

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAUFORT COUNTY GROUP HOME #1 (ARC-HUD)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 EAST 6TH STREET</b> <b>WASHINGTON, NC 27889</b>		
(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 August 28, 2023. Deficiencies were 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 5 and currently has a census of 4. 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 (E) name or initials of person administering the drug.	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</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 reviews and interviews, the facility failed to administer medications on the written order of a physician and ensure the MARs were kept current affecting one of three audited clients (#1). The findings are:</p> <p>Review on 8/22/23 of client #1's record revealed: -49 year old male admitted 3/2/22. -Diagnoses of Intellectual Developmental Disorder- Mild, Depression and Diabetes.</p> <p>Review on 8/22/23, 8/23/23 and 8/28/23 of client #1's physician orders revealed: -Order for "3/9/22- call for glucose less than 70 or greater than 300." -Order for "3/16/22- Humalog Kwikpen 100U/ML (units/milliliter)- Use sliding scale of 1 extra unit for every 25 points that...blood sugar is over 200." 1 if blood sugar 200-225 2 if blood sugar 225-250 3 if blood sugar 251-275 4 if blood sugar 276-300 5 units if blood sugar 301-325 6 if blood sugar 326-350 -Order for 6/16/23 "Repeat any blood sugar reading that is over 400..."</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 8/22/23, 8/23/23 and 8/28/23 of client #1's May 2023 thru August 223, 2023 "Blood Glucose Log" revealed the following blood sugar values greater than 300 with no documentation the physician was notified:</p> <p>May 2023</p> <p>-5/8- 5:00pm- 392</p> <p>-5/13- 12:15pm- 316</p> <p>-5/15- 5:00pm- 449</p> <p>-5/15- 9:00pm- 341</p> <p>-5/16- 6:30am- 363</p> <p>-5/21 8:00am- 395</p> <p>June 2023</p> <p>-6/3- 9:00pm- 407</p> <p>-6/10- 9:00pm- 302</p> <p>-6/15- 1:15pm- 430</p> <p>-6/16- 6:30am- 554</p> <p>-6/16- 9:00pm- 422</p> <p>July 2023</p> <p>-7/5- 11:35am- 375</p> <p>-7/12- 11:43am- 457</p> <p>-7/12- 4:00pm- 310</p> <p>-7/12- 8:00pm- 360</p> <p>-7/25- 12:00pm- 309</p> <p>-7/31- 12:00pm- 450</p> <p>August 2023</p> <p>-8/6- 12:30pm- 310</p> <p>-8/7- 5:00pm- 302</p> <p>-8/8- 5:00pm-332</p> <p>-8/8- 9:00pm- 310</p> <p>-8/11- 5:00pm- 387</p> <p>-8/12- 8:00pm- 312</p> <p>-8/13- 7:30am 355</p> <p>-8/15- 11:40am- 398</p> <p>-8/18- 5:00pm- 355</p> <p>-8/20- 9:00pm- 333</p> <p>-8/21- 9:00pm- 399</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 08/23/23 of client #1's June 2023 thru August 22, 2023 "Blood Glucose Log" revealed the following blood sugar values greater than 400 with no documentation of the blood sugar check being repeated as ordered: June 2023 -6/16- 9:00pm- 422</p> <p>July 2023 -7/12- 11:43am- 457 -7/31- 12:00pm- 450</p> <p>Review on 08/23/23 of client #1's May 2023 thru August 22, 2023 "Blood Glucose Log" revealed no documentation extra insulin was administered as ordered on the following dates when blood sugar values were 200 and above: May 2023 -5/1- 5:00pm- 211 -5/5- 5:00pm- 228 -5/8- 6:30am- 248 -5/8- 5:00pm- 392 -5/13- 6:30am- 210 -5/13- 12:15pm- 316 -5/13- 5:00pm- 222 -5/15- 5:00pm- 449 -5/16- 6:30am- 363 -5/16- 11:40am- 274 -5/16- 5:00pm- 235 -5/17- 11:30am- 205 -5/23- 11:38am- 214 -5/25- 5:00pm- 237 -5/27- 5:00pm- 267 -5/29- 12:00pm- 210</p> <p>June 2023 -6/9- 6:30am- 220 -6/14- 12:04pm- 290</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-6/16- 5:06pm- 269 -6/17- 12:00pm- 214 -6/17- 5:00pm- 219 -6/18- 7:00am- 209 -6/21- 5:00pm- 223 -6/24- 5:00pm- 201 -6/25- 5:00pm- 223 -6/29- 6:30am- 220</p> <p>July 2023 -7/2- 12:00pm- 206 -7/3- 6:30am- 209 -7/12- 11:43am- 457 -7/20- 7:00am- 231 -7/24- 5:00pm- 201 -7/25- 12:00pm- 309</p> <p>August 2023 -8/5- 12:51pm- 250 -8/7- 12:05pm- 275 -8/8- 6:00am- 319 -8/21- 5:00pm- 236 -8/22- 6:00am- 319</p> <p>Interview on 8/22/23 Client #1 stated: -Been at the facility about 1 year. -Staff administered his medications. -Knew how to complete his blood sugar checks. -Has not had any emergencies with his blood sugar.</p> <p>Interview on 8/23/23 staff #1 stated: -Had worked at the facility since 2/28/23. -Had medication administration and diabetes training. -Staff do not have to call anyone if client #1's blood sugar is high but he "does get extra insulin." -Staff document client #1's blood sugar information on the back of the MAR.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Interview on 8/23/23 staff #2 stated: -Had worked at the facility almost 15 years. -Had medication administration and diabetes training. -Administered extra insulin using the sliding scale when client #1's blood sugar was over 200. -Called the Qualified Professional (QP) each time to report any blood sugar over 300.</p> <p>Interview on 8/24/23 and 8/28/23 the Chief Executive Officer/Qualified Professional (CEO/QP) stated: -The QP for the facility was out on medical leave and staff usually contacted her regarding client #1's blood sugar. -The facility had a registered nurse (RN) but they have identified the need to hire a different nurse for the position. -She could not locate any documentation that the QP had contacted client #1's physician for blood sugars over 300 per the order. -She contacted client #1's physician and learned they did not have any record of being informed of client #1's blood sugar values being over 300. -Client #1's MAR should have reflected documentation of his blood sugar checks, the blood sugar values and the additional units he was to receive. -She could not locate any documentation showing a re-check of client #1's blood sugars that registered above 400. -Client #1 had not had any emergencies related to his blood sugar.</p> <p>Review on 8/28/23 of a Plan of Protection signed by the CEO/QP and dated 8/28/23 revealed: -"What immediate action will the facility take to</p>	V 118			

