

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-898	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
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NAME OF PROVIDER OR SUPPLIER NC UNITY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 3105 VICO TERRACE RALEIGH, NC 27610
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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 03/05/20. A deficiency was cited.</p> <p>This facility is licensed for the following service category :10A NCAC 27G .5600C Supervised Living for Adults with Developmentally Disabled Adults</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>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 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:</p>	V 113		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 113	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure three of three clients (#1-#3)'s records contained treatment/habilitation or service plan. The findings are:</p> <p>Review on 02/28/20 of the facility's records revealed the following: -Client #1....Admitted 04/11/16....Diagnoses included Autism, Hypermobility Syndrome, Seborrhea Dermatitis and Physiological development in childhood -Client #2....Admitted 04/05/16....Diagnoses included Down Syndrome, Hypothyroidism, Autism, Mental Retardation, Hyperactivity and Major Depression -Client #3....Admitted 08/01/17....Diagnoses included Severe Mental Retardation, Eczema and Bed wetting -No evidence of treatment plans in client records</p> <p>During interview on 02/28/20, the Licensee</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>reported:</p> <ul style="list-style-type: none"> -Within the past 12 months, she had changed management companies -Current Management company office was in a city located 30 away from facility -The current management company maintained current treatment plans at their office not in the clients' records at the facility <p>During interview on 03/03/20, the Qualified Professional reported:</p> <ul style="list-style-type: none"> -Clients #1-#3's treatment plans were reviewed/updated within the past 12 months. -Group home should have current treatment plans in the client records -It was an oversight the treatment plans were not at the group home 	V 113		