

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2019
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NAME OF PROVIDER OR SUPPLIER SEDRICK'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 TERRELL DRIVE HIGH POINT, NC 27262
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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 July 18, 2019. A deficiency was cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults	V 000	DHSR - Mental Health JUL 31 2019 Lic. & Cert. Section	
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113	<i>Client # 1 face sheet was completed 7/18/19 and placed in record that evening on 7/18/19</i> <i>To prevent in the future all clients face sheet will be completed day of admissions to facility</i> <i>The Director will make sure face sheet is completed and in record</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ethel Murray* TITLE *Director* (X6) DATE *7/26/19*

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a client record was maintained for each individual admitted to the facility which contained at a minimum; an identification face sheet, documentation of developmental disabilities, documentation of a screening and assessment, and emergency information, for one (client #1) of two clients. The findings are:</p> <p>Review on 7-18-19 of client #1 's facility record revealed:</p> <ul style="list-style-type: none"> - admitted 7-1-19 - 37 years old - diagnoses from a psychological evaluation dated 2-25-19: <ul style="list-style-type: none"> - Intellectual Disability -Moderate - Schizophrenia - no face sheet 	V 113	<p>Client #1 face sheet 7/18/19 was completed and placed in record on 7/18/19</p> <p>To prevent in future All clients face sheet will be completed Day of admitted to facility</p> <p>The Director will make sure face sheet completed and put in record</p>	
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V 113	<p>Continued From page 2</p> <ul style="list-style-type: none"> - no screening and assessment - no emergency information <p>Interview on 7-18-19 with the Director/Licensee (D/L) revealed:</p> <ul style="list-style-type: none"> - we have that information at the main office in Clemmons, NC. (the facility is located in High Point, NC.) - "[client #1] is new, I haven ' t put that in there yet." - "I can take care of that today." - acknowledged the need for vital and emergency information to be quickly accessible by staff when client is admitted to the facility - we "need emergency information, guardian information, allergy information and other demographic information" ...at the facility. <p>Interview on 7-18-19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - client #1 is new (admitted 17 days ago) - has a complete record at the administrative office - agreed the facility staff need all medical, assessment and safety information - reported she and the D/L would insure all required information would be included in client #1 ' s facility record - agreed the facility record would be complete 7-18-19 	V 113	<p>Client #1 face sheet 7/18/19 was completed and placed in Record on 7/18/19</p> <p>To prevent in the future ALL clients face sheet will be completed by OF admitted to facility</p> <p>The Director will make sure face sheet is completed and in Record</p>	
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