STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL086034	A. BUILDING: _____ B. WING _____	08/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE LILY #1	103 PEACE LILY LANE DOBSON, NC 27017

(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 and complaint survey was completed on August 28, 2019. The complaint (Intake #NC00153446) was unsubstantiated. A deficiency was 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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 1 of 3 clients (#1). The findings are: Review on 8/23/19 of client #1's record revealed: -An admission date of 6/10/19 -Diagnoses of Severe Anxiety, Mixed Delusional Thoughts and Acts, Hearing Voices and History of Adult Victim of Abuse -An assessment dated 6/10/19 noting "needs assistance with bathing and dressing, is ambulatory, wears pull ups due to accidents, has a regular diet, is forgetful at times, needs assistance with nail care, toileting, mouth care and scheduling appointments." -No documentation a treatment plan had been completed. Interview on 8/26/19 with the Former Qualified Professional (FQP) revealed: -Had gone on Maternity leave the end of April 2019 -Decided to resign as the QP due to the demands of her full-time employment. -Last day of work was June 19, 2019 -Was responsible for completing the treatment plans for the clients which included development of goals and strategies -Was not familiar with client #1's name. -"She must have been admitted while I was out on Maternity leave. I did not complete a treatment plan for her ..." Interview on 8/23/19 with the Administrator In	V 112	All clients Treatment Plans will be reviewed to ensure each client has a current treatment plan in place.	10/28/2019

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V 112	Continued From page 2 Charge (AIC) revealed: -The FQP was responsible for completing the treatment plans for all of the clients. -The FQP was paid for completing all of the clients' treatment plans and updating them prior to her resigning. -Was unable to locate a treatment plan for client #1 -Would contact the FQP to see why client #1's treatment plan was not completed	V 112		