STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL031-076	A. BUILDING: _____ B. WING _____	05/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTIMATE FAMILY CARE HOME #10	223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365

(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 May 1, 2018. A deficiency was cited. This facility is licensed for the following services category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	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 reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (client #1). The findings are: Review on 05/01/18 of client #1's record revealed: - 50 year old male. - Admission date 05/08/17. - Diagnoses of Diabetes, Schizophrenia, Hyperlipidemia, Hypertension and Gastroesophageal Reflux Disease. - Person-Centered Profile (PCP) dated 06/03/17. - The PCP did not contain strategies to address client #1's diagnosis of Diabetes. Review on 05/01/18 of client #1's March 2018 and April 2018 Medication Administration Records (MARs) revealed: - Metformin (treats Diabetes) administered twice daily. - Finger stick blood sugar checks Monday, Wednesday and Friday. Interview on 05/01/18 client #1 stated: - He checked his blood sugar at the facility. - His doctor told him to drink diet drinks and eat diet snacks. Interview on 05/1/18 staff #1 stated: - He began to work at the facility on 04/13/18. - Client #1's blood sugar was checked three times a week. Interview on 05/01/18 the House Manager stated client #1's blood sugar was checked three times a week.	V 112		

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V 112	Continued From page 2 Interview on 05/01/18 the Qualified Professional stated she completed treatment plans for clients. Interview on 05/01/18 the Licensee stated she would ensure client #1's PCP included strategies to address his diagnosis of Diabetes.	V 112		