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V 118	Continued From page 6  ensure the safety of the consumers in your care? BCDC's (Beaufort County Developmental Center-Licensee) CEO and Adult Services Manager (ADM) will review both group homes residents (GH1 and GH2) MARs and Report of Health Services to Residents to ensure all pertinent information is documented on the current MAR. In the event there is a need for a revision to the MAR to capture more information, the CEO will contact the physician's office to send the information to [local pharmacy] for the following month. The information will be added in a blank area on the MAR. If there is not a space provided, the CEO will contact [local pharmacy] to get a MAR printed with the resident's name. The CEO or ADM will meet with the staff member who is on shift to discuss the changes and will have them sign off that they are responsible for the changes. The same process will be followed when the next staff member comes on shift. The CEO has documented on the MAR that a consumer's blood sugar readings was over 300 and called the physician's office. The CEO spoke with [physician office nurse], nurse supervisor and it was determined to have the resident seen. We discussed that the CEO has spoken with the resident about his consumption of sugar drinks and snacks, while having them available in the day program and for meals and snacks while in the group home. The CEO has spoken with the group home staff concerning following the actual menus of the home and purchasing sugar free items for snacks--completed. On August 25th, the CEO called and spoke with [physician office nurse] and [physician office staff], the diabetic coach concerning below 70 readings at 9:00pm on the 24th and 6:00am on the 25th. Both indicated they would document the call but not to make any changes. In addition, [diabetic coach] discussed the new Dexcom 7 that was inserted	V 118		

