

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/04/2019
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NAME OF PROVIDER OR SUPPLIER HANNAH FAMILY CARE HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7109 HICKORY NUT DRIVE RALEIGH, NC 27613
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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 1/4/19. Deficiencies were cited.</p> <p>The facility is licensed for a 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adult.</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		

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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 ensure current treatment plans were present for two of three (#1, #2) clients. The findings are:</p> <p>A. Review on 12/18/18 of client #1's record revealed: -No admission date/ -Diagnoses of Schizophrenia, Depression and Hypertension. -Treatment Plan dated 4/1/17.</p> <p>B. Review on 12/18/18 of client #2's record revealed: -Admission date of 1/23/12. -Diagnosis of Paranoid Schizophrenia. -Treatment Plan dated 5/30/17.</p> <p>Further review on 12/18/18 of client #1 and #2's record did not reveal any current treatment plans.</p> <p>During interview on 12/18/18 Staff #1 stated: -The Licensee/Qualified Professional is the one who takes the books to work on. -Not aware when client plans expire.</p> <p>During interview on 12/18/18 The Licensee/QP stated: -The current treatment plan should be in the record. -Not sure why the plans are not present in the facility. -The plans had been completed. -Currently out of town and unable to get the plans to the facility.</p>	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 2</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a clean, safe attractive manner. The findings are:</p> <p>Observation on 12/18/18 at 11:30 AM revealed: -Chirping smoke detectors throughout the home. -Closet door in client#4 & #5 broken and off the hinge.</p> <p>During interview on 12/18/18 staff #1 stated: -Not sure how long the closet door had been broke. -The smoke detectors have been chirping, "I don't even notice it anymore."</p>	V 736		
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