

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER CHERRY MOUNTAIN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 503 SOUTH MOUNTAIN ROAD BOSTIC, NC 28018
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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	INITIAL COMMENTS An annual survey was completed on June 19, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	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 a client (Client #1)'s treatment plan was developed in participation with the client's legally responsible person. The findings are:</p> <p>Review on 6/18/19 of Client #1's record revealed: Date of admission: 3/16/10 Diagnoses: Moderate Intellectual Developmental Disability, Generalized Anxiety Disorder, Spina Bifida with Hydrocephalus, Seizure Disorder, Allergic Rhinitis, Neurogenic Bladder, Dysmenorrhea Convulsive Disorder, Heartburn, Urinary Incontinence; -Her 1/1/19 treatment plan revealed: -She had approximately 9 written short-term goals that contained strategies to support each of her goals; -A signature page, which was a part of the plan, had no signature from Client #1's legal guardian that indicated her guardian's participation in and/or approval of her short-term treatment goals.</p> <p>Interview on 6/18/19 at 3:52 pm with Client #1 revealed: -Her short-term goals included socialization with others and to maintain the cleanliness of her bedroom; -She had a yearly meeting with her legal guardian to go over all her treatment plan.</p> <p>Interview on 6/19/19 with the Qualified Professional (QP) revealed: -The signature page was the "Person-Centered Plan" signature page and required the signature of the client's legally responsible person or guardian;</p>	V 112		

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V 112	Continued From page 2 -A former QP had not completed this document with Client #1's legal guardian.	V 112		