

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANHEAD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1003 INDIANHEAD CIRCLE</b> <b>SNOW HILL, NC 28580</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on March 7, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	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		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies affecting one of three clients (#3). The findings are:</p> <p>Review on 3/7/25 of client #3's record revealed: - Admission date of 10/11/10. - Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hepatitis C, Hypertension, and Hypothyroidism.</p> <p>Review on 3/07/25 of client #3's Individual Support Plan (ISP) dated 01/01/25 revealed: - "Medical Supports: I (client #3) am living with Hypertension and type two Diabetes. The staff at the group home check my blood sugar and blood pressure two times a day. If my blood sugar is above 250 or below 70, the staff are to recheck my blood sugar an hour later. If my blood sugar is over 300, then the staff at the group are required to call my physician."</p> <p>Review on 3/07/25 of client #3's signed physician order dated 11/21/24 revealed check fasting blood sugar 2 times daily.</p> <p>Review on 3/07/25 of a signed physician order for parameters for client #3's blood sugars dated 4/20/23 revealed:</p>	V 112		

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V 112	Continued From page 2  - "Fasting FSBS (Finger Stick Blood Sugar) greater than 250, recheck now. If greater than 250 on second check, call physician After meal FSBS greater than 300 recheck now. If greater than 300 on second check, call physician Fasting FSBF less than 70, recheck now. If less than 70 on second check, call physician After meal FSBS less than 70, recheck now. If less than 70 on second check, call physician"  Interview on 3/7/25 the Director of Operations stated: -He would ensure that the ISP was corrected to reflect the FSBF instructions identified by the physician.  This deficiency has been cited 4 times since the original cite on 2/12/20 and must be corrected within 30 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.	V 114		

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V 114	<p>Continued From page 3</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/5/25 of the facility's documented fire and disaster drills for 1/1/24 - 12/30/24 revealed: -First quarter (1/1/24 - 3/31/24); no first shift and fourth shift disaster drills documented. -Second quarter (4/1/24 - 6/30/24); no fifth shift disaster drill documented. -Third quarter (7/1/24 - 9/30/24); no fifth shift disaster drill documented.</p> <p>Interview on 3/6/25 client #1 stated: -He completed disaster drills. -He would go to the hall when practicing for a hurricane. -He was uncertain how often they were completed.</p> <p>Interview on 3/6/25 client #2 stated: -He completed disaster drills. -He would go to the hall and "cover his head" when practicing for a hurricane and tornado. -He was uncertain how often they were completed.</p>	V 114			

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V 114	<p>Continued From page 4</p> <p>Interview on 3/6/25 client #3 stated: -He completed disaster drills. -He would "cover his head" when practicing for a hurricane. -He was uncertain how often they were completed</p> <p>Interview on 3/6/25 staff #1 stated: -He had worked with the facility for 6 years. -Fire and disaster drills were completed monthly and included all shifts.</p> <p>Interview on 3/7/25 staff #2 stated: -She had worked with the facility for 2.5 years. -Fire and disaster drills were completed every other week.</p> <p>Interview on 3/7/25 the Qualified Professional stated: -Fire and disaster drills were completed each month and all shifts were covered. -There were five shifts that fire and disaster drills were scheduled to be completed on. -Monday - Friday (7am - 3pm, 3pm - 11pm, and 11pm - 7am). -Saturday and Sunday (7am - 7pm and 7pm - 7am).</p> <p>Interview on 3/7/25 the Director of Operations stated: -Fire and disaster drills were completely monthly and rotated to include each shift. -There were five shifts that fire and disaster drills were scheduled to be completed on. -Monday - Friday (7am - 3pm, 3pm - 11pm, and 11pm - 7am). -Saturday and Sunday (7am - 7pm and 7pm - 7am). -He would ensure that disaster drills were completed for each shift.</p>	V 114		

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V 291	<p>27G .5603 Supervised Living - Operations</p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></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. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain coordination between the facility operator and the professionals who are</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>responsible for the client's treatment, affecting one of three clients (#3). The findings are:</p> <p>Review on 3/7/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 10/11/10.</li> <li>- Diagnoses of Moderate Intellectual Developmental Disability, Schizoaffective Disorder-Depressive Type, Diabetes Type II, Epilepsy, Hepatitis C, Hypertension, and Hypothyroidism.</li> </ul> <p>Review on 3/07/25 of client #3's Individual Support Plan (ISP) dated 01/01/25 revealed:</p> <ul style="list-style-type: none"> <li>- "Medical Supports: I (client #3) am living with Hypertension and type two Diabetes. The staff at the group home check my blood sugar and blood pressure two times a day. If my blood sugar is above 250 or below 70, the staff are to recheck my blood sugar an hour later. If my blood sugar is over 300, then the staff at the group are required to call my physician."</li> </ul> <p>Review on 3/07/25 of client #3's signed physician order dated 11/21/24 revealed check fasting blood sugar 2 times daily.</p> <p>Review on 3/07/25 of a signed physician order for parameters for client #3's blood sugars dated 4/20/23 revealed:</p> <ul style="list-style-type: none"> <li>- "Fasting FSBS (Finger Stick Blood Sugar) greater than 250, recheck now. If greater than 250 on second check, call physician</li> <li>After meal FSBS greater than 300 recheck now. If greater than 300 on second check, call physician</li> <li>Fasting FSBF less than 70, recheck now. If less than 70 on second check, call physician</li> <li>After meal FSBS less than 70, recheck now. If less than 70 on second check, call physician"</li> </ul>	V 291		

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V 291	<p>Continued From page 7</p> <p>Review on 3/7/25 of client #3's January 2025 - March 2025 Medication Administration Record (MAR) revealed the following dates and times of FSBS values greater than 250:</p> <p>January 2025</p> <ul style="list-style-type: none"> <li>-1/03/25 at 7:30pm - 252.</li> <li>-1/06/25 at 7:30pm - 256.</li> <li>-1/12/25 at 7:30pm - 258.</li> <li>-1/14/25 at 7:30pm - 281.</li> <li>-1/21/25 at 7:30pm - 315.</li> <li>-1/27/25 at 7:30pm - 256</li> </ul> <p>February 2025</p> <ul style="list-style-type: none"> <li>-2/01/25 at 7:30pm - 268.</li> <li>-2/03/25 at 7:30pm - 296.</li> <li>-2/28/25 at 7:30pm - 281.</li> </ul> <p>March 2025</p> <ul style="list-style-type: none"> <li>-3/01/25 at 7:30pm - 268.</li> <li>- No documentation the above FSBS were rechecked or the physician was notified.</li> </ul> <p>Interview on 3/7/25 the Medical Coordinator stated:</p> <ul style="list-style-type: none"> <li>- She understood client #3's physician order which requested a recheck of a FSBS value greater than 250.</li> <li>- There was no documentation of a recheck or that a physician was notified of the above referenced FSBS values for client #3.</li> <li>- Moving forward, she would ensure staff followed orders as directed by physician.</li> </ul> <p>This deficiency has been cited 4 times since the original cite on 2/12/20 and must be corrected within 30 days.</p>	V 291		