Division of Health Service Regulation

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL045-132	B. WING		09/21/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·- <u>-</u>		
	143 SOUTH RUGBY ROAD						
REACH	REACH FOR INDENDENCE HENDERSONVILLE, NC 28791						
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
		,		DEFICIENCY)			
V 000	INITIAL COMMENT	S	V 000				
		_			ļ		
		was completed on 9/21/20.					
		substantiated (# NC166830).					
	A deficiency was cit	.ea.					
	This facility is licens	sed for the following service					
	category:	-					
		00F Supervised Living for					
	Family Living.	sability Groups/Alternative					
	Fairing Living.				ļ		
V 291	27G .5603 Supervis	sed Living - Operations	V 291				
	10A NCAC 27G .56	03 OPERATIONS					
	(a) Capacity. A fac	cility shall serve no more than			ļ		
		clients have mental illness or					
		bilities. Any facility licensed and providing services to more					
		nat time, may continue to			ļ		
		no more than the facility's					
	licensed capacity.						
	. ,	nation. Coordination shall be					
		n the facility operator and the als who are responsible for			ļ		
		on or case management.					
		the Family or Legally					
	· -	n. Each client shall be			ļ		
		unity to maintain an ongoing ror his family through such					
		he facility and visits outside					
	the facility. Reports	s shall be submitted at least					
		ent of a minor resident, or the					
		person of an adult resident.					
		writing or take the form of a all focus on the client's					
		eeting individual goals.					
	(d) Program Activit	ies. Each client shall have					
		s based on her/his choices,					
		ment/habilitation plan. esigned to foster community					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
		MHL045-132	B. WING		09/2	; 1/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
DEACH	FOR INDENDENCE	143 SOUT	H RUGBY R	OAD			
KLACIII	OKINDLINDLINGL	HENDERS	ONVILLE, N	IC 28791			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 291	Continued From page 1		V 291				
	inclusion. Choices or legal system is in	may be limited when the court avolved or when health or ne a primary concern.					
	facility failed to main qualified profession	view and interviews, the ntain coordination with other als responsible for client's former clients (Former Client					
	-Date of Admission Down Syndrome, M Impulse Control Dis Syndrome, Trauma Traumatic Stress D Anxiety DisorderDate of DischargeHistory/assessmer appropriate bounda people against each negative aspects of her peers and staff- speak to others poli events in her life. T and will become ob their hair, rubbing th -Treatment plan goo make healthy food portions of the food -will refrain from ob by accepting redirect topic of conversatio will increase social openly and honestly	ats- Needs assistance with ries- will manipulate and play on other- tends to focus on the her life- she can be rude to she needs reminders to stely and focus on positive rends to favor people she likes sessed with them-touching neir back or sitting too close. The life also included: will independently choices and eat appropriate is she chooses.					

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STATE FORM 6899 MXM911 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					C	
		MHL045-132	B. WING		09/2	1/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
REACH	FOR INDENDENCE		H RUGBY R			
			ONVILLE, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 2	V 291			
	respect, demonstra when interacting wi others' personal spa-will dress appropria according to what sewill exhibit safety swhen in the community eat and drink for taking one sip or bit swallowing before to the lowest my bumpy bar of lowest my bar of lowest my bar of lowest my bumpy bar of lowest my	ting reasonable boundaries th others and respecting ace ate for the weather and the will be doing each day. kills daily while at home and unity bods and beverages slowly by the at a time, chewