Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL024-092		**07/17/2019**

NAME OF PROVIDER OR SUPPLIER

WASHINGTON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

403 WASHINGTON STREET
WHITEVILLE, NC 28472

(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 July 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	MHL024-092		07/17/2019

NAME OF PROVIDER OR SUPPLIER
WASHINGTON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
403 WASHINGTON STREET
WHITEVILLE, NC 28472

(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 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting 1 of 3 clients audited (#6). The findings are: Review on 07/17/19 of client #6's record revealed: - 17-year-old female. - Admission date of 04/01/19. - Diagnoses of Bipolar Affective Disorder -Type 1, Post Traumatic Stress Disorder (PTSD), Asthma, Anemia, Borderline Diabetes, and Intellectual Disability (mild). Review on 7/17/19 of Admission Assessment Sheet for client #6 dated 4/01/19 revealed: - Client #6 displayed a history of elopement, aggression, hallucinations, and suicidal ideation. - She had threatened herself with a knife. - She had attempted to harm herself for attention. - She had prior hospitalizations due to dangerousness. - She displayed violence towards others, property destruction, and elopement when angry. - She was identified by the assessor as an immediate safety risk to self or others in household/community due to her previous placement being in a lockdown facility. Review on 7/17/19 of client #6's Individual Support Plan (ISP) dated 7/03/19 revealed: - "My Behavioral Needs...I need to refrain from fighting, destroying or breaking things, and walking away or eloping." - "What Does a Crisis Look Like for Me ...When I get upset, I may frown, curse, slam doors, or shut down completely. I may walk away and leave the premises."	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	MHL024-092		**07/17/2019**

NAME OF PROVIDER OR SUPPLIER
WASHINGTON HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
403 WASHINGTON STREET
WHITEVILLE, NC 28472

(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 112	Continued From page 2 - No identified strategies to address history of elopement and self-harm. Interview on 7/17/19 client #6 stated: - She had lived at her current residence for approximately 2 months. - Her primary goal was finishing her high-school education. - She had not eloped since moving to her current residence. - She was very happy with her current placement. Interview on 7/17/19 Qualified Professional stated: - There had been no incidents with client #6 since her placement in current residence. - Client #6's ISP had been developed by her Local Management Entity (LME) and not by her current provider.	V 112		