

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/04/2020
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NAME OF PROVIDER OR SUPPLIER OLD 60 HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 258 OLD HIGHWAY 60 WILKESBORO, NC 28697
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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>A limited follow up survey for the Type A rule violation was completed on September 4, 2020. This was a limited follow up survey, only 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290), and 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .5602-Staff (V290). 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 	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>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop treatment goals and strategies that addressed a client's needs for 1 of 3 audited clients (Client #3). The findings are:</p> <p>Reviews on 8/21/20, 8/26/20, 8/28/20, 9/1/20 and 9/4/20 and of Client #3's record revealed: -an admission date of 12/21/13; -diagnoses that included Schizophrenia, History of Alcohol Dependence (full remission), Severe Intellectual Developmental Disability, Traumatic Brain Injury, Cirrhosis of Liver, heart problems, Seizure Disorder, and Middle Stage Dementia; -a 7/1/20 treatment plan that did not include his presenting or continuing dietary need with developed treatment goals and strategies that addressed his dietary needs; -a 4/6/20 written and signed physician order to "change" diet consistency to 1-inch food consistency to include sandwiches due to "fast eating rate overfilling mouth...decreased chewing prior to swallowing;" -an 11/22/19 written and signed physician order for a utensil resting program.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 8/24/20 of the facility's written house meeting notes revealed: -4/21/20, Client #3's diet was changing..."He will get one inch food, this includes sandwiches as well;" -6/30/20, Client #3's treatment plan new treatment goals were reviewed with the staff with the agenda item #12 titled Diet (Menus, intake, consistencies, etc) having included the statement "No changes;" -7/21/20, no documentation that Client #3's treatment plan included new goals or strategies.</p> <p>Review on 9/1/20 of faxed pages of Client #3's July 2020 MAR revealed: -he was on a 1-inch consistency heart healthy diet that included sandwiches; -he was to follow a utensil resting program to slow his eating rate; -the MAR for these physician orders was left blank from 7/1/20 through 7/31/20.</p> <p>Interview on 8/24/20 with Client #3 revealed: -he was planning for his upcoming meal which as "2 burgers."</p> <p>Interview on 8/26/20 with Staff #1 revealed: -Client #3 was evaluated eating his lunch at the vocational center which led to his 1-inch food piece diet; -there was no mention or comment about Client #3's utensil resting program.</p> <p>Interview on 8/24/20 with Staff #2 revealed: -she was knowledge able about Client #3's food being chopped into 1-inch pieces to decrease his rate of eating; -although there was no mention about Client #3's utensil resting program, she monitored his eating when she worked.</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>Interview on 8/28/20 with the Qualified Professional (QP):</p> <ul style="list-style-type: none"> -Client #3 was both physician-ordered to have a 1-inch food consistency diet and on a utensil resting program; -She did not think to add his dietary need with an eating goal and strategies in the 7/1/20 treatment plan because these were doctor orders; -She reviewed Client #3's diet consistency and utensil resting program with the staff in the 4/21/20 house meeting; -She would follow up to revise his plan. 	V 112		