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V 118	<p>Continued From page 7</p> <p>on the 24th and how the reader was not displaying a numerical number. The CEO went by the home and reviewed the resident's readings and instructed staff and the resident to continue using finger sticks until we can get a reader reset. The residents' blood sugar readings were in range. In the event the resident is at work and takes his blood sugar independently, staff will monitor the Blood Sugar log upon his return to the day program to see if his sugar was lower than 70 or higher than 300. The CEO and/or ADM will monitor the MAR and Blood Sugar log daily for the next 30 days to ensure compliance with notifying the CEO for low or high readings. The review checks will be documented on a separate form that will be attached to the MAR. All residential staff, specific day staff and the resident will receive refresher training by a RN (Registered Nurse) by September 12 th on how to read the sliding scale, document the correct dose, steps to follow to notify the CEO (ADM if CEO is not available) if the readings are low or high, steps to follow when a resident goes to a physician - turn in the Report of Health Services to Residents form to the CEO or ADM for review, compare to MAR, review with staff, staff sign off indicating understanding of compliance, and when to recheck glucose readings when over 400. Staff who are not able to attend the training will not be allowed to administer medication until completion.</p> <p>-Describe your plans to make sure the above happens.</p> <p>The CEO has contacted a new RN to conduct training as we have been waiting for the findings before we finalized the curriculum. A new RN may assist with better competency of understanding. The CEO will be responsible to ensure a certified trainer provides the training and</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>will have a copy of their credentials for review. All participants will be presented with a certificate along with the curriculum to verify completion. The RN will conduct unannounced visits to observe blood glucose readings, how to read the sliding scale and documentation. The RN will point out any discrepancies in the process and will discuss her findings with the CEO for additional training needs. The ADM will serve as a back up in the event the CEO is not available to assist with any of the steps. The CEO will work with the resident's endocrinologist to see if we can get only one doctor following the diabetes, instead of two with different requirements. BCDC will require all training, supervision and monitoring to be documented and turn in to the CEO for review."</p> <p>Client #1 was a 49 year old male with diagnoses of Intellectual Developmental Disorder- Mild, Depression and Diabetes. Client #1's May 2023 thru August 22, 2023 MARs had 37 episodes of no documentation of extra insulin being administered per the sliding scale as ordered. There were 29 episodes of blood sugar values being over 300 with no documentation the physician was notified as ordered, 3 episodes of blood sugar values being over 400 with no documented re-check as ordered during the May 2023 - August 22, 2023 period.. The physician was not notified of blood sugar values over 300 during the May 2023- August 22, 2023 period as ordered on 3/9/22. During the May 2023- August 22, 2023 period, staff failed to document the administration of client #1's extra insulin as ordered on 3/16/22. Staff failed to complete repeat checks of client #1's blood sugar when values were over 400 from June 16, 2023- August 22, 2023 as ordered on 6/16/23. This deficiency constitutes a Type A1 rule violation for</p>	V 118		

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V 118	Continued From page 9  serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observations on 8/22/23 between 11:05am and 12:00pm revealed: -Client #3 had tobacco remnants all over the desk and floor; Brown stains were on the wall beside the desk and the window blind had 3 broken slats and the trash can in the room needed emptying. -The hall bath's cabinet under the sink was missing the bottom drawer. -Client #1's bedroom had a empty hotdog bun bag on the floor, paper and debris on the floor, chip bags and water bottles on the floor, the closet had hangers and clothing on the floor. -The handicap bath with walk-in shower had shower tiles with brown stains between them and caulking around the shower that was stained a dark color; the toilet was missing the lid on the tank. -The range in the kitchen had a hood light that	V 736		

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V 736	Continued From page 10  was out.  Interview on 8/22/23 staff #1 stated: -Client #1 does not like to clean his bedroom. -Client #3 chews tobacco and does not clean it up well.  Interview on 8/28/23 the CEO/QP stated she understood the facility was required to be maintained in a safe, clean, attractive and orderly manner.	V 736		