STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-233	A. BUILDING: _____ B. WING _____	R 12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARNER'S HOUSE OF GRACE	914 DIXIE STREET BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on December 18, 2019. The complaint was unsubstantiated (Intake #NC00159051). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105		

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

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V 105	Continued From page 2 Based on record review and interview, the facility management failed to have a written policy for methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services affecting 4 of 4 current clients (#1 #2 #3 #4) and 1 of 1 deceased client (DC #5). The findings are: Interview on 12/17/19 with the Qualified Professional/Licensee revealed the following information; -- There was no documentation of any services provided or progress toward or lack of progress toward goals in each any of the client records. -- She was under the impression that since her last annual survey (September 2018) this documentation was not required anymore. -- She thought that her policy regarding documenting progress indicated that it would be recorded once a month. -- There was no policy regarding progress notes in her policy book.	V 105		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse	V 113		

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V 113	Continued From page 3 diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to maintain complete records for each client which included documentation of services provided, and documentation of progress made, or progress not made toward client goals affecting 4 of 4 current clients (#1 #2 #3 #4) and 1 of 1 deceased client (DC #5). The	V 113		

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V 113	Continued From page 4 findings are: Review on 9/12/19 of DC #5's record revealed the following information; -- 28 year old female. -- Admitted to the facility on 2/26/14. -- Date of death 8/4/19. -- Diagnoses include Mild Mental Retardation, Mood Disorder - Not Otherwise Specified, Attention Deficit Hyperactivity Disorder, Hypertension, Essential Tremor and Acne. -- No documentation of any services provided or progress toward or lack of progress toward goals. Review on 9/12/19 of Client #1's record revealed the following information; -- 20 year old female. -- Admitted to the facility on 9/20/18. -- Diagnoses include Intellectual and Developmental Disabilities, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder and Hypertension. -- No documentation of any services provided or progress toward or lack of progress toward goals. Review on 9/13/19 of Client #2's record revealed the following information; -- 22 year old female. -- Admitted to the facility on 1/20/19. -- Diagnoses include Autistic Disorder, Anxiety, Depression, Hypertension and Reflux. -- No documentation of any services provided or progress toward or lack of progress toward goals. Review on 12/17/19 of Client #3's record revealed the following information; --50 year old female. -- Admitted to the facility on 9/19/16. Diagnoses include Mild Intellectual and	V 113		

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V 113	Continued From page 5 Developmental Disabilities, Schizoaffective Disorder, Onychomycosis and Impacted Ceremuen. -- No documentation of any services provided or progress toward or lack of progress toward goals. Review on 12/17/19 of Client #4's record revealed the following information; -- 43 year old female. -- Admitted to the facility on 1/24/14. Diagnoses include Mental Retardation, Depression, Galactosemia, Head Aches and Allergic Rhinitis. -- No documentation of any services provided or progress toward or lack of progress toward goals. Interview on 12/17/19 with the Qualified Professional/Licensee revealed the following information; -- There was no documentation of any services provided or progress toward or lack of progress toward goals in each of the above 5 client records. -- She was under the impression that since her last annual survey (September 2018) this documentation was not required anymore. -- There was no policy regarding progress notes in her policy book.	V 113		