PRINTED: 02/15/2019 FORM APPROVED

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				
			A. BUILDING: _						
		mhl084047	B. WING		02/11/2019				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LINCOLN	LINCOLN STREET GROUP HOME 206 LINCOLN STREET BADIN, NC 28009								
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)				
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE				
V 000	INITIAL COMMENTS		V 000						
	An annual survey was deficiency was cited.	s completed on 2-11-19. A							
	-								
V 290	27G .5602 Supervise	d Living - Staff	V 290						
	10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

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			-				
		mhl084047	B. WING		02/11/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
LINCOLN	STREET GROUP HOME		LN STREET				
BADIN, NC 28009							
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V 290	more clients present. need be present durir specified by the emer determined by the go (d) In facilities which diagnosis is substanc (1) at least one duty shall be trained i withdrawal symptoms secondary complication drug addiction; and	present for every four or However, only one staff ng sleeping hours if gency back-up procedures verning body. serve clients whose primary e abuse dependency: staff member who is on n alcohol and other drug and symptoms of ons to alcohol and other s of a certified substance I be available on an	V 290				
	facility failed to asses unsupervised time in document, in the trea capability of remainin supervision for specif 1 of 2 clients (#1). Th Review on 2-11-19 of -Admitted Septer -Diagnoses inclu Disability, seizure disdiabetes, unspecified explosive disorder, so bi-polar disorder, histinjury,and MRSA -No assessment capable of being in the	ews and interviews the s the clients' capability of the community and failed to tment plans, the client's g in the community without ied periods of time affecting e findings are: client #1's record revealed: mber 2019 de: Moderate Intellectual order, hypertension, psychosis, intermittent chizoaffective disorder, ory of traumatic brain showing client #1 was e community unsupervised on in the Person Centered					

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		mhl084047	B. WING		02/1	1/2019	
				DRESS, CITY, STATE, ZIP CODE			
LINCOLN	STREET GROUP HOME	206 LINC	OLN STREET				
		BADIN, N	C 28009				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
V 290	Continued From page	2	V 290				
	revealed that going to to him, and he has Interview on 2-11-19	d Plan dated 12-1-18 o church was very important friends in the church. with client #1 revealed: o the church take him to					
	Interview on 2-11-19 with staff #1 revealed: -Client #1 does like to go the church. -"Another staff take him, I think they drop him off. Another staff picks him up. -Sometimes he would go to church with the facility manager. Interview on 2-11-19 with the facility manager revealed: -She will meet staff at the church and go with client #1 -"Other times, the preacher will take him." -The church members don't pick him up from the house anymore.						
	and take him to churd -She had not rea considered unsupervi	his church. It is family that ill pick him up It with them. Ilized that this would be sed time. It is the necessary addition to					

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