reading should remain between 80-90. If my glucose reading is checked during the afternoon, the reading should be between 100-120. If my glucose reading is checked in the evening, it should be checked two hours after dinner. The normal reading after I eat dinner should be no more than 120. If my readings are below or above</p>	V 112	<p>Blood Sugar parameters may change throughout the year, depending on MD Guidance. The updated language will ensure that staff are directed to the most recently approved MD Guidance, rather than what is written in the plan, which may be outdated. Ambleside's Director of Operations will lead the project to have the plan updated, and will ensure the updated plan is put in the member's record.</p>	8/20/23
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V 112	<p>Continued From page 2</p> <p>normal, medical assistance will be needed. Signs and symptoms of low or high blood sugar levels are irritability, sweaty palms, fatigue, tiredness, drooling, shaking, and/or clammy skin. In the event of my blood sugar readings are below or above normal, seek medical attention immediately."</p> <p>Review on 07/20/23 of client #2's signed physician orders dated 06/06/23 revealed check fasting blood sugar 2 times daily.</p> <p>Review on 07/20/23 of a signed physician order for parameters for client #2's blood sugars dated 03/11/20 revealed: - "Physician Order for Checking Finger Stick Blood Sugar (FSBS): If Fasting FSBS is less than 70, give glucose/sugar &amp; snack and recheck in 30 minutes. If [less than] 70 call physician. If fasting FSBS is greater than 250, recheck now and with 2nd check call physician if still over 250."</p> <p>Interview on 07/20/23 the Day Program Qualified Professional stated: - She understood the ISP for client #4 was inconsistent with current physician orders. - The current ISP reflected the same information as the previous year.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 112		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>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</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>than six clients at that time, may continue to provide services at no more than the facility's 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 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 one of three clients (#4). The findings are:</p> <p>Review on 07/19/23 and 07/20/23 of client #2's record revealed: - 41 year old male. - Admission date of 10/11/10.</p>	V 291	<p>vza1 / Ambleside will take 2 Approaches to preventing this deficiency from re-occurring. First, Ambleside has worked w/ the eMAR Software provider to install and Additional Step for all Staff recording Blood Sugar readings in the system. Now, Staff will be required to Complete at least 2 entries each recording. If the 1st reading falls w/ approved Parameters, Staff will write "N/A" in follow up (2nd) recording. If 1st reading falls outside of parameters, Staff will record the 2nd reading in follow-up area, per MD orders. Furthermore, staff will be required to Comment of 2</p>	
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V 291	<p>Continued From page 4</p> <p>- Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hypertension and Hypothyroidism.</p> <p>Review on 07/20/23 of client #2's Individual Support Plan (ISP) dated 01/01/23 revealed: - "Medical/Behavioral I've (client #2) been diagnosed with Diabetes Type II. Therefore, I should avoid sweets, sugars, and starches. I have to adhere to a Diabetic Diet, in which my food intake must be monitored. My blood sugar level is checked twice daily at 7:00am and 4:00pm. If I appear not to be feeling well, staff should also check it then. My fasting glucose reading should remain between 80-90. If my glucose reading is checked during the afternoon, the reading should be between 100-120. If my glucose reading is checked in the evening, it should be checked two hours after dinner. The normal reading after I eat dinner should be no more than 120. If my readings are below or above normal, medical assistance will be needed. Signs and symptoms of low or high blood sugar levels are irritability, sweaty palms, fatigue, tiredness, drooling, shaking, and/or clammy skin. In the event of my blood sugar readings are below or above normal, seek medical attention immediately."</p> <p>Review on 07/20/23 of client #2's signed physician orders dated 06/06/23 revealed check fasting blood sugar 2 times daily.</p> <p>Review on 07/20/23 of a signed physician order for parameters for client #2's blood sugars dated 03/11/20 revealed: - "Physician Order for Checking Finger Stick Blood Sugar (FSBS): If Fasting FSBS is less than 70, give glucose/sugar &amp; snack and recheck in 30</p>	V 291	<p>Recording is made. Ambleside's Medical Coordinator will train all Staff on the new procedure no later than 8/20/2023.</p> <p>In addition to the recording modification, Ambleside will increase oversight. The Medical Coordinator will complete at least 1 spot check per week to ensure that staff are recording appropriately, and reporting any instances of "Deviation from" Guidelines. To increase oversight, Ambleside's Director of Operations shall conduct Routine spot checks to ensure Medical Coordinator is conducting checks as designed.</p>	8/20/23

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V 291	<p>Continued From page 5</p> <p>minutes. If [less than] 70 call physician. If fasting FSBS is greater than 250, recheck now and with 2nd check call physician if still over 250."</p> <p>Review on 07/20/23 of client #2's June 2023 Medication Administration Record (MAR) revealed the following dates and times of FSBS values greater than 250:</p> <ul style="list-style-type: none"> <li>- 06/03/23 at 7:30pm - 259.</li> <li>- 06/26/23 at 7:30pm - 274.</li> <li>- No documentation the above FSBS were rechecked or the physician was notified.</li> </ul> <p>Review on 07/20/23 of a facility "Blood Sugar Log" for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- 06/28/23 at 7:30am - 264. (June 2023 MAR reflected the 7:30am FSBS reading was 124).</li> <li>- No documentation the above FSBS was rechecked or the physician was notified.</li> </ul> <p>Review on 07/20/23 of a facility "Blood Sugar record" for client #2 revealed:</p> <ul style="list-style-type: none"> <li>- 04/27/23 at 7:30pm - 263.</li> <li>- No documentation the above FSBS was rechecked or the physician was notified.</li> </ul> <p>Interview on 07/20/23 the Day Program Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She understood client #2's physician order which requested a recheck of a FSBS value greater than 250.</li> <li>- No documentation of a recheck or a physician was notified of the above referenced FSBS values for client #2.</li> <li>- She would check with the medical coordinator for any additional documentation.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 291		

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V 736	Continued From page 6	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/19/23 at approximately 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>- A hole in the kitchen linoleum floor approximately the size of 2 golf balls.</li> <li>- The dining room had bits of paper on the floor.</li> </ul> <p>An electrical socket behind the china cabinet did not have a cover. The carpet had several dark spots.</p> <ul style="list-style-type: none"> <li>- The living room carpet had several dark stains on the carpet.</li> <li>- Client #2's bedroom had one of two overhead light bulbs that worked. The room was dimly lit.</li> <li>- Client #1's bedroom had a basket ball sized white patched area on the wall at the head of the bed. One of two light bulbs worked in the overhead fixture.</li> <li>- The hallway bathroom had a discolored surface in front of the sink and the commode.</li> </ul> <p>Interview on 07/19/23 and 07/20/23 the Day Program Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She thought the carpets had been cleaned recently.</li> <li>- She did not have any questions regarding items discussed at exit.</li> </ul>	V 736	<p><u>V736</u> All Maintenance Deficiencies will be corrected by the Maintenance Supervisor within 30 days. Correction of Deficiencies will be conducted by the Director of Operations</p> <p>8/20/23</p>	

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V 736	Continued From page 7  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		