

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 291	Continued From page 43 what they do." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 291	<p>DHSR - Mental Health</p> <p>SEP 14 2023</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 291	<p>Continued From page 42</p> <p>old after visit summary (from past appointment)."</p> <p>Interview on 6/30/23 with the QP#1/ED/L revealed:</p> <ul style="list-style-type: none"> -Staff don't go to client medical appointments if family members go. -There was no menu for the facility staff to follow, "staff buy what they will cook ...and turn in receipts." -Posted a handout on the refrigerator that explained carbohydrates but "didn't know where it was." -"Clients had to be given an opportunity to make a bad choice (food), but we (staff) have to educate." -Gave staff handouts regarding client diets and "educated the clients on their level." -"Tried to encourage staff to buy healthy foods." -"Discussed foods that would be less carbs." -Administrative staff could access medical information for Client #2 and #3 from the "My Chart" (patient portal). -"We don't usually pull up their stuff (information from patient portal) ...I did for [Client #2]." -Staff are supposed to bring client books when they go to appointments which has the medication list and the last "after-visit summary." -"[Client #3]'s sister took her (Client #3) to the doctor and may not have gotten them (blood pressure logs) back." -Regarding how staff knew what orders were for the clients from doctor appointments, "the after-visit summary is always there for staff ...its staff's responsibility to know what's going on." -"Obviously, I need to clean out the books." -Regarding ensuring that orders are being followed for the clients, "I guess you would say that is my responsibility ...I have 17 residents ...I'm not making excuses ...I like to believe our staff would be competent ...I feel responsible for 	V 291		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 291	<p>Continued From page 41</p> <p>updated information on these patients ...we do not receive it."</p> <p>"Been the Clinic Manager for a year and a half and it (lack of follow through) had been going since then."</p> <p>Interviews on 6/27/23, 6/28/23, 7/12/23, and 7/24/23 with the PCP/NP revealed:</p> <p>-Client #2 was diagnosed with Diabetes on 10/13/20.</p> <p>"At a follow up appointment on 1/11/21, Client #2 was educated and talked to about her diet of 45g of carbs or less per meal with a staff (did not know who)."</p> <p>-All Type 2 Diabetics she treated, start out with 45g of carbs or less per meal.</p> <p>"Can't do a diabetic diet, staff said ..."they are going to eat what we get at grocery store."</p> <p>"[Client #2]'s diabetic and low sodium diet (meals with 45g of carbs or less per meal) was never stopped."</p> <p>-When staff bring clients to appointments, "their books (medical information) are old."</p> <p>"[Client # 3] was diagnosed with Syndrome of Inappropriate Antidiuretic Hormone secretion (SIADH) and can't metabolize sodium ...part of the problem is her seizure meds (medications) decreases her sodium ...her electrolytes are unstable ...blood pressure goes up."</p> <p>"[Client # 3] was supposed to be on fluid restriction from the group home per Endocrinologist at 1.5 Liters a day starting on 2/20/23."</p> <p>"Tell them (facility staff) not to give her (Client #3) coffee but that's all she wants."</p> <p>"[Client # 3]'s sisters usually took her to all her doctor appointments" without facility staff.</p> <p>-On 7/12/23, Client #3 was brought to the office by facility staff to see another NP for ear pain.</p> <p>"[Client #3]'s medication list was old, it was an</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023	
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 291	<p>Continued From page 40</p> <p>- "There were problems last summer with medication changes, pharmacy, and not being told about changes."</p> <p>- Client #2 worked at the grocery store three days a week.</p> <p>- Was not sure if the supervisor at the grocery store was aware of medical concerns with Client #2.</p> <p>Interview on 6/30/23 with Direct Support Professional #2 revealed:</p> <p>- Regarding Client #3's dietary needs, "her sister wanted her to increase her water intake ...she has in the past had low sodium."</p> <p>- "All day long she (Client #3) consumes decaf (decaffeinated) coffee."</p> <p>Interview on 6/28/23 with Group Home Manager (GHM) revealed:</p> <p>- Whoever took the client to the doctor told staff what happened at the appointment.</p> <p>- Read the after-visit summary from the doctor for information.</p> <p>- "[Client #2] is not on a special diet ...awhile back it was to keep it under so many carbs (carbohydrates) ...I think that was awhile back."</p> <p>- "It's hard to measure out carbs when scooping casserole."</p> <p>Interview on 6/29/23 with Qualified Professional #2 (QP #2) revealed:</p> <p>- Communication with doctors, "should be [GHM] and [QP #1/ED/L] ...there is not anyone assigned for medical" appointments and concerns.</p> <p>Interview on 6/29/23 with the Clinic Manager at the PCP/NP office revealed:</p> <p>- Had spoken with QP #1/ED/L about concerns regarding patient care.</p> <p>- "Repeatedly when requests are made for</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023	
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 291	<p>Continued From page 39</p> <p>titrate as able, take 15 grams daily, mix with 3oz (ounces) of water and ingest orally."</p> <p>Interview on 6/27/23 with Client #2 revealed: -"Staff make my doctor appointments ...I tell them what day." -"Try to watch out for greasy foods ...drink more water than sodas." -Dinner for tonight was "fried chicken and potato wedges ...can't eat that much because they are too greasy."</p> <p>Interview on 8/2/23 with Client #2's guardian/mother revealed: -Usually took Client #2 to her doctor appointments and facility staff took her to dental appointments. -Was told Client #2 now had to have a facility staff attending doctor appointments. -Client #2 recently had a doctor appointment and "[administrative staff #4] took her and I didn't know until I got my email notification." -"I asked them why they didn't tell me (about the appointment) ...I told them (facility staff) I want to go, and I want reminders." -"I always get the big book (client medical book) and get the doctor to make a note on the page and ...I always get the after-visit summary and take it back (to the facility)." -"In the past there were issues; things are going better with diet ...I printed stuff off for them and emailed [Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L)] about carbs in meals." -"I tell [Client #2] to self-monitor (blood sugars) ...I talk to [Client #2] every day and ask her what her blood sugar is and what did she have for supper." -If there were medication changes, she told staff that something needed to be picked up from the pharmacy.</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 291	<p>Continued From page 38</p> <p>Loss, Iron Deficiency Anemia, and Allergic Rhinitis.</p> <p>-Consult dated 1/3/23 with the Endocrinologist revealed: "Assessment: Type 2 Diabetes, poor control ...carbs (carbohydrates) less than 30 grams (g) per meal; Plan: check glucose by fingerstick ...essential to bring log/meter to future visits."</p> <p>-Consult dated 4/10/23 with the Endocrinologist revealed: "Assessment: Type 2 Diabetes, needs improvement ..."</p> <p>-Consult dated 6/2/23 with the Primary Care Provider/Nurse Practitioner (PCP/NP) revealed: "...limit sodium in diet, greasy/fried foods, sugars, breads, carbs less than 45g per meal."</p> <p>Review on 6/27/23 and 6/28/23 of Client #3's record revealed: -Admission date: 7/8/87. -Diagnoses: Moderate IDD, Cholelithiasis, Obesity, Hyperlipidemia, Urinary Incontinence, Vitamin D Deficiency, Lung Nodules, Seizure Disorder, Osteopenia and Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) and Hyponatremia from SIADH.</p> <p>-Consult dated 1/9/23 with the PCP/NP revealed: "family members present; Orders: ...limit sodium in diet, greasy and fried foods;"</p> <p>-Consult dated 2/20/23 with the Endocrinologist revealed: "Assessment: patient with long standing history of SIADH ...currently on fluid restrictions (1.5Liters(L)/day) but per her family ... facility does not monitor these ...Plan: Continue ... and follow up ...if she unable to do fluid restrictions and if she again develops Hyponatremia, can consider Ure-Na (powder electrolytes)."</p> <p>-Consult dated 6/20/23 with the Endocrinologist revealed: " Assessment: SIADH ...family members present ...Plan: Start Ure-Na and</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 291	<p>Continued From page 37</p> <p>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, observation, and interview the facility failed to provide service coordination with the qualified professionals responsible for treatment/habilitation affecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Review on 6/27/23 of Client #2's record revealed: -Admission date: 4/1/07. -Diagnoses: Mild Intellectual Developmental Disability, Type 2 Diabetes Mellitus with Hyperglycemia, Stage 1 Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests, Hypertension, Hypertriglyceridemia, Gastric Polyp, Hearing</p>	V 291		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 290	Continued From page 36 responsible for monitoring Client #2's health, safety, and welfare while working. Interview on 6/27/23 with Client #2 revealed: -Worked at a local grocery store two days per week. -Worked by herself without staff supervision. -Staff allowed her to go into the store by herself if she wanted something and staff would sit in the car. Interview on 6/30/23 with Direct Support Professional #2 revealed: -Client #2 worked at a local grocery store by herself in the deli from 9am-12pm. Interview on 6/27/23 with the Qualified Professional #1/Executive Director/Licensee revealed: -Client #2 worked and had unsupervised time. This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
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	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 290	<p>Continued From page 35</p> <p>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 abuse counselor shall be available on an as-needed basis for each client.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess, annually review, and document that a client was capable of being unsupervised in the community affecting 1 of 3 audited clients (#2). The findings are:</p> <p> </p> <p>Review on 6/27/23 of Client #2's record revealed: -Admission date: 4/1/07. -Diagnoses: Mild Intellectual Developmental Disability, Type 2 Diabetes Mellitus with Hyperglycemia, Stage 1 Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests, Hypertension, Hypertriglyceridemia, Gastric Polyp, Hearing Loss, Iron Deficiency Anemia, and Allergic Rhinitis. -No assessment of Client #2's capacity to have unsupervised time in the community. -Treatment plan dated 12/14/22 with short term goal of maintaining a community job placement working in the community a minimum of 2 days per week for the next 12 months. -Treatment plan did not indicate who was</p>	V 290		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 289	Continued From page 34 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 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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 (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	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 289	<p>Continued From page 33</p> <p>community). SE Coach will document progress, any issues, or concerns. QP (QP #2) will do monthly monitoring as well to ensure that plan is being ran as written and approved.</p> <p>There will be continuous training for QP/Director (QP #1/ED/L) to ensure that all competencies are efficient and meet or exceed the standards."</p> <p>Clients #1, #2, and #3 diagnoses included, but were not limited to, Intellectual Developmental Disabilities, Hypothyroidism, Strabismus, Down Syndrome, Type 2 Diabetes Mellitus, Hyperglycemia, Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests, Hypertension, Hypertriglyceridemia, Cholelithiasis, Obesity, Hyperlipidemia, Vitamin D Deficiency, Seizure Disorder, and Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH), and Hyponatremia from SIADH. The QP#1/ED/L did not provide training to the staff to meet the needs of the clients. Treatment plan strategies were not developed and/or implemented to address Client #2's diet restrictions and Client #3's diet and fluid restrictions, or prevention of falls. Client #2 worked alone in the community but was not assessed for unsupervised time. The facility did not coordinate care with qualified professionals regarding implementation of blood sugar and blood pressure recordings or specialized diets and recommendations made by physicians. The QP#1/ED/L did not provide the required oversight for the facility and coordination of services resulting in Clients #1, #2, and #3 not receiving the required care and supervision. This deficiency constitutes a Type A1 rule violation for 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</p>	V 289		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 289	<p>Continued From page 32</p> <p>individualized information about the clients they serve and will go over each goal to make sure they understand the treatment, how to run the goal, and what to document. Completed by 7/21/23.</p> <p>QP (QP #2) will do a training on 7/6/23 with staff about medication management and not marking on bottles and to request an updated label from pharmacy if medication is increased or decreased with the number of pills administered.</p> <p>QP (QP #2) will provide training to other QP (QP #1/ED/L) and doing monitoring to ensure all competencies are addressed and meet state standards. QP (QP#2) will keep a log of training and supervision sheets to show competencies have been corrected. It will start on 6/30/23 and will be continuous.