Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-317	A. BUILDING: ______ B. WING ______	C 09/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON'S HOUSE OF HOPE FAMILY CARE HOME, I	2509 ROLLING PINES AVENUE DURHAM, NC 27703

(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 A complaint survey was completed on September 25, 2018. The complaint was unsubstantiated (intake #NC00142889). There was a deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600B Supervised Living for Minors with Developmental Disabilities.	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	V 112		

Continued From page 1

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to develop and implement goals and strategies to address the behavior of one of three audited clients (former client #5). The findings are:

Review on 9/25/18 of Client #5's record revealed:
- Admission date of 7/1/18.
- Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Seizure Disorder.
- Treatment plan dated 5/1/18 included the following behaviors:
[FC#5] mimics behaviors especially negative behaviors that can cause harm to himself such as jumping on others bed, walking on tables and couches. [FC#5] will become jealous if [FC#5] sees others doing things for an example, [FC#5] will jump in the chair to get on the computer before the other individual in the home does. [FC#5] will destroy property of others and self when he is upset.
-Treatment plan failed to provide goals and strategies to address clients mimicking behavior including, scratching himself and jumping on furniture.

Interview on 9/25/18 with the Director/Qualified Professional revealed:
-Confirmed FC #5 copied the behaviors of other clients and would laugh afterwards.
-She was under the impression by the Local Management Entity short term goals must reflect the long term goals.
-Long term goals included independent living

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V 112	Continued From page 2 skills. -She confirmed FC#5 did not have goals and strategies to address the mimicking behavior.	V 112		