

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER BEAUFORT COUNTY GROUP HOME #1 (ARC-I		STREET ADDRESS, CITY, STATE, ZIP CODE 405 EAST 6TH STREET 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 April 24, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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

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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	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 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:</p> <p>Review on 04/24/25 of the North Carolina Division of Health Service Regulation facility CLIA waiver history revealed no current CLIA waiver since 01/29/23.</p> <p>Review on 04/24/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 11/01/24. - Diagnoses of Moderate Intellectual Developmental Disability, Diabetes, Chronic Kidney Disease and Congestive Heart Failure. - 01/07/25 order for finger stick blood sugar checks daily. - Staff documented daily blood sugar values. <p>Interview on 04/24/25 client #4 stated:</p> <ul style="list-style-type: none"> - He had diabetes. - Staff checked his blood sugar values daily. <p>Interview on 04/24/25 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #3 and client #4 had to have their blood sugar checked daily. - She completed the testing for client #4's finger stick blood sugar checks. <p>Interview on 04/24/25 the Qualified Professional stated:</p>	V 105		

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STATE FORM

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V 744	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Client #1's bedroom window was made a white colored plastic material. The only window available for egress from client #1's bedroom was difficult to open. - Client #4's bedroom window was made from a white colored plastic material. The bottom part of the window ledge, which allowed for leverage to open, broke while attempting to raise the window. The top portion of the window was hard to grip and it was difficult to raise without the ability to use the bottom window ledge which was broken. - The vacant bedroom was made of a white in color plastic material. The bottom part of the window ledge was broken prior to attempting to raise the window. The top portion of the window was hard to grip and it was difficult to raise without the ability to use the bottom window ledge which was broken. <p>Interview on 04/24/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - There had been several recent inspections and windows were opened. - The Chief Executive Officer said the windows had been in place for a number of years. - The facility would follow up on the issues with the windows identified. 	V 744		