</p> <p>QP (QP#2), SE (Supportive Employment) Coach, and Guardian will meet to discuss [Client #2]'s ability to be left out in community with her health issues and ensuring that we have a plan in place for health and safety if a medical issue should arise. QP (QP#2) left voicemail with guardian to set up a meeting. Would like to have this completed by 7/7/23.</p> <p>Describe your plans to make sure the above happens: QP (QP #2) will ensure that all information is communicated to staff involved in the care of the clients through weekly visits to the home to review information, do monitoring of programs, through group and individual training sessions.</p> <p>SE Coach will be responsible for providing monthly guidance to [Client #2] during working hours (if team agrees with being left alone in the</p>	V 289	<p>QP#2 staff received training on medication management and proper way to have medication information change.</p> <p>QP#2 continuously provides monitoring and provide feedback to staff on weekly basis.</p> <p>Completed unsupervised assessment with client's guardian, manager, and acting SE Coach. QP#2 made team aware that this will be an annual evaluation.</p>	<p>7/6/23</p> <p>6/30/23</p> <p>7/9/23</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 289	<p>Continued From page 31</p> <p>of the clients affecting 2 of 3 audited clients (#2, #3).</p> <p>Cross Reference: 10A NCAC 27G .5602 Staffing (V290) Based on record review and interview, the facility failed to assess, annually review, and document that a client was capable of being unsupervised in the community affecting 1 of 3 audited clients (#2).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291) Based on record review, observation, and interview the facility failed to provide service coordination with the qualified professionals responsible for treatment/habilitation affecting 2 of 3 audited clients (#2 and #3).</p> <p>Review on 6/30/23 of the Plan of Protection signed by the Qualified Professional #2 (QP #2) dated 6/30/23 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? QP (QP #2) will get Physician Orders today (6/30/23) at 4pm that will list all special dietary requirements, Blood Sugar, and Blood Pressure guidelines. Once received will create a document to keep as reference to be in the kitchen of the home. QP (QP#2) will provide training to staff in the home and obtain signature of understanding of information. QP (QP#2) will train other staff on Thursday, July 6th.</p> <p>QP (QP #2) will update current treatment plans to reflect goals with strategies to address the needs of the clients which will be completed by 7/14/23.</p> <p>QP (QP #2) will create a document with</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 289	<p>Continued From page 30</p> <p>(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide the care and rehabilitation within the scope of the program affecting 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interview, the facility failed to provide training to meet the needs of the clients affecting 2 of 3 audited staff (Group Home Manager (GHM), and Direct Support Professional #2 (DSP #2)).</p> <p>Cross Reference: 10A NCAC 27G .0209 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L)) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review, observation and interview, the facility failed to develop and implement treatment strategies to meet the needs</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 289	<p>Continued From page 29</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 119	Continued From page 28 -"Medications are not disposed of by Brushy Mountain Group Homes (licensee). Medications are returned to the dispensing pharmacy for disposal and documentation." Interview with Staff #1 on 6/28/23 revealed: -"They (management staff) dispose of old medications. I'm not sure how. Maybe give them to [Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L)]." Interview with the QP#1/ED/L on 6/29/23 revealed: -Identified herself as the acting QP due to the departure of the former QP on 3/31/23. -Was responsible for disposal of expired medications, and stated, "I don't send staff with them (medications)." Her practice was to dispose of medications at the local pharmacy herself. -Didn't know why expired medications were in the medication closet.	V 119	Medication disposal policy has been revised and all staff has received training. These change will be added to annual and new hire traing for medication.	7/28/23
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility.	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 119	<p>Continued From page 27</p> <p>disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to dispose of prescribed medications in a manner that guarded against diversion or accidental ingestion affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Observation on 6/28/23 at 12:00pm of Client #3's medication storage area revealed: -Mupirocin Ointment 2% dispensed 1/11/21 expired 1/11/22. -Ondansetron HCL 4 milligrams (mg) expired 4/27/23. -Polyethylene Glycol for colonoscopy preparation dispensed 2/17/22 expired 2/17/23. -Polyethylene Glycol ordered for 14 days dispensed 12/22/22.</p> <p>Review on 7/12/23 of the facility's Storage and Handling of Medications policy dated 9/5/19 revealed:</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 118	Continued From page 26 with incorrect information recorded regarding dosing strength and administration instructions for a total of 7 medications. Client #3 was prescribed 7 medications; however, 3 of the medications were not listed on the MARs and 3 of the medications were not present and available in the facility for administration. Facility staff applied eye ointment daily to Client #1 without a medication order. There was no documentation of required blood pressure checks for Clients #2 and #3. It could not be determined if clients received the necessary medications due to missing medication orders, inconsistent listings on the MARs, and unavailability of medications in the facility. This deficiency constitutes a Type A1 rule violation for 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	Home has now switched pharmacy that can provided electronic MAR to Therap, and will give paper MAR with client's information. Staff receives continous training on new electronic and paper MAR. Staff has guidelines on how to contact pharmacy to request refills, submit new orders, and replacement pills due to drop pill or any other incident.	8/5/2023 8/5/23 8/5/2023
