STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-201	A. BUILDING: _____ B. WING _____	09/14/2020

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SUPREME LOVE 1	3001 NASH STREET WILSON, NC 27896

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V 000	INITIAL COMMENTS A complaint survey was completed on September 14, 2020. One complaint was substantiated (intake #NC00169005) and one complaint was unsubstantiated (intake #NC00168617). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to admission affecting one of one former client (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation of an assessment prior to admission to the facility. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have an assessment prior to admission.	V 111		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS	V 113		

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V 113	Continued From page 2 (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: (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.	V 113		

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V 113	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to maintain a complete client record to include consent for treatment for one of one former client (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documented consent for emergency treatment. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have documentation of consent for treatment by the client or guardian. - She had verbally discussed FC #6's admission	V 113		

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V 113	Continued From page 4 to the facility with the guardian. - She did not have a signed consent for treatment for FC #6 from the guardian.	V 113		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain coordination between the facility operator and the legal guardian, affecting one of one former clients (FC) (#6). The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation the guardian was aware of admission to the facility on 08/23/20. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have documentation of consent for treatment by the client or guardian. - She had verbally discussed FC #6's admission to the facility with the guardian. - She did not have any documentation of the conversation with FC #6's guardian about admission to the facility.	V 291		

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V 505	Continued From page 6	V 505		
V 505	27D .0201(a-c) Client Rights - Informing Clients 10A NCAC 27D .0201 INFORMING CLIENTS (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person. (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities. (c) Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), of this Rule, upon admission or entry into a service, or (1) in a facility where a day/night or periodic service is provided, within three visits; or (2) in a 24-hour facility, within 72 hours. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of one former client (FC) (#6) was provided a written of client's rights. The findings are: Review on 09/14/20 of FC #6's record revealed: - 56 year old female. - No documentation of an admission date or discharge date. - Diagnoses of End Stage Renal Disease, Schizoaffective Disorder, Bipolar Disorder, Diabetes, Obstructive Sleep Apnea and Hypertension per an unsigned FL-2. - No documentation the guardian or client was	V 505		

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V 505	Continued From page 7 provided a written summary of client's rights. Interview on 09/04/20 FC #6's guardian stated: - She had not signed any documents for FC #6's admission to the facility. - FC #6 had been moved to different facilities. - FC #6 was currently in the hospital. Interview on 09/14/20 the Licensee stated: - FC #6 had previously resided at a sister facility. - FC #6 was admitted to the facility on 08/23/20 due to increased care for breathing issues. - FC #6 went to the hospital on 08/24/20, less than 24 hours from her admission to the facility. - She understood any client admitted to the facility needed to have a written summary of client rights available for the client or guardian. - She had verbally discussed FC #6's admission to the facility with the guardian. - She did not have any documentation of the conversation with FC #6's guardian about admission to the facility.	V 505		