

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
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NAME OF PROVIDER OR SUPPLIER WARREN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WARREN STREET WARRENTON, NC 27589
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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 10/4/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <ul style="list-style-type: none"> (A) documentation of physical disorders 	V 113		

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

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V 113	<p>Continued From page 1</p> <p>diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain current treatment plans at the facility for 3 of 3 audited clients (#4, #5 and #6).. The findings are:</p> <p>Review on 10/3/18 of client records revealed:</p> <ul style="list-style-type: none"> - Client #4 <ul style="list-style-type: none"> -admission date 12/7/15 - diagnoses including Schizophrenia, Personality Disorder (DO), Alcohol Use DO Tobacco Use DO - no treatment plan in the record - Client #5 <ul style="list-style-type: none"> -admission date 6/7/02 - diagnoses including Paranoid Schizophrenia, Hypertension and Hyperlipidemia - no current treatment plan in the record - Client #6 <ul style="list-style-type: none"> -admission date 11/12/10 - diagnoses including Paranoid Schizophrenia, Substance Abuse, and Hypertension - no current treatment plan in the record 	V 113		

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V 113	<p>Continued From page 2</p> <p>Review on 10/4/18 of records at the agency's Day Program revealed current treatment plans for all three clients.</p> <p>During an interview on 10/3/18, staff #1 reported:</p> <ul style="list-style-type: none"> - she had worked at the facility for 7 years and they had kept treatment plans at the facility until a few years ago. - she could not say why they stopped sending them to the group home - she knew the clients goals were about Independent Living Skills and increased Socialization <p>During an interview on 10/4/18, staff #2 reported:</p> <ul style="list-style-type: none"> - she had worked at the facility for three years - she had not seen actual treatment plans at the group home but knew the clients goals - she stated the goals were listed on the monthly progress notes that the Qualified Professional completed and these notes were located at the facility <p>During interviews on 10/3/18 and 10/4/18, the Director of mental health Services/Qualified Professional reported:</p> <ul style="list-style-type: none"> - she had been hired on 7/16/18 - she was the acting Qualified Professional for the facility - she could not say why there were no current treatment plans at the facility but would ensure they received copies immediately 	V 113		