STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL090-123	A. BUILDING: _____ B. WING _____	R 04/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS UCP NC-UNION COUNTY GH	2010 TIMBER RIDGE ROAD MONROE, NC 28112

(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 A follow up survey was completed on 4-5-18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600 C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	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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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to update treatment plans to reflect the needs of the clients effecting one of three clients (client #1). The findings are: Review on 4-5-18 of client #1's treatment plan dated 7-1-17 revealed: -Plan start date of 7-1-17 -No material supports listed as being needed. -Goals include: Starting the washing machine, being more independent in daily living, knowing when the washing machine has run full cycle. -No goals or strategies relating to clients poor balance and being a fall risk. -No mention of rolling walker or bed alarm being needed. Review on 4-5-18 of physicians orders revealed: --8-11-17 "patient continues to require supervision in rehab for ADL's (activities of daily living), toileting and mobility due to poor balance." -9-13-17 "symptoms to report to the physician; falls, with or without injury." - 10-5-17: "patient must use rolling walker when out of home or ambulating greater than 25 feet. pt (patient) may ambulate without walker only when assisted for short distances (less than 25 feet) ie-to the bathroom or kitchen. Must use walker if unassisted less than 25 feet. Wear shoes at all times." -10-10-17: "...patient with unsteady gait-patient is a fall risk. Fall precautions should be observed." -10-31-17- "Bed alarm to limit risk of falls. If not sleeping at night go to common area with	V 112		

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V 112	Continued From page 2 staff." -1-30-18 " Xray of right shoulder, negative for fracture" Interview on 4-5-18 with the Residential Manager revealed: -They did have a treatment team meeting for client #1 but his treatment plan wasn't due until July, so that is when the new one would go into effect. -All staff had been trained on the bed alarm and the need for the walker. Interview on 4-5-18 with the Qulified Professional revealed: -She had thought that the treatment plan had been updated after the meeting to include client #1's changing needs. -They would have an addendum put in the treatment plan as soon as possible that would reflect the use of his bed alarm, his walking and the fact of his poor balance. -The staff had been trained on client #1's changes. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		