

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
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NAME OF PROVIDER OR SUPPLIER MONTREAL COURT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH MONTREAL COURT CARY, NC 27511
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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 4/25/18. 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>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation record review and interview the governing body failed to assure the facility was maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 4/24/18 at approximately 4:00 PM revealed:</p> <ul style="list-style-type: none"> - two holes in the wall above client #2's head board the size of a grapefruit and tangerine - a patched are to drywall peeled back on the wall to the left of the closet in client #1's room - the cover to the oven door in the kitchen was missing <p>Review on 4/24/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an Individual Support Plan dated 10/1/17 with diagnoses including Autism Spectrum Disorder, and Severe Intellectual Disability Disorder - a Behavior Intervention Plan dated 2/8/18 with 	V 736		

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

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V 736	<p>Continued From page 1</p> <p>a goal addressing the reduction of anxiety in which self injurious behavior is displayed and property destruction</p> <ul style="list-style-type: none"> - hospital discharge instructions dated 4/21/18 with information indicating client #2 was diagnosed and treated for contusions of his hand <p>During an interview on 4/24/18, the Residential Coordinator reported:</p> <ul style="list-style-type: none"> - client #2 punched holes in his bedroom wall recently and was taken to the emergency room - client #1 caused the damage to the wall in his room by picking at an area that had recently been patched - the cover to the oven door was being replaced 	V 736		