

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2018
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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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 on May 23, 2018. There was a deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children or Adolescents</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document the client's capability of having unsupervised time in the community in the treatment or habilitation plan affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 5/23/18 of Client #1's record revealed: - Admission date 10/23/17. - Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Type, Intermittent Explosive Disorder and Borderline Intellectual Functioning. - Treatment Plan dated 4/5/18. - There was no independent living skills goal that included unsupervised time and hours. - There was no assessment that demonstrated client was capable of unsupervised in the community.</p> <p>Review on 5/23/18 of Client #2's record revealed: - Admission date 5/26/17. - Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Type, Oppositional Defiant Disorder, Anxiety Disorder and Major Depressive Disorder. - Treatment Plan dated 2/6/18. - There was no independent living skills goal that included unsupervised time and hours. - There was no assessment that demonstrated client was capable of unsupervised in the community.</p> <p>Review on 5/23/18 of Client #3's record revealed: - Admission date 7/20/15. - Diagnoses of Schizoaffective Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Seizure Disorder. - Treatment Plan dated 2/6/18.</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - There was no independent living skills goal that included unsupervised time and hours. - There was no assessment that demonstrated client was capable of unsupervised in the community. <p>Interview on 5/23/18 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The clients were being prepared to transition out of the facility. -The clients had not displayed any aggression. -The clients participated in community activities with staff. -The clients were involved in a boxing program, and client #3 volunteers at the Track Meets. -Clients participated in weekly group counseling and individual therapy. -The clients were allowed 1-3 hours of unsupervised time to go to the library or park. -Clients progress were reviewed monthly and documented. -He reported unsupervised time was assessed, discussed and determined during treatment team meetings. -He was not aware unsupervised time was not documented. -He would implement an assessment that demonstrated client's capability of unsupervised time. 	V 112		