Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-107	A. BUILDING: ______ B. WING ______	01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIAD HEALTH CARE 1	706 HUFFMAN MILL ROAD, BUILDING P, APARTMENT 1 BURLINGTON, NC 27215

(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 January 16, 2020. 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 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the facility Management failed to have current treatment plans to address client needs affecting 1 of 2 current clients (#2). The findings are: Review on 1/16/20 of Client #2's record revealed the following information; -- 51 year old male. -- Admitted to the facility on 3/14/03. -- Diagnoses include Mild Mental Retardation, Impulse Control Disorder and Hypertension. Review on 1/16/20 of Client #2's treatment plan dated 12/2/18 revealed a goal of attending a psychosocial rehabilitation program and obtaining his own housing. Documentation on this treatment plan indicates both of these goals have been "achieved." Interview on 1/16/20 with the Qualified Professional/Licensee revealed the following information; -- He was aware that there was not a current treatment plan. -- The client was planning to move into independent living within the next two weeks.	V 112		
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;	V 113		

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V 113	Continued From page 2 (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 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	V 113		

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V 113	Continued From page 3 Management failed to have any documentation of services provided, or progress towards these outcomes affecting 2 of 2 current clients (#1 #2). The findings are: Review on 1/16/20 of Client #1's record revealed the following information; -- 39 year old male. -- Admitted to the facility on 3/29/17. -- Diagnoses include Mild Mental Retardation, Schizophrenia, Hypertension and Vitamin D deficiency. -- No documentation of services provided or progress made toward his goals. Review on 1/16/20 of Client #2's record revealed the following information; -- 51 year old male. -- Admitted to the facility on 3/14/03. -- Diagnoses include Mild Mental Retardation, Impulse Control Disorder and Hypertension. -- No documentation of services provided or progress made toward his goals. Interview on 1/16/20 with the Qualified Professional/Licensee revealed the following information; -- He was not aware that there was a requirement of documentation of services provided or progress made toward goals. -- He had never been asked by other surveyors for 'progress notes.' -- He would begin doing a monthly summary for each client with the required documentation.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES	V 114		

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V 114	Continued From page 4 (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility Management failed to assure that fire and disaster drills were held at least quarterly on each shift. The findings are; Review on 1/16/20 of the facilities fire/disaster log revealed the following information; -- There were 5 fire drills held and all of them were on 1st shift. -- There were 8 disaster drills held and all of them were on either 2nd or 3rd shift. Interview on 1/16/20 with the Qualified Professional/Licensee revealed the following information; -- He was not aware that these drills were not being performed as required by rule. -- He would implement a system to assure that the drills were performed.	V 114		