

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/03/2019
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NAME OF PROVIDER OR SUPPLIER LAVERNE'S HAVEN RESIDENTIAL HOME SER	STREET ADDRESS, CITY, STATE, ZIP CODE 195 BROOKSIDE DRIVE EDEN, NC 27288
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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>A Complaint Survey was completed on April 3, 2019. The complaint was unsubstantiated (intake #NC00150124). A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure an assessment was completed prior to the delivery of services and included at least; the client ' s presenting problems, needs and strengths, admitting diagnosis, social-family-medical history, and other evaluations, for one (client #1) of one client surveyed. The findings are:</p> <p>Review on 4-2-19 of client #1 ' s facility record revealed he:</p> <ul style="list-style-type: none"> - was admitted 12-21-18 - was 39 years old - had a blank admission assessment - had a treatment plan dated 3-26-19 <p>Interview on 4-2-19 with the Director revealed:</p> <ul style="list-style-type: none"> - he was still waiting on client #1 ' s care coordinator to send the rest of his information - he didn ' t get all the information he was promised by client #1 ' s legal guardian - he used a discharge summary from client #1 ' s previous psychiatric hospitalization for vital information - thought there was a completed, non-blank, Admission Assessment completed, but could not locate it - was aware there was a blank Admission 	V 111		

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V 111	Continued From page 2 Assessment with client #1 ' s name and client number on it, in his facility record - he was aware of the purpose and need of an Admission Assessment - from this point on, he will make sure there ' s an Admission Assessment completed, to determine the appropriateness of clients referred to the facility	V 111		