STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl011-087	A. BUILDING: _____ B. WING _____	C 06/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAW CREEK	15 BROOK DRIVE ASHEVILLE, NC 28805

(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 A Complaint Survey was completed on 6/18/19. The complaint was unsubstantiated (intake #NC00151730). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Developmental Disabilities.	V 000	The following was put into place to remedy the deficiency and ensure it will not happen again: QP provided monitor with a copy of the updated, signed plan upon exit. The correct plan was reviewed with the member and is located in their file; staffs have been trained on the goals. The Director will review with the QP the Assessment/Treatment/Habilitation Plan rules and regulations to ensure timely completion of annual plans and goals.	
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	DHSR - Mental Health AUG 30 2019 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Quality Management — TITLE: — (X6) DATE: 8/26/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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HAW CREEK	15 BROOK DRIVE ASHEVILLE, NC 28805

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the treatment/service plan was updated at least annually with the client or responsible party for 1 of 3 audited clients (#3). The findings are: Review on 6/17/18 and 6/18/19 of the record for Client #3 revealed: -Admission date of 4/3/08 with Cerebral Palsy and Moderate Intellectual Disability. -Personal Care Treatment Plan dated 1/7/19, goals were all related to personal care and no treatment goals identified on the current plan. -Treatment Plan dated 1/10/18 with goals related to personal space, socialization and initiation of activities was not updated in January 2019. Interview on 6/18/19 with the Qualified Professional revealed: -Client #3 was no longer receiving group home funding and the current plan was the one utilized for personal care. -Staff were still working on the goals and strategies identified on the plan for 2018, but they were not on the personal care plan. -She updated the plan to include all goals and strategies for Client #3. Interview on 6/18/19 with the Residential Director revealed: -The update for the treatment plan was missed. -The plan would be updated and reviewed with Client #3 to include all goals and strategies.	V 112		