

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY LIVING GUEST HOME #2

**3052 MARKET STREET EXTENSION
WASHINGTON, NC 27889**

(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 survey was completed on 3/25/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000	<p>RECEIVED MAR 31 2025 <i>DHSR-MH Licensure Sect</i></p> <p><i>See Attachment</i></p>	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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

TITLE

(X6) DATE

STATE FORM

6899

XUSR11

If continuation sheet 1 of 7

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 3/25/25 of client #4's record revealed: - he was admitted on 1/17/23 - diagnoses of Intellectual Developmental Disability, Autism Spectrum Disorder, Diabetes, and Unspecified Anxiety Disorder - a physician's order dated 1/27/25 "check blood sugars twice daily, before breakfast and before dinner" During interview on 3/25/25 client#4 reported: - him and the staff checked his blood sugars During interview on 3/25/25 staff#1 reported: - she checked client #4's blood sugars twice a day During interview on 3/25/25 the Qualified Professional/Registered Nurse reported: - he thought they had the CLIA waiver but was unable to locate it - they had already started the process for the CLIA waiver	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118	See Attachment	

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V 118	<p>Continued From page 3</p> <p>REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep 1 of 3 audited clients (#4) MAR current. The findings are:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Review on 3/25/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted on 1/17/23 - diagnoses of Intellectual Developmental Disability, Autism Spectrum Disorder, Diabetes, and Unspecified Anxiety Disorder - a physician's order dated 1/27/25: "check blood sugars (BS) twice daily, before breakfast and before dinner" - a physician's order dated 1/27/25: "inject 22 unit subcutaneously with breakfast every day for diabetes inject 13 unit sub-Q with dinner...give additional unit per SS (sliding scale). For BS 150-199 =1U, 200-249 =2U, 250-299 =3U, 300-349 =4U, greater than 350 =5U" <p>Review on 3/25/25 of a physician's summary dated 1/27/25 for client #4 revealed:</p> <ul style="list-style-type: none"> - "A1C improved from 9.5% to 8.6%. Morning blood sugars at goal, evening blood sugar elevated. No hypoglycemia" <p>Review on 3/25/25 of client #4's February 2025 and March 2025 MARs revealed:</p> <ul style="list-style-type: none"> - February 2025 morning: - 2/1 - 2/7, 2/15 - 2/21 - no documentation of BS checks or insulin unit - 2/14 (BS 172), 2/26 (BS 160), 2/27 (BS 265), 2/28 (BS 171) - no insulin unit documented - February 2025 evening: - 2/1 - 2/6, 2/14 - 2/20, 2/28 - no documentation of BS checks or insulin unit - 2/7 (BS 176), 2/9 (BS 167, 2/12 (BS 261), 2/13 (BS 208), 2/21 (BS 193), 2/23 (BS 174), 2/24 (BS 234), 2/25 (BS 226), 2/26 (BS 296), 2/27 (BS 245) - no insulin unit documented - March 2025 morning: - 3/1 - 3/7 - no documentation of BS checks or insulin unit - 3/8 (BS 193), 3/12 (BS 202), 3/13 (BS 200), 	V 118		

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V 118	<p>Continued From page 5</p> <p>3/14 (BS 185) - no insulin unit documented</p> <ul style="list-style-type: none"> - 3/17 (BS 201) - one insulin unit documented - March 2025 evening: - 3/1 - 3/3, 3/5 - 3/6 - no documentation of BS checks or insulin unit - 3/4 (BS 218), 3/7 (BS 153), 3/8 (BS 280), 3/9 (BS 153), 3/10 (BS 198), 3/13 (BS 389) - no insulin unit documented <p>Interview on 3/25/25 with staff #1 reported:</p> <ul style="list-style-type: none"> - checked client #4's BS and then entered it into the computer system - based on the BS, would also enter the insulin units in the computer system - sometimes the computer system was down and did not allow the BS or insulin unit to be entered into the computer system - wrote down the BS and insulin unit on a piece of paper when the computer system was down, once the system "booted back up," she entered the BS and insulin unit - the Qualified Professional/Registered nurse provided training on the computer system the end of 2024 <p>Interview on 3/25/25 the Registered Nurse reported:</p> <ul style="list-style-type: none"> - noticed medication documentation errors in March 2024, October 2024, and December 2024 - the errors noticed were: no BS or insulin units documented in the computer system - sometimes it was issues with the computer system and sometimes it was staff errors - asked the Quality Assurance Supervisors to ensure staff entered the BS and insulin units correctly - she also emailed the staff and informed them of the BS and insulin unit errors in the computer system - requested if they had questions on how to 	V 118		

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V 118	Continued From page 6 enter the BS or insulin units, to contact her - she planned to provide one-on-one staff training on how to enter the BS and insulin units in the computer system Due to the failure to accurately document medication administration, it could not be determined if client received the medication as ordered by the physician	V 118		



Plan of Correction

Country Living Guest Home , Inc.
Country Living Guest Home #2
MHL-007-033

ID Prefix Tag	Plan of Correction	Complete Date
V105 Governing Body Policies	<p>The agency will apply for a CLIA (Clinical Laboratory Improvement Amendments) Waiver. A current CLIA Waiver will be posted next to the license for the facility.</p> <p>A CLIA Waiver was requested for each of the agency's 12 licensed facilities to prevent future deficiencies in this area.</p> <p>Each waiver will be renewed prior to the expiration date.</p> <p>The administrator will review the expiration date of all waivers and renew as necessary to remain in compliance with this rule. Expiration dates will be reviewed at least annually.</p>	3/26/25
V118 Medication Requirements	<p>All Medication Administration Records (MARs) will remain current, with accurate documentation completed at each medication pass.</p> <p>Additional training will be provided to staff by one of the agency's RNs.</p> <p>Training will include specific education related to documentation of FSBS results, sliding scale insulin, units administered, etc. Documentation will remain consistent for each staff.</p> <p>Training will be conducted in person and will be the responsibility of [REDACTED] RN or Jeff Bell, RN, QP. Training will be conducted at least annually.</p> <p>A RN will monitor the MAR at least weekly to ensure proper documentation.</p>	3/26/25 (Initiated) Ongoing

Provider Signature: _____

Jeff Bell, BSN, RN, QP

Date: 3/28/25