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 25</p> <p>review documentation with staff and provide feedback. Also, ensure that all signatures are on there and dated correctly.</p> <p>QP (QP#1/ED/L)- will monitor at least once a week dinner prep (preparation) to ensure that diet restrictions are met and monitor the packing of lunch for the clients. Any issues found will be addressed and documented.</p> <p>QP (QP#1/ED/L) will check at the beginning of the month and end of month for renew of medication and that new MAR are placed in medication book and old ones are stored in their books.</p> <p>QP (QP#1/ED/L) will review medication weekly to ensure that pill counts are correct, and information is documented correctly on MAR."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>Clients #1, #2, and #3 diagnoses included, but were not limited to, IDD, Hypothyroidism, Strabismus, Down Syndrome, Type 2 Diabetes Mellitus, Hyperglycemia, Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests (LFTs), Hypertension, Hypertriglyceridemia, Cholelithiasis, Obesity, Hyperlipidemia, Vitamin D Deficiency, Seizure Disorder, Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH), Hyponatremia from SIADH. Facility staff did not maintain blood sugar checks three times daily as ordered by the Endocrinologist. Client #2 checked her own blood sugar once daily, without monitoring from staff. There were four days in a three-month period for which there was no monitoring of blood sugar levels. Blood sugar levels ranged from 104-287. Client #2's medication order to increase Jardiance on 4/10/23 was not implemented for close to three weeks. Client #2's MARs were not kept current</p>	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 118	<p>Continued From page 24</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 6/30/23 of the Plan of Protection signed by the QP/ED#1/L dated 6/30/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To address MAR issues-</p> <ul style="list-style-type: none"> -QP (QP #1/ED/L) reached out to [pharmacy] (6/30/23) to get a printed MAR for all clients at the home and [Client #2]'s medication was corrected from 10mg to 20mg on current MAR will pick up sheets today at 4pm. -The Director (QP#1/ED/L) contacted PA's (Physician's Assistant's) office for updated Physician Orders to address all medical current needs for the clients and will be picked up at 4pm 6/30/23. -QP (QP#1/ED/L) Training staff on the orders received, how to properly document MAR, expectations of doctor visit and documentation need. How to follow recommendations for diet restrictions and creating balanced meals. They will also learn how to count carbs and understand sugar and sodium intake. Training will take place today (6/30/23) with staff on call and will meet with other staff next week, and after each session staff will sign an in-service. -QP (QP#1/ED/L) and Pharmacy - will add Blood Sugar Checks, Fluid Intake, and Blood Pressure to MAR so that staff can document in one spot. This will be included in the above training with staff today and next week. <p>Describe your plan to make sure the above happens. QP (QP#1/ED/L) - will monitor at least once a week the medication given in the evenings and</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 23</p> <p>notes of her findings. These findings were reported verbally to her, and she left notes on the MAR book regarding the findings.</p> <ul style="list-style-type: none"> -Did not follow up with any of the nurse's findings, but instructed the nurse to speak with the GHM. -Couldn't remember the last time the nurse reviewed the medications but believed it was "maybe April 2023." -"Told staff not to mark on any medication label but to call immediately if there is a mistake." <p>Interview on 6/30/23 with the QP#1/ED/L revealed:</p> <ul style="list-style-type: none"> -Staff don't go to client medical appointments if family members go. -Regarding ensuring that orders are being followed for the clients, "I guess you would say that is my responsibility ...I have 17 residents ...I'm not making excuses ...I like to believe our staff would be competent ...I feel responsible for what they do." -Administrative staff could access medical information for Client #2 and #3 from the "My Chart" (patient portal). -"We don't usually pull up their stuff (information from patient portal) ...I did for [Client #2]." -Staff are supposed to bring client books when they go to appointments which has medication list and the last "after-visit summary." -Understood that Client #2 needed to check her blood sugar daily at different times. -"[Client #3]'s sister took her (Client #3) to the doctor and may not have gotten them (blood pressure log) back." -Regarding how staff knew what orders were for the clients from doctor appointments, "the after-visit summary" is always there for staff ...it's staff's responsibility to know what's going on." -"Obviously, I need to clean out the books." 	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 22</p> <p>logs uploaded for Client #3."</p> <p>- "Repeatedly when requests are made for updated information on these patients ...we do not receive it."</p> <p>- "Been the Clinic Manager for a year and a half and it (lack of follow through) had been going since then."</p> <p>Interview on 6/29/23 with Qualified Professional #2 (QP #2) revealed:</p> <p>- Communication with doctors, "should be [GHM] and [QP #1/ED/L] ...there is not anyone assigned for medical" appointments and concerns.</p> <p>Observation on 6/28/23 at approximately 11:36am of the QP#1/ED/L revealed:</p> <p>- Contacted the pharmacy by phone to request current physician orders for clients.</p> <p>Interview and observation on 6/28/23 at 12:09PM with QP #1/ED/L revealed:</p> <p>- Facility staff wrote and printed out the MARs.</p> <p>- The after-visit summary from doctor appointments were physician orders and "never had a problem before (using it for physician orders)."</p> <p>- Confirmed Client #2 was present at the facility on 4/1/23-4/3/23, so didn't know why Metoprolol wasn't initialed as administered.</p> <p>- "Could error out the MAR, but it wouldn't help;"</p> <p>- Produced handwritten blood pressure logs from 1/31/23-2/16/23 for Client #3 and reported she couldn't find the rest.</p> <p>- Didn't know if Client #3's blood pressure needed to be recorded any longer.</p> <p>- "[Client #3]'s sister took her (Client #3) to the doctor and may not have gotten them (blood pressure log) back."