

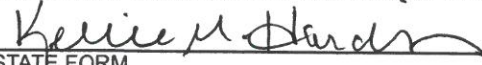
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2019
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME #6	STREET ADDRESS, CITY, STATE, ZIP CODE 252 DAN TAYLOR ROAD WASHINGTON, NC 27889
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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 9/26/19. 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 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	See attached.	12/1/19

DHSR-Mental Health
 OCT 07 2019
 Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE MSW Lic, OP, Admin.	(X6) DATE 10/4/19
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Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete an admission assessment prior to the delivery of services for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 9/26/19 of client #5's record revealed: - 27 year old male admitted 9/7/18. - Diagnoses included Intellectual/Developmental Disability, history of seizure disorder, history of hydrocephalus. - No documentation of an admission assessment completed prior to the delivery of services.</p> <p>During interview on 9/26/19 the Qualified Professional stated: - Client #5 was admitted "emergently" and "in a hurry." - Client #5 was in danger of being homeless prior to his admission to the facility. - Client #5 was admitted "sight unseen." - An admission assessment was not completed prior to the delivery of services for client #5.</p>	V 111		

Country Living Guest Home, Inc. #6

252 Dan Taylor Road
Washington, NC 27889

Plan Of Correction:

V111- Country Living QP will complete a Pre-Admission screening prior to all admissions. Information will include but is not limited to: admitting diagnostic information, medical conditions, strengths, preferences, medications, family and social history, psychiatric history, Guardianship status, Demographic information, Interpretive summary from the assessment, recommendation of services, and initial strategies for treatment. In the case of an emergent placement, a Pre-Admission screening will be conducted over the phone if possible. This option will be added to Country Living Policies and Procedures manual by December 1st, 2019 by the Administrator/QP.

Kevin McHardin mhw lcsw QP Admin.
10/4/19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 4, 2019

Kellie Hardison, Administrator
Country Living Guest Homes, Inc.
3134 Market Street Extension
Washington, NC 27889

DHSR-Mental Health

OCT 07 2019

Lic. & Cert. Section

Re: Annual Survey completed 9/26/19
Country Living Guest Home #6, 252 Dan Taylor Road, Washington, NC 27889
MHL # 007-076
E-mail Address: countrylivinginc@yahoo.com

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the annual survey completed September 26, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is November 25, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 4, 2019
Kellie Hardison, Administrator
Country Living Guest Home, Inc.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources
LME/MCO