STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL082-041	A. BUILDING: _____ B. WING _____	R 03/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARLAND GROUP HOME	168 HERRING AVENUE GARLAND, NC 28441

(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 and follow up survey was completed on March 10, 2020. A deficiency was 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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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure the treatment plan for 3 of 3 audited clients (#1, #2 and #4) was reviewed annually. The findings are: Review on 03/05/2020 of client #1's record revealed: - Admission date of 09/16/09. - Diagnoses of Moderate Intellectual Developmental Disorder, Major Depressive Disorder, Anxiety Disorder, Seizure Disorder and Diabetes. - A treatment plan in the client's record dated 10/29/18. - No current treatment plan and with updated goals was found. Review on 03/05/2020 of client #2's record revealed: -Admission date of 09/22/06. -Diagnoses of Moderate Intellectual Developmental Disorder, Arthritis and Rosacea. -A treatment plan in the client's record dated 06/18/19. -No current treatment plan with updated goals was found. Review on 03/05/2020 of client #4's record revealed: -Admission date of 11/01/2000. -Diagnoses of Mild Intellectual Developmental Disorder. -A treatment plan in the client's record dated 02/01/19. -No current treatment plan with updated goals was found. During interview the Director/Qualified	V 112		

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V 112	Continued From page 2 Professional revealed: -She had not updated the treatment plans at this time. -She would get them updated immediately.	V 112		