

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLEARVIEW TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 CLEARVIEW TERRACE</b> <b>ASHEVILLE, NC 28801</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 5/8/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Development Disability.</p>	V 000		
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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 ensure the treatment/service included strategies for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 5/7/19 and 5/8/19 of the record for Client #3 revealed: -Admission date of 11/7/14 with diagnoses of Hard of Hearing, Anxiety, Cerebral Palsy, Epilepsy, Genetic Torsion Dystonia and Mild Intellectual Disability. -Treatment plan dated 6/28/18 with goals listed without strategies.</p> <p>Interview on 5/8/19 with Client #3 revealed: -She worked on completing some household chores independently. -She also went to the local gym to do some exercise.</p> <p>Interview on 5/8/19 with the Qualified Professional revealed: -It was an oversight on her part when she completed the plan on 6/28/18. -She wrote the goals and forgot to go back to insert the strategies. -All staff were aware of the strategies to be implemented for the goals. -Client #3 had very little change from her prior plan. -All staff had been trained on the current goals and strategies for Client #3.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p>	V 114		

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V 114	<p>Continued From page 2</p> <p><b>AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 5/7/19 of the fire and disaster drills for 4/2018-3/2019 revealed: -No 2nd shift fire or disaster drill for the quarter of 10/2018-12/2018.</p> <p>Interviews with the clients revealed fire and disaster drills are conducted.</p> <p>Interview on 5/7/19 with the Qualified Professional Assistant revealed: -She completed the schedule for the drills. -The 2nd shift drills were missed for the quarter of 10/2018-12/2018.</p>	V 114		