</p> <p>- A nurse (QP#1/ED/L's daughter) reviewed the medications for the facility quarterly and made</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 21</p> <p>...but it had not been filled yet;"</p> <ul style="list-style-type: none"> -The pharmacy relied on facility staff to tell them if a medication had been discontinued (d/c) because the doctor didn't always send a d/c order. -sent new pill packs every 28 days and if there was a change with the meds, staff could bring it back to get re-packaged. <p>Interviews on 6/27/23, 6/28/23, 7/12/23, and 7/24/23 with the Primary Care Provider-Nurse Practitioner (PCP-NP) revealed:</p> <ul style="list-style-type: none"> -Client #2 was diagnosed with Diabetes on 10/13/20. -When staff bring clients to appointments, "their books (medical information) are old." -Client #2's blood pressure orders were from her Cardiologist. -Client #2 was referred to an Endocrinologist because her blood sugar was not well controlled. -Client #2's Endocrinologist ordered her blood sugar to be checked twice daily. -"If [Client #2]'s blood glucose is less than 70, she needs to eat 15 grams of carbs and recheck in 15 minutes ...If it doesn't improve, call the office." -On 7/12/23, Client #3 was brought to the office by facility staff to see another NP for ear pain. -"[Client #3]'s medication list was old, it was from an old after visit summary (past appointment)." <p>Interview on 6/29/23 with the Clinic Manager at the PCP/NP office revealed:</p> <ul style="list-style-type: none"> -Had spoken with the Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L) about concerns regarding patient care. -On 1/3/23 appointment with the Endocrinologist, "[Client #2] had no blood sugars uploaded, meaning they were not provided to the doctor." -On 2/20/23 appointment with the Endocrinologist, "there were no blood pressure 	V 118	Type text here	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 20</p> <p>#2's blood sugar readings. -"We could do better as a company to log (blood sugars/blood pressures)."</p> <p>Interview on 6/28/23 with Group Home Manager (GHM) revealed: -Worked at the facility since end of December 2022. -Administered medication to Clients #1, #2, and #3. -Did not know who currently checked MARs for errors. -Looked at the unsigned after-visit summary for information for clients. -"Not sure what to watch for" with Client #2's blood sugar readings. -Client #2 would check her blood pressure if she felt it was high. -Client #2 checks her own blood sugar and kept a log, "no one checks her book, but she showed it to me." -Client #2 would tell her if she was feeling bad. -No one told her to check Client #3's blood pressure, "it was good right now." -Whoever took the client to the doctor told staff what happened at the appointment. -No knowledge of who was reviewing the MARs. -No knowledge of a nurse coming to the facility to review the MARs.</p> <p>Interview on 7/12/23 with the dispensing pharmacist revealed: -The facility should have the current physician orders. -Physician order for Client #2's Dicylomine was 4 times per day. -The pharmacy would not mark through a label on the bottle in pen before sending it to the facility. -"There was a new order dated 7/6/23 for the Dicylomine written as 4 times per day as needed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 19</p> <p>-Nystatin powder not listed on MARs.</p> <p>Observation on 6/28/23 at approximately 12:00pm of Client #3's medications revealed:</p> <p>-No Amlodipine Besylate. -No Famotidine. -No Liquid IV packets. -Calcium Carbonate 600mg 1 tab bid dispensed 5/22/23. -Nystatin powder apply to affected areas tid dispensed 12/3/22. -Nystatin cream apply bid dispensed 7/6/22.</p> <p>Attempted interview on 6/27/23 with Client #3 deferred due to her limited verbal ability.</p> <p>Interview on 6/30/23 with Direct Support Professional #2 (DSP #2) revealed:</p> <p>-Administered medication to Clients #1, #2, and #3. -"Would call the pharmacy first if the medication label and MAR don't match, would not just mark something out." -Believed administrative staff checked the MARs recently, "but she stopped ...and now another staff was printing them out." -Was aware in the past that there was an order for Client #2 to check her blood sugar/blood pressure daily, "not sure what it was now." -"Used to document Client #2's blood sugar ...but was told at a meeting not to do it anymore (couldn't specify when)." -Staff used to document blood pressures and blood sugars "but someone said not to do it anymore" but could not clarify who said to stop. -"We (staff) regulate it ourselves when to check it." -Did not know the current procedure for checking Client #2's blood sugar. -Thought there needed to be a better log of Client</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 118	Continued From page 18 packaging. -Glipizide 10mg 1 tab bid dispensed 6/16/23. -Vitamin D2 50,000 units 1 tab twice weekly (Monday and Thursday) dispensed 6/16/23. -Metoprolol Tartrate 100mg 1 tab bid dispensed 6/16/23. -Loratadine 10mg 1 tab daily dispensed 6/16/23. Review on 6/27/23 and 6/28/23 of Client #3's record revealed: -Admission date: 7/8/87. -Diagnoses: Moderate IDD, Cholelithiasis, Obesity, Hyperlipidemia, Urinary Incontinence, Vitamin D Deficiency, Lung Nodules, Seizure Disorder (D/O), Osteopenia, Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH), and Hyponatremia from SIADH. -Consult dated 1/9/23 with PCP/NP revealed: "check blood pressure one time each day ..." -Blood pressure readings from 1/31/23-2/16/23 and 3/15/23-4/3/23, with no other recordings available for review. -Physician Orders from FL-2 dated 5/19/23 included: -Amlodipine Besylate (blood pressure) 5mg 1 tab daily; -Famotidine (acid reflux) 20mg 1 tab daily; -Calcium Carbonate (supplement) 600mg take by mouth with no dosage instructions; -Nystatin cream (fungal infections) apply bid; -Nystatin powder (fungal infections) apply to affected areas tid; -"Liquid IV packets" (electrolytes) 1 per 20 ounce bottle of water bid. Review on 6/28/23 of Client #3's MARs from 4/1/23 to 6/28/23 revealed: -Amlodipine Besylate was not listed on the MARs; -Calcium Carbonate 1 tab bid; -Liquid IV packets not listed on MARs;	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 17</p> <p>Interview on 6/27/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Took a lot of medication. -Took pills with food for her pancreas, a blood pressure pill, and "Benadryl for sleep." -"Used to check it (blood sugars) maybe every day in the morning and maybe at night." -Checked her blood sugar every day, by herself, and recorded it in a book in the dining room. -"I write my blood sugar down when I check it and take it to the doctor." -"I can tell when I'm not feeling good and need to go to the doctor." -"Know when it's too high (blood sugar)...I lay down." -"Eat chocolate when it's too low (blood sugar)." -"Staff give meds (medication) out of bubble packs and red cups ...bubble packs are new to staff." -"Staff make my doctor appointments and I tell them what day." <p>Interview on 8/2/23 with Client #2's guardian/mother revealed:</p> <ul style="list-style-type: none"> -Usually took Client #2 to her doctor appointments. -"I tell [Client #2] to self-monitor (blood sugar readings) ...I talk to [Client #2] every day and ask her what her blood sugar is and what did she have for supper." -Client #2 worked at the grocery store three days a week. <p>Observation on 6/28/23 at approximately 12:12pm of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Dicylomine HCL 10mg cap dispensed 6/16/23 with administration directions of 1 cap 4 times daily with the number 4 marked out in pen on the label and changed to 2 times daily. -Jardiance 25mg 1 tab daily dispensed 6/28/23. -Diphenhydramine 25mg tab over the counter 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Jardiance 10mg tab 1 tab daily recorded as administered 4/1/23 