

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2019
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NAME OF PROVIDER OR SUPPLIER EDELL'S ONE	STREET ADDRESS, CITY, STATE, ZIP CODE 3717 TRENT ROAD NEW BERN, NC 28560
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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>An annual survey was completed on June 11, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10 A NCAC 27G .5600F, Supervised Living/Alternative Family Living.</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> <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		

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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 reviews and interviews the facility failed to review the treatment plan annually and failed to develop and implement strategies and goals in partnership with the client or legally responsible person affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 6/11/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 76 year old male admitted to the facility 1/8/14. - Diagnoses included Schizophrenia, chronic, undifferentiated, Intellectual/Developmental Disability, severe, diabetes, gastroesophageal reflux disease, lactose intolerance, hypertension, and kidney disease. - Legal guardian identified as a non-profit advocacy service organization. - "Individual Support Plan" implemented 7/1/18 completed and signed by the Local Management Entity Care Coordinator 6/21/18. - No guardian representative signature on the "Individual Support Plan." - Treatment plan dated 7/1/17 with short range goals and interventions. - No updated treatment plan with short range goals or interventions. <p>During interview on 6/11/19 client #1 stated he liked to go to the grocery store, to the "Y" to ride the exercise bike, and to smoke cigars. His blood sugar was checked twice a day.</p> <p>During interview on 6/11/19 the AFL Provider/Licensee stated client #1's team had recently met to update his plan of care/individual support plan. The Qualified Professional wrote the treatment plans. She would speak with the Qualified Professional to make sure short range goals and interventions were developed and</p>	V 112		

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V 112	Continued From page 2 implemented. She would also make sure client #1's guardian representative was involved in the plan development and signed the completed plan.	V 112		