STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-072	A. BUILDING: _____ B. WING _____	03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANT STREET	619 PLANT STREET WASHINGTON, NC 27889

(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 survey was completed on March 28, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#1). The findings are: Review on 03/28/19 of client #1's record revealed: - 39 year old female. - Admission date of 06/30/17. - Diagnoses of Bipolar Mood Disorder, Intermittent Asthma, Reduced Intellectual Ability, Gastroesophageal Reflux Disease and Allergic Rhinitis. Review on 03/28/19 of client #1's signed physician orders dated 10/26/18 revealed: - Proair (treats bronchospam) - inhale 2 puffs by mouth as needed for shortness of breath, cough or wheezing. Observation on 03/28/19 at approximately 11:40am of client #1's medications revealed: - A Proair inhaler labeled for client #1 with directions to inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/cough/wheezing. Interview on 03/28/19 client #1 stated: - She had been a resident at the facility for less than two years. -She attended a day program five days a week. - She had a diagnosis of asthma and her doctor had ordered Proair as needed. - She did not take her Proair inhaler to her day	V 291		

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V 291	Continued From page 2 program. Interview on 03/28/19 staff #1 stated: - Client #1 did not take her Proair inhaler with her to the day program. - If client #1 required her inhaler, the day program staff would contact group home staff. The group home staff would take the Proair inhaler to client #'1 day program as needed. Interview on 03/28/19 the Residential Team Leader/Qualified Professional stated: - She understood client #1 needed to have her Proair inhaler in the event of an episode of shortness of breath. - The facility was in the process of coordinating client #1's Proair availability at the day program.	V 291		