through 4/27/23 and discontinued effective 4/28/23; -Jardiance 25 mg tab, 1 tab daily recorded as administered starting 4/29/23; -no signature for administration for: -Metoprolol Tartrate on 4/1/23-4/3/23; -Loratadine on 4/22/23-4/23/23; -Glipizide on 4/30/23. <p>May 2023 MAR:</p> <ul style="list-style-type: none"> -Jardiance 10mg 1 tab daily administered daily; -Dicylomine HCL 10mg cap 1 cap bid administered 5/1/23-5/30/23; -Vitamin D2 1.25mg (50,000 unit) 1 cap twice weekly (Monday & Thursday) but initialed as administered daily; -no staff signature for administration: -Loratadine on 5/30/23; -Dicylomine on 5/31/23. <p>June 2023 (6/1/23-6/27/23) MAR:</p> <ul style="list-style-type: none"> -Jardiance 10mg 1 tab daily administered daily; -Dicylomine HCL 10mg cap 1 cap bid administered daily; -Vitamin D2 1.25mg (50,000 unit) 1 cap twice weekly (Monday & Thursday) but initialed as administered daily. <p>Observation on 6/27/23 at approximately 4:30pm of Client #2 retrieving her blood sugar log and review of the log entries from 3/27/23-6/27/23 revealed:</p> <ul style="list-style-type: none"> -Blood sugar readings ranged from 104-287. -There were 4 days without readings over a three-month period (3/30/23, 4/6/23, 4/13/23, and 6/15/23). -Blood sugar readings were logged one time per day. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 15</p> <p>25mg a day ... check glucose by fingerstick: 3 times a day, before meals and at bedtime ...alternating times if monitoring less than 4 times per day."</p> <p>-No documentation of required blood pressure checks.</p> <p>-No documentation of required blood sugar checks.</p> <p>Review on 6/28/23 of Client #2's physician orders revealed:</p> <p>-Physician Orders from FL-2 dated 3/29/23:</p> <ul style="list-style-type: none"> -Glipizide (diabetes) 10 milligram (mg) tablet (tab) 1 tab two times a day (bid); -Dicylomine HCL (anti-spasmodic bowel) 10mg caplet (cap) 1 cap three times a day (tid) as needed (prn); -Jardiance (diabetes) 10mg tab 1 tab daily; -Vitamin D2 (supplement) 50,000 units 1 cap twice weekly on Monday and Thursday; -Diphenhydramine (antihistamine/sleep) 25mg tab 1 tab at bedtime (hs); -Metoprolol Tartrate (hypertension) 100mg 1 tab bid; -Loratadine (allergies) 10mg 1 tab daily; <p>-Further review on 6/28/23 of additional physician orders revealed:</p> <ul style="list-style-type: none"> -Jardiance 25mg 1 tab daily dated 4/10/23; -Dicylomine HCL 10mg cap 1 cap four times a day (qid) dated 4/18/23. <p>Review on 6/28/23 of Client #2's MARs from 4/1/23 to 6/27/23 revealed:</p> <p>April 2023 MAR:</p> <ul style="list-style-type: none"> -Dicylomine HCL 10mg cap 1 cap bid with a handwritten notation underneath "changed to three times a day PRN, eff (effective) 1-16-23" but initialed as administered bid at 12PM and 8PM every day for the month; -Diphenhydramine 25mg tab 1 tab hs prn; 	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 14</p> <p>of Mitral Valve, Obesity, Seborrheic Dermatitis, Hyperlipidemia, and Plaque Psoriasis. Review on 6/27/23 of Client #1's physician orders revealed: -No order for Muro 128 ointment 5% (corneal swelling).</p> <p>Review on 6/27/23 of Client #1's MARs dated 4/1/23 to 6/27/23 revealed: -Muro 128 ointment 5% signed as administered daily.</p> <p>Interview on 6/27/23 with Client #1 revealed: -Staff administered her medication.</p> <p>Observation on 6/28/23 at approximately 12:00pm of Client #1's medication revealed: -Muro 128 ointment 5% dispensed 5/5/23.</p> <p>Review on 6/27/23 of Client #2's record revealed: -Admission date: 4/1/07. -Diagnoses: Mild IDD, Type 2 Diabetes Mellitus with Hyperglycemia, Stage 1 Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests, Hypertension, Hypertriglyceridemia, Gastric Polyp, Hearing Loss, Iron Deficiency Anemia, and Allergic Rhinitis. -Consult dated 1/3/23 with the Endocrinologist revealed: "Assessment: Type 2 Diabetes, poor control ...Plan: check glucose by fingerstick: 2X (times) a day, before meals and at bedtime, alternating times....Essential to bring log/meter to future visits." -Consult dated 4/10/23 with the Endocrinologist revealed: "Assessment: Type 2 Diabetes, needs improvement, Essential hypertension, and Dyslipidemia associated with type 2 Diabetes Mellitus ...Plan: Increase Jardiance (diabetes) to</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 118	<p>Continued From page 13</p> <p>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. (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 observation, record review, and interview, the facility failed to administer medications on the written order of a person authorized by law to prescribe medications and failed to keep MARs current affecting 3 of 3 audited clients (#1, #2, #3) The findings are:</p> <p>Review on 6/27/23 of Client #1's record revealed: -Admission date: 2/14/13. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Hypothyroidism, Strabismus, Downs Syndrome, Eczema, Atrial Septal Defect, Ventricular Septal Defect, Congenital Cleft Leaflet</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 112	Continued From page 12 -"Did not write goals for those individuals (Client #2 and #3) ...I am working on correcting plans and know that some were not written properly." Interviews on 6/28/23 and 6/30/23 with QP #1/ED/L revealed: -She did QP work at the facility and supervised all the staff. -She assumed responsibilities of the former QP when the former QP left employment on 3/31/23. -The new QP (QP#2) started part-time employment on 5/22/23. -Wasn't sure why the GHM said she didn't know about Client #2's dietary needs. -QPs were responsible for treatment plans. -was unable to pull up a grid note on the EMR that showed Client #2's documented food choices. This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 112	Type text here	
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	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 112	<p>Continued From page 11</p> <p>living room with gait belt on without staff.</p> <p>Attempted interview on 6/27/23 with Client #3 deferred due to her limited verbal ability.</p> <p>Interview on 6/28/23 with Group Home Manager (GHM) revealed: - "It's not a special diet (for Client #2), awhile back it was to keep it under so many carbs ...I don't know if it's mandatory or not, just watching her sugar." - Client #3 had a gait belt to be used when she was walking.</p> <p>Interview on 6/30/23 with Direct Support Professional (DSP) #2 revealed: - "All the girls in the facility had in their books 'less calories from the doctor, no fried or fatty foods, lower sugar and increase water intake' ...clients don't want to hear it." - "[Client #2] had true dietary guidelines with limited carbs;" - "Her (Client #3's) sister wanted her to increase her water intake ...she has in the past had low sodium."</p> <p>Interview on 6/27/23 and 7/12/23 with the PCP-NP revealed: - "Had concerns about the facility not following diabetic diets ..." - Ordered food logs in the past and it wasn't done. - "Can't do a diabetic diet staff said ...they are going to eat what we get at the grocery store." - Order for Client #2's diet was 45g of carbs per meal or less.