Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-209	A. BUILDING: _____ B. WING _____	R 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH SHORE HOUSE	409 SOUTH SHORE DRIVE JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on December 6, 2023. The complaint was unsubstantiated (intake #NC00210110). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	RECEIVED FEB 5 2024 DHSR-MH Licensure Sect	

Division of Health Service Regulation

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

RA — Residential Administrator — 29DEC2023

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment affecting 1 of 2 audited clients (#2). The findings are: Review on 12/06/23 of client #2's record revealed: - 55 year old male. - Admission date of 11/18/19. - Diagnoses of Severe Intellectual Developmental Disability, Schizoaffective Disorder, Hypertension and Diabetes. Review on 12/06/23 of a signed physician order for client #2 dated 04/12/22 revealed: - "Please put chimes on refrigerator and cabinets for pt (patient) safety." Review on 12/06/23 of client #2's Individual Support plan (ISP) dated 01/01/23 revealed: - "What others needs to know to best support me..."Food is a strong motivator for [Client #2] and needs to be monitored tht he doesn't take food from others and that he doesn't put himself in danger trying to get food..." - "Medical/Behavioral...[Client #2] will steal food and eat raw items..." - "Per [Client #2's] doctor Day Supports Individual	V 112		

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V 112	Continued From page 2 is medically necessary for [Client #2] at 25H/W (Hours a week) for the following reasons...[Client #2] will eat food items inappropriately, such as bags of sugar, raw or frozen meats and consume jars of condiments such as syrup in one sitting..." - No strategies to address client #2's need for chimes on the refrigerator and cabinets per doctor order. Observation on 12/06/23 of the facility kitchen revealed no chimes on the refrigerator or cabinets. Interview on 12/06/23 Group Home Manager #2 stated: - Clients had taken the batteries out of the chime approximately one week ago. Interview on 12/06/23 the Qualified Professional stated: - Client #2 had a care manager from the local management entity that completed his ISP. - She would follow up on the identified physician order and treatment plan options for client #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility	V 736		

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V 736	Continued From page 3 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 12/06/23 at approximately 9:50am revealed: - The chairs around the kitchen table were unsteady. - The wall paper behind the microwave was pulled away from the wall. - The hallway bathroom had one of four bulbs that did not work. - The vacant room had numerous and various sized white patched areas on the walls. The single bedroom window would not remain raised after lifting. - Client #1's bathroom had one of four light bulbs that worked. - Client #2 had the front portion of a dresser drawer that had been removed. Interview on 12/06/23 the Residential Administrator indicated identified items would be repaired at the facility.	V 736		

Appendix 1-B: Plan of Correction Form

Plan of Correction	
Please complete all requested information and mail completed Plan of Correction form to:	**In lieu of mailing the form, you may e-mail the completed electronic form to:**

Provider Name:	**A Caring Heart Case Management, Inc. – South Shore House**	**Phone:**	**910-455-6724**
Provider Contact Person for follow-up:	**Siobhan Miranda, Residential Administrator**	**Fax:**	**910-346-5489**
		Email:	**smiranda@acaringheartinc.com**
Address:	409 South Shore Drive, Jacksonville, NC 28540	**Provider #** 3419141	MHL-067-209

Finding	Corrective Action Steps	Responsible Party	Time Line
27G .0205 (C-D) Assessment/Treatment/Habilitation Plan **10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN** This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment affecting 1 of 2 audited clients (#2).	1. QP reached out to Care Coordinator to update treatment plan to reflect physician orders of chimes on refrigerator and cabinets for consumer safety. 2. New tailored plans are in affect for all consumers. QP and Care Coordinators and Natural Supports will meet at least annually to review treatment plan and changes for the consumer, updates to be completed annually and as needed.	1. Qualified Professional and Care Coordinator 2. Qualified Professional, Care Coordinator and Natural Supports.	Implementation Date: 1. 12/06/2023 Projected Completion Date: 2. 01/05/2024 and ongoing
27G .0303(c) Facility and Grounds Maintenance **10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS** This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner.	1. Agency contractors arrived on-site when surveyor was leaving facility to continue working on repair that were in progress of being completed in facility from damages made by a consumer. 2. Work orders were already submitted to address areas needing repairs. Any new additional factors will be submitted as work orders in agency DUDE system which tracks all maintenance request. GHM will report any new items needing addressed to RA, RA will submit work orders and follow-up after repairs are completed. ESD will monitor and assign contractors for completion of work and will review completed repairs.	1. Contractors, Agency 2. Group Home Manager, Residential Administrator, Environmental Safety Director	Implementation Date: 1. 12/06/2023 Projected Completion Date: 2. 02/04/2024 and ongoing