

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE THREATT'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 BABBLING BROOK ROAD MOORESVILLE, NC 28117</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on May 3, 2018. According to the Facility Director there are no clients being served at the facility. The last time a client was served at the facility was January 11, 2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27 G .5600 F Supervised Living/Alternative Family Living.</p> <p>Interview on 5/3/18 with the AFL Provider revealed:                      - "There is no clients at her home and the client that was discharged left in January due to behavioral concerns.                      - I just couldn't handle her. I requested that she (FC#1) not come back into my home.                      - Her (Former Client (FC) #1) records would be at the office."</p> <p>Interview on 5/3/18 with the Facility Director revealed:                      - "There was an incident in January (1/11/18) with the consumer(FC #1). She displayed very aggressive and went after the AFL provider with a fork. Police were called and [FC#1] was taken away. She then went into the hospital (mental health behavior unit) for several days.                      - The AFL provider then requested a discharge for her (FC#1) due to not being able to handle the aggression."</p>	V 000		

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