</p> <p>Interview on 6/29/23 with Qualified Professional (QP) #2 revealed: - Was the part-time QP over the facility. - Started at the end of May 2023;</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 112	<p>Continued From page 10</p> <p>wedges ...can't eat that much because they are too greasy."</p> <p>Review on 6/27/23 of Client #3's record revealed: -Admission date: 7/8/87 -Diagnoses: Moderate IDD, Cholelithiasis, Obesity, Hyperlipidemia, Urinary Incontinence, Vitamin D Deficiency, Lung Nodules, Seizure Disorder (D/O), Osteopenia and Syndrome of Inappropriate Antidiuretic Hormone Secretion, (SIADH), and Hyponatremia from SIADH. -Consult dated 1/9/23 with PCP/NP revealed: "...limit sodium in diet, greasy and fried foods." -Consult dated 2/20/23 with Endocrinologist revealed: "...currently on fluid restrictions (1.5Liters(L)/day) but per her family ... facility does not monitor these ..." -No order for use of gait belt reviewed.</p> <p>Review on 6/28/23 of facility incident reports from 3/10/23 to 6/28/23 revealed: -3/10/23 Client #3 fell in living room and cut her ear. -3/28/23 Client #3 missed the kitchen chair trying to sit at the table and fell; no injuries noted. -4/21/23 Client #3 was dancing with her boyfriend and fell; no injuries noted. -5/18/23 Client #3 walked into the day program while using a gait belt while supported by staff and she fell to knees; no injuries noted. -6/12/23 Client #3 fell; no injuries noted.</p> <p>Review on 6/27/23 of Client #3's treatment plan dated 5/5/23 revealed: -No treatment strategies related to Client #3's diet and fluid restrictions, or prevention of falls.</p> <p>Observation on 6/28/23 at 1:10PM of Client #3 revealed: -Client #3 walking from the bathroom to the</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 112	<p>Continued From page 9</p> <p>-Diagnoses: Mild Intellectual Developmental Disabilities (IDD), Type 2 Diabetes Mellitus with Hyperglycemia, Stage 1 Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests (LFTs), Hypertension, Hypertriglyceridemia, Gastric Polyp, Hearing Loss, Iron Deficiency Anemia, and Allergic Rhinitis.</p> <p>-Consults dated 1/3/23 and 4/10/23 with the Endocrinologist revealed poor control of diabetes;</p> <p>-Consult dated 6/2/23 with the Primary Care Provider-Nurse Practitioner (PCP-NP) revealed: "...limit sodium in diet, greasy/fried foods, sugars, breads, carbohydrates (carbs) less than 45 grams (g) per meal."</p> <p>Review on 6/27/23 of Client #2's treatment plan dated 12/14/22 revealed:</p> <p>- "Has been having health concerns and could benefit from changing her diet."</p> <p>-Short term goals: (1) understanding food choices to improve health and curve health risks of hypertension, diabetes, and pancreatitis, (2) daily physical activity for 25 minutes ...(5) maintaining her community job.</p> <p>- "Treatment strategies: educating [Client #2] on making healthy food choices, allowing [Client #2] to make her own decisions about food she chooses while explaining the consequences of her choices, assist [Client #2] in preparing food she chooses, praising [Client #2] for healthy food choices, and document [Client #2]'s food choices on a daily grid note."</p> <p>-No specific treatment strategies regarding diet restrictions.</p> <p>Interview on 6/27/23 with Client #2 revealed:</p> <p>- "Try to watch out for greasy foods ...drink more water than sodas."</p> <p>-Dinner for tonight was "fried chicken and potato</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 112	<p>Continued From page 8</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 2 of 3 audited clients (#2, #3). The findings are:</p> <p>Review on 6/27/23 of Client #2's record revealed: -Admission date: 4/1/07.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 109	<p>Continued From page 7</p> <ul style="list-style-type: none"> - "Staff keep telling me [Client #2] and [Client at sister facility]..have Diabetes and really need to their watch diet." - "I can't make them (clients) not buy sweet stuff ...it's a fine line." - "We can offer them a healthy diet and encourage them not to get what they are getting." - "It was staff's responsibility to know what was going on from doctor appointments for clients. " - "The after-visit summary is always there." - There was not a menu for the facility, "staff buy what they will cook ...and turn in receipts." - "Posted a handout on the refrigerator that explained carbohydrates but don't know where it is" - "Clients had to be given an opportunity to make a bad choice (food), but we (staff) have to educate." - Tried to encourage staff to buy healthy foods, "discussed foods that would be less carbs." - "That (ensuring medical oversight and care for the clients) is my responsibility." - Regarding ensuring that orders are being followed for the clients, "I guess you would say that is my responsibility ...I have 17 residents ...I'm not making excuses ...I like to believe our staff would be competent ...I feel responsible for what they do." <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 109	<p>Continued From page 6</p> <p>the day to day operations for the homes operated by [Licensee] ...Responsibilities: ...serves as a liason within the community and with other agencies serving group home residents ...supervises group home staff, both time and relief, in managerial and programmatic areas ...assure individual goal plans are developed and implemented for each resident ...maintain contact awareness of the needs of the group home residents, and the resources available to meet these needs."</p> <p>Review on 7/10/23 of the facility's job description for Qualified Professional revealed: -"Qualified Professional ...will assist with maintaining services to meet requirements of the state of NC (North Carolina) ...Responsibilities: ...create and update person centered plans (treatment plans) ...provide other required training to Group Home Managers and other direct care staff ..."</p> <p>Interview on 6/28/23 and 6/30/23 with the QP#1/ED/L revealed: -She had been in this role for almost 4 years. -She assumed job responsibilities of the former QP when the former QP left employment on 3/31/23. -The new QP (QP#2) started part-time employment on 5/22/23. -Supervised all staff. -Was responsible for the treatment plans and updates. -"There was a time this year that they couldn't upload anything (treatment plans) to the Local Management Entity/Managed Care Organization (LME/MCO) until 6/1/23." -Held weekly staff meetings at the facility. -"Completed training during staff meetings and discussed the foods that could be less carbs."</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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 109	<p>Continued From page 5</p> <p>abilities required by the population served. The findings are:</p> <p>Refer to Tag 108 for failure to meet personnel requirements: -Group Home Manager (GHM) and Direct Support Professional #2 (DSP#2) were not trained in client specific needs.