

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BTW HOME CARE SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2709 GARY ROAD</b> <b>ROCKY MOUNT, NC 27803</b>
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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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type B rule violation was completed on October 17, 2019. This was a limited follow up survey, only 10A NCAC 27G .5602 Supervised Living: Staffing (V290) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .5602 Supervised Living: Staffing (V290). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation  
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 review and interview, the facility failed to ensure treatment plans were updated annually for four of four audited clients (#1 - #4). The findings are:</p> <p>a. Review on 10/17/19 of client #1's record revealed: - admission date: 8/28/10 - diagnoses which included Mild Intellectual and Developmental Disorder, Hypertension and Paranoid Schizophrenia - treatment plan dated 3/5/18 with goals to continue to find things to keep busy completing tasks and chores and to have 8 hours unsupervised time between 8:00am and 8:00pm - no revisions or update made to the plan since March, 2018</p> <p>b. Review on 10/17/19 of client #2's record revealed: - admission date of 11/21/08 - diagnoses of Mild Intellectual and Developmental Disorder and Paranoid Schizophrenia - treatment plan dated 4/29/18 with goals to increase independent living skills, improve social skills, improve culinary skills and to have 8 hours unsupervised time between 8:00am and 8:00pm - no revisions or update made to the plan since April, 2018</p> <p>c. Review on 10/17/19 of client #3's record</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- admission date of 6/27/16</li> <li>- diagnoses of Mild Intellectual and Developmental Disorder, Schizophrenia, Hearing Disability</li> <li>- treatment plan dated 7/10/18 with goals including having better communication skills with his family</li> <li>- no revisions or update made to the plan since July, 2018</li> </ul> <p>d. Review on 10/17/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admission date of 9/14/15</li> <li>- diagnoses of Mild Intellectual and Developmental Disorder, Schizophrenia, Chronic Obstructive Pulmonary Disease, Hypertension, Sickle Cell Trait, History of Seizures and Blind in Left Eye</li> <li>- treatment plan dated 4/29/18 with goals to save money, maintain personal hygiene, improve social skills, and to have 8 hours unsupervised time between 8:00am and 8:00pm</li> <li>- no revisions or update made to the plan since April, 2018</li> </ul> <p>During interview on 10/17/19, the Chief Financial Officer reported:</p> <ul style="list-style-type: none"> <li>- none of the clients currently had unsupervised time to use</li> <li>- the Qualified Professional was currently working on updating all the treatment plans.</li> </ul>	V 112		