

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2018
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G224 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/27/2018 |
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| NAME OF PROVIDER OR SUPPLIER COUNTRY LANE | STREET ADDRESS, CITY, STATE, ZIP CODE 534 COUNTRY LANE HOLLY SPRINGS, NC 27540 |
|--|--|

| (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) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
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|-------|---|-------|--|---------|
| W 248 | <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 4 of 5 audit clients (#1, #2, #3 and #5). The findings are:</p> <p>Clients #1, #2 and #3 did not have current individual program plans (IPP) and clients #2 and #5 did not have current behavior support plans (BSP) available at the day program.</p> <p>a. Review on 3/27/18 at the day program of client #1's record revealed an IPP dated 1/4/17. This was the most current IPP on file at the day program. Review on 3/27/18 of client #1's record in the home revealed an IPP dated 1/9/18.</p> <p>b. Review on 3/27/18 at the day program of client #2's record did not reveal a current IPP nor was there a current BSP. The day program was not provided with a current IPP nor a current BSP. Review on 3/27/18 of client #2's record in the home revealed an IPP dated 1/18/18 and a BSP dated 1/18/18.</p> <p>c. Review on 3/27/18 at the day program of client #3's record revealed an IPP dated 1/11/17. This was the most current IPP on file at the day program. Review on 3/27/18 of client #3's record</p> | W 248 | <p>W248 This deficiency will be corrected by the following actions:</p> <p>A. Clinical Supervisor ensures that each consumers individual plan and Behavior support plans are made available to all other agencies who work with the client and to the client, parents or legal guardian.</p> <p>B. Clinical Supervisor will monitor monthly</p> <p>C. Home Supervisor will monitor bi monthly.</p> <p>DHSR - Mental Health APR 09 2018 Lic. & Cert. Section</p> | 5-14-18 |
|-------|---|-------|--|---------|

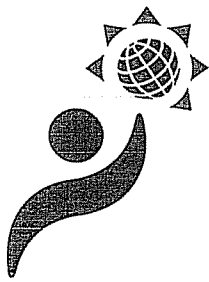
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4-3-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 248 | Continued From page 1 in the home revealed an IPP dated 1/18/18. d. Review on 3/27/18 at the day program of client #5's record did not reveal a BSP. The day program did was not provided with a BSP on file at the day program. Review on 3/27/18 of client #5's record in the home revealed a BSP dated 12/13/17. During an interview on 3/27/18, management revealed they thought the day program had current IPP's and PSP's for all of the clients. | W 248 | <i>Refer to page 1</i> | 5-14-18 | |



ResCare Residential Services

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Raleigh, NC 27609
919.387.1011
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www.ResCare.com

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APR 03 2018

DHSR-MH Licensure Sect

April 3, 2018

Anntinella Abegunrin
Facility Survey Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction for Recertification Survey completed March 26-27, 2018
VOCA-Country Group Home.

Dear Mrs. Abegunrin

Thank you for your time and the feedback given during the survey you conducted on March 26-27, 2018. We appreciate your diligence in assisting us in providing the best care possible to the consumers we serve. We look forward to making the recommended changes that will improve their lives.

Enclosed you will find the Plan of Correction. If you have any questions, please call me at (919) 387-100 ext. 216. Again, thank you for your time and patience.

Sincerely,

A handwritten signature in black ink that reads "Keisha Douglas". The signature is fluid and cursive, with the first name being more prominent.

Keisha Douglas
Program Manager,

Enclosures

Respect and Care

Assisting People to Reach Their Highest Level of Independence