

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/28/2019
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NAME OF PROVIDER OR SUPPLIER WOODARD'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1709 ATKINS ROAD FUQUAY VARINA, NC 27526
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed on 03/28/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living/Alternative Family Living</p>	V 000	<div data-bbox="998 582 1404 664" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 8:27 am, Apr 22, 2019</small></p> </div>	
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	<p>Staff has contacted Birdwhistle at Alliance Health and [REDACTED] DSS Guardian requesting for Client #1 to be placed on the list for Innovation Services. It is also request that a assessment and Care Coordination Services for treatment for habilitation or Service Plan can be develop. On Wednesday, 3/17/2019 staff telephoned Alliance and left (2) messages requesting services.</p> <p>10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan The yearly Person Centered Plan, is scheduled for My 1st, 2019 for Client #1.</p>	3/17/2019

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

Sandra Woodard

TITLE
Adm.

(X6) DATE
4-18-19

Division of Health Service Regulation

STATE FORM		6899	WUWL11	If continuation sheet 1 of 3	
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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 assure a treatment plan developed based on the assessment and inclusive of outcomes, strategies, staff responsible and basis for evaluation or assessment of outcome achievement for one of two audited clients (#1). The findings are:</p> <p>Review on 03/22/19 of client #1's record revealed: -Admitted: 11/01/13 -Diagnoses which included schizophrenia, mental retardation and seizure disorder</p> <p>Review on 03/22/19 of document labeled "Individualized Treatment Plan of Care" dated 04/13/18 for client #1 revealed: -"Services Provided: Medication Management -Target outcomes: maintain mental health care to manage/decrease symptoms of his illness, keep part-time employment, continue living in the group home -Projected date of outcome achievement (612 months): 4/13/19 -Individual Signature: [client #1's name written in cursive] -Printed name: [client #1's name typed and hand written Licensed Clinical Social Worker] -Date: 4/13/18 -Provider Signature [signature]" with credentials for Licensed Clinical Social Worker (LCSW) -Printed name of Provider with LCSW credentials</p> <p>During interview on 03/22/19, the Licensee reported: - 2 clients resided at the group home</p>	V 112	<p>It should be noted that the correct admission date for Client #1 is December 10th, 1996.</p> <p>The diagnoses were provided by his current psychologist, Dr. Gwen Sims. The Plan of Care is completed by [redacted] Licensed Clinical Social Worker, and [redacted] LCSW, who currently provide DSS Guardianship and sign to violate his Annual Plan.</p>	3/17/2019	

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 STATE FORM

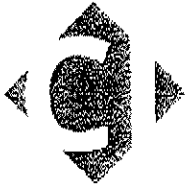
6889 WUWL11

If continuation sheet 2 of 3

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -She utilized a management company for oversight purposes -The management company did not provide services to client #1 -Client #1's treatment plan was completed by a Social Worker at a program -In 2018, the Social Worker indicated her agency changed their treatment plan model and would not provide any additional information. <p>During interview on 03/25/19, the Management Company's Qualified Professional reported:</p> <ul style="list-style-type: none"> -The second client in the group home was a client of their company, not client #1. -Oversight provided was only for the second client at the group home -She would not have reviewed any documentation or records for client #1 -Her agency had recently changed ownership. A follow up with provider services verified no changes had been made and client #1 did not receive services. <p>During interview on 03/27/19, client #1's LCSW reported:</p> <ul style="list-style-type: none"> -Client #1 attended a clinic in which he was seen by a physician. Goals were established and reviewed by the physician/Psychiatrist. She worked at the clinic and provided assistance with paperwork for those in need. -She had never met client #1. -The treatment plan provided to the group home was a medical treatment plan not a person centered plan nor did it address residential goals and needs. "Those types of plans were normally completed by residential qualified professionals." 	V 112	<p>Client # 1 has a Physician/Psychiatrist and Medical Treatment with DSS Guardian whom has oversight to his treatment. (please note: this is not a Group Home Facility)</p> <p>Staff is actively perusing services through Alliance Health and DSS requesting Care Coordination Services so a management Agency/Qualified Professional can provide support for Client #1. Upon approval through Alliance, a "Person Centered Plan" and be written to address residential goals and needs by a Qualified Professional.</p>	6/17/2019



**COMMUNITY
INNOVATIONS**
Person-Centered Services

Fax Transmittal Form

TO: *Division of Health
Service Regulation*
Name: *India Vaughn-Rhodes*
Organization Name/Dept:
CC:
Phone number: *919-855-3795*
Fax number: *919-715-8078*

Urgent ()
For Review ()
Please Comment
Please Reply

FROM: **Community Innovations**

*Sensra Woodard
Woodard's Home*
Phone: (919) 303-5377

Fax: (919) 303-5380

Date sent: *4-18-19*

Time sent:

Number of pages including cover page: *4 pgs*

*RE: Corrective Action Plan
MHL # 043-104*

Fax 919-715-8078