</p> <p>Refer to Tag 112 for failure to develop and implement treatment strategies: -Client #2's diet restrictions were not included in the treatment plan. -Client #3's fluid/diet restrictions and safety precautions to avoid falls were not included in the treatment plan.</p> <p>Refer to Tag 290 for failure to assess and document a client's unsupervised time in the community. -Client #2 worked by herself at a local grocery store with an average weekly work schedule of two days a week, completing three hours each day.</p> <p>Refer to Tag 291 for failure to coordinate care: -Limited communication between the facility and the Primary Care Provider/Nurse Practitioner leading to a lack of coordination of care for the clients.</p> <p>Review on 7/10/23 of the QP #1/ED/L's personnel file revealed: -Hire date: 7/1/19.</p> <p>Review on 7/10/23 of the facility's job description for the QP #1/ED/L dated 7/1/19 revealed: -"The Executive Director will be the person employed to provide and/or coordinate the services to the group home residents, staff, and</p>	V 109	<p>Menu guide has been implemented in the home that provides staff with guidance on dietary restriction. A weekly grocery list has been created for staff to follow, along with receipts that give portion control.</p> <p>A form was created for the QP to daily updates from the home about clients, issues, appointments, and leave of absence for clients.</p> <p>Medical books have been created with tabs for each doctor and staff will take them on every appointment so that PCP or other doctors can see the full picture of the clients health.</p> <p>QP#2 retrained QP#1 on treatment plans and quarterly summeries.</p> <p>All menu books have carb guidelines and sample menus of what different carb levels look with different foods.</p>	<p>8/1/2023</p> <p>7/24/2023</p> <p>8/27/23</p> <p>8/30/23</p> <p>8/1/2023</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 109	<p>Continued From page 4</p> <p>professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L)) failed to demonstrate the knowledge, skills, and</p>	V 109			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 108	Continued From page 3 water intake' ...clients don't want to hear it." -"[Client #2] had true dietary guidelines with limited carbs." -Received training from another facility regarding Diabetes. -Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) had given staff a handout from Client #2's guardian/mother about good foods to eat. Client #2's mother received the handout from the PCP/NP. Interview on 6/30/23 with QP #1/ED/L revealed: -Staff were trained on client specifics through the electronic record system on treatment plans and "after visit summaries" from doctor appointments. -"Posted a handout on the refrigerator that explained carbohydrates but don't know where it is." -"Clients had to be given an opportunity to make a bad choice (food), but we (staff) have to educate." -Gave staff handouts regarding client diets and "educated the clients on their level." -"Tried to encourage staff to buy healthy foods." -"Discussed foods that would be less carbs." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 108	Continued From page 2 Review on 6/27/23 of Client #2's record revealed: -Admission date: 4/1/07. -Diagnoses: Mild IDD, Type 2 Diabetes Mellitus with Hyperglycemia, Stage 1 Kidney Disease, Pancreatitis, Focal Nodular Hyperplasia of Liver, Elevated Liver Function Tests, Hypertension, Hypertriglyceridemia, Gastric Polyp, Hearing Loss, Iron Deficiency Anemia, and Allergic Rhinitis. -Consult dated 1/3/23 with the Endocrinologist revealed: "limit carbs (carbohydrates) to 30 grams (g) or less a meal." -Consult dated 1/24/23 with the PCP/NP revealed: "carbs less than 30g per meal." Review on 6/27/23 of Client #3's record revealed: -Admission date: 7/8/87. -Diagnoses: Moderate IDD, Cholelithiasis, Obesity, Hyperlipidemia, Urinary Incontinence, Vitamin D Deficiency, Lung Nodules, Seizure Disorder (D/O), Osteopenia and Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) and Hyponatremia from SIADH. -Consult dated 1/9/23 with the PCP/NP revealed: "check blood pressure*one time each day, ... limit sodium in diet ...greasy and fried foods." Interview on 6/28/23 with GHM revealed: -Worked at the facility for 6 months. -Shadowed another staff "a few nights" and had read client books for client specific training. -"Haven't been trained on diets." Interview on 6/30/23 with DSP #2 revealed: -Worked in the facility as needed and was also the Program Manager for the day activities. -"All the girls (clients) in the facility had in their books: 'less calories from the doctor, no fried or fatty foods, lower sugar, sodium, and increase	V 108	QP#2 provided one-on-one training on client specific with staff members. QP#2 provided carb training to all staff during weekly meeting. QP demonstrated on several items about carbs and how to ensure a balance meal. QP#2 implemented weekly menus for home and provided different variations based on all clients current dietary needs. QP#2 trained QP#1 on how to pull acknowledge information off of Therap. QP#2 created medical consult sheets to utilize when taking clients on appointments. These forms have been added to medication policy and procedures.	7/18/23-8/29/23 7/13/23 8/1/2023 8/16/23 7/15/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659		
(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 108	<p>Continued From page 1</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide training to meet the needs of the clients affecting 2 of 3 audited staff (Group Home Manager (GHM), and Direct Support Professional #2 (DSP #2)). The findings are:</p> <p>Review on 6/28/23 of GHM's record revealed: -Hire date: 12/28/22. -No evidence of client specific training.</p> <p>Review on 6/28/23 of DSP #2's record revealed: -Hire date: 7/28/21. -No evidence of client specific training.</p> <p>Review on 6/27/23 of Client #1's record revealed: -Admission date: 2/14/13. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Hypothyroidism, Strabismus, Down Syndrome, and Eczema, Atrial Septal Defect, Ventricular Septal Defect, Congenital Cleft Leaflet of Mitral Valve, Obesity, Seborrhic Dermatitis, Hyperlipidemia, and Plaque Psoriasis. -Consult dated 4/19/23 with the Primary Care Provider/Nurse Practitioner (PCP/NP) revealed: "limit sodium, greasy, and fried foods while increasing physical activity."</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/07/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
--	--

(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, complaint, and follow up survey was completed on August 7, 2023. The complaint was substantiated (NC# 00202706). 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,</p>	V 108		

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

TITLE

(X6) DATE

Crystal Carthon, QP 9/11/2023