

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
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NAME OF PROVIDER OR SUPPLIER PATTERSON HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6331 RANNOCK DRIVE FAYETTEVILLE, NC 28314
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on March 9, 2020. 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>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</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> <ol style="list-style-type: none"> (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	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement goals and strategies based on assessment for 3 of 3 audited clients (#1, #4, #5). The findings are:</p> <p>Finding #1: Review on 3/6/2020 of client #1's record revealed: -47 year old male admitted 10/26/12. -Diagnoses included mental retardation, atypical seizure disorder, psychosis, allergies (environmental), and Hunter Syndrome. -FL2 dated 7/1/19 documented client #1 was incontinent of bowel and bladder. -Person Centered Profile dated 7/20/19 documented the following as "Not Working" for client #1: - verbal aggression, fighting, lying and self injurious behaviors when he did not get his way -client #1 had not been successful communicating without verbal frustration -social skills needed to improve -Penile ejaculation/masturbation around others -Qualified Professional (QP) progress note dated 3/1/2020 documented: -"You cannot take your eyes off of [client #1] because of his severe behaviors." - "...uses the restroom on himself daily and will lie about being unclean...likes to play in feces along with his penis." -... required "maximum hands on assistance with his activities of daily living."</p> <p>Review on 3/6/2020 of client #1's treatment plan effective 8/1/2019 revealed: -2 short term goals related to completing household chores and sorting/putting his clothes</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>away.</p> <p>-No goals or strategies that addressed client #1's needs regarding the following:</p> <ul style="list-style-type: none"> -behaviors (aggressive, lying, self injurious) -social skills -communication skills (frustration) -incontinence issues -public masturbation -hygiene, activities of daily living <p>Finding #2: Review on 3/6/2020 of client #4's record revealed:</p> <ul style="list-style-type: none"> -60 year old male admitted 5/25/07. -Diagnoses included mental retardation, hypertension, dementia unspecified, non-insulin dependent diabetes, and mood disorder. -QP progress note dated 3/1/2020 documented client #4 needed reminders for some social skills, i.e. "Excuse me when he burps or passes someone." Client would eat fast and "stuffs his mouth." <p>Review on 3/6/2020 of client #4's treatment plan effective 12/1/2019 revealed:</p> <ul style="list-style-type: none"> -2 short term goals addressed taking a shower/washing his hair and dress himself independently. -No goals or strategies that addressed client #4's need to develop social skills or safe eating behaviors. <p>Finding #3: Review on 3/6/2020 of client #5's record revealed:</p> <ul style="list-style-type: none"> -66 year old male admitted 9/13/05. -Diagnoses included mental retardation, hypertension, dementia unspecified, diabetes, and impulse control disorder. -FL 2 1/27/2020 documented client was 	V 112		

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V 112	<p>Continued From page 3</p> <p>incontinent of bowel and bladder.</p> <p>-QP progress note dated 3/1/2020 documented: -..."requires constant verbal reminders to use the bathroom every thirty minutes..." -..."food has to be cut up in very small pieces because he will stuff food in his mouth... monitors him closely to prevent choking..." -noted assistance needed with communication skills</p> <p>Review on 3/6/2020 of client #4's treatment plan effective 12/1/2019 revealed: -2 short term goals that addressed bathing and dressing self -No goals or strategies that addressed client #5's needs for toileting, safe eating behaviors to prevent choking, or communication skills.</p> <p>Interview on 3/6/2020 the QP stated she would revisit client plans with their treatment team.</p>	V 112		