STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-120	A. BUILDING: _____ B. WING _____	01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S CARE #4	487 WEST MAIN STREET FOREST CITY, NC 28043

(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 An annual suvey was completed on January 2, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults 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 This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to develop and implement strategies to meet the treatment needs for 1 of 3 audited clients (#1). The findings are: Record review on 12/31/18 for Client #1 revealed: -Admitted on 6/23/18 with diagnoses of mild Intellectual Disability, Epilepsy, adult antisocial behavior, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, and Oppositional Defiant Disorder. Review on 1/2/19 of the seizure log maintained for Client #1 revealed: -All seizure activity was documented. -Seizures had decreased. Review on 12/31/18 of the treatment plan for Client #1 revealed: -Goals included to refrain from inappropriate sexual behaviors; increase coping strategies and decrease aggression; practice daily hygiene; increase appropriate social skills; and to follow safety protocols in the home and community. -No goals or strategies to monitor and track seizure activity or to monitor the use of video games. Interview on 12/31/18 with Staff #1 revealed: -Client #1 was monitored when playing video games. He can only play for 30 minutes at a time. Some video games can trigger seizure activity. -The seizures for Client #1 had decreased since he started taking a new medication. -He documented the seizure activity. Interview on 1/2/19 with the Qualified	V 112		

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V 112	Continued From page 2 Professional revealed: -There were time limits on video game use for Client #1. They also kept him from access to fluorescent lighting. -Staff #1 monitored the use of video games. -Client #1 was taken to a Neurologist who will follow every 6 months. -He had not thought of adding the treatment issue around seizure activity to the treatment plan.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (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; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;	V 113		

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V 113	Continued From page 3 (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to document goal progress toward outcomes for 3 of 3 audited clients (#1, #2, #3) and failed to have a signed statement of permission to seek emergency medical care for 1 of 3 audited clients (#3). The findings are: Record review on 12/31/18 for Client #1 revealed: -Admitted on 6/23/18 with diagnoses of mild Intellectual Disability, Epilepsy, adult antisocial behavior, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, and Oppositional Defiant Disorder. -Goal progress not documented after 12/8/18. Record review on 12/31/18 for Client #2 revealed: -Admitted on 9/23/17 with diagnoses of mild Intellectual Disability, Schizophrenia, hypertension, high cholesterol, and borderline diabetes. -Goal progress not documented after 12/8/18.	V 113		

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V 113	Continued From page 4 Record review on 12/31/18 for Client #3 revealed: -Admitted on 4/15/18 with diagnoses of Moderate Intellectual Disability, Post-Traumatic Stress Disorder, and Personality Disorder. -The signed consent for permission to seek emergency medical care was signed by a former guardian. -The current guardian for Client #3 had not signed giving permission to seek emergency medical care. -Goal progress not documented after 12/8/18. Interview on 1/2/19 with the Qualified Professional revealed: -He had not reviewed the goal sheets for the month of December. December had been very busy with the holidays and their office relocation. -There had been an issue with the wi-fi in the home but Staff #1 did not understand that he could still document without the wifi. -He assumed that Staff #1 had documented the goal progress for all clients. -Client #3 had a change in guardianship and he had failed to have the new guardian sign the consent. It was an oversight.	V 113		