

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-013 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/09/2024 |
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| NAME OF PROVIDER OR SUPPLIER JEAN STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 102 JEAN STREET CHADBOURN, NC 28431 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 9, 2024. A deficiency was 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 3 and currently has a census of 2 clients. The survey sample consisted of audits of 2 current clients.</p> | V 000 | | |
| V 291 | <p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p> | V 291 | | |

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

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| V 291 | <p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the qualified professionals who are responsible for the client's treatment, affecting one of two audited clients (#1). The findings are:</p> <p>Finding #1: Review on 10/9/24 of client #1's record revealed: -Admission date of 6/7/12. -Diagnoses of Paranoid Schizophrenia, Mild Intellectual Developmental Disability, Allergic Rhinitis, Hypertension, and Diabetes. -Medication order dated 8/14/24 for Rybelsus 7 milligram (mg) - Take one tablet by mouth daily for diabetes. -Physician order dated 8/14/24 for Prodigy no coding testing strips - Use as directed to check blood sugar once daily. -Medication order dated 8/14/24 for Metformin 500 mg (Diabetes) - Take one tablet by mouth twice daily at 8 am and 5 pm. -Physician's order dated 3/22/24 -"Check BG [Blood Glucose] daily." -No order, policy/procedure, or guidelines with blood glucose parameters and instructions for response for results that would be considered too high or too low by the physician.</p> <p>Interview on 10/9/24 client #1 stated: -He had diabetes.</p> | V 291 | | |

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| V 291 | <p>Continued From page 2</p> <ul style="list-style-type: none"> -Staff was responsible for checking his blood sugar. -They checked her blood sugar once a day. <p>Interview on 10/9/24 staff #1 stated:</p> <ul style="list-style-type: none"> -Blood sugars were taken on third shift before any meals in the morning. -The doctor requested blood sugars to be taken and a log kept. -Client #1 did not have blood sugar parameters from the doctor for staff to follow. <p>Interview on 10/9/24 staff #2 stated:</p> <ul style="list-style-type: none"> -Symptoms of high/low blood glucose were sweating, slurred speech, and trembling. -Client #2 did not have any parameters given by his doctor to monitor blood sugar. <p>Interview on 10/9/24 the Program Manager stated:</p> <ul style="list-style-type: none"> -Client #1 did not have any blood sugar parameters in his record from the doctor. -Staff will speak to the doctor about getting the parameters at client #1's upcoming doctor's appointment next week. -She was responsible for ensuring that blood sugar parameters were in the client's record when received from the doctor. | V 291 | | |