

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2019
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NAME OF PROVIDER OR SUPPLIER POSITIVE PROGRESS SERVICES ADULT CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST 2ND AVENUE RED SPRINGS, NC 28377
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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 and complaint survey was completed on September 19, 2019. The complaint was unsubstantiated (intake #NC0015592). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</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> <ol style="list-style-type: none"> (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		

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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, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of five audited clients (#4). The findings are:</p> <p>Review on 09/19/19 of client #5's record revealed: - 50 year old male. - Admission date of 12/17/18. - Diagnoses of Mild Intellectual Developmental Disability, Unspecified Bipolar Disorder and History of Cocaine Use Disorder.</p> <p>Review on 09/19/19 of client #4's Person-Centered Profile (PCP) dated 12/12/18 and updated 06/14/19 revealed: - Goal 1: Learn Social Skills - Goal 2: Learn Personal Care Skills. - No documentation regarding client #4's ability to be unsupervised in the community.</p> <p>Review on 09/19/19 of a Comprehensive Clinical Assessment for client #4 and dated 01/31/19 revealed: - "...[Client #4] has been recommended for PSR (Psychosocial Rehabilitation) services due to the continued issues with managing mental health symptoms, reducing irritability, poor independent skills and poor engagement with living facility residents...[Client #4] reported that he has issues with waiting his turn and becoming impatient..." - "Conflict relationships: residents within group home - client (#4) is irritable and has been verbally aggressive against others."</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>- "What are the client and family's expectation of and preferences for this service...'I want to get out of the group home and live on my own. I want to learn how to be around other people without always getting mad."</p> <p>Observation on 09/18/19 at approximately 2:45pm revealed:</p> <ul style="list-style-type: none"> - Client #4 was approximately 75 yards in front of the facility in an adjacent empty lot. - Client #4 walked approximately 100 yards to a local convent store. - No staff supervised client #4 while he was walking back to the facility. <p>Interview on 09/18/19 client #4 stated:</p> <ul style="list-style-type: none"> - He had been coming to the facility for 4 years. - The staff let him walk to the store by himself to purchase drinks and other items. <p>Interview on 09/18/19 the Licensee stated she understood clients needed to have documentation in their PCP's when they are left unsupervised in the facility.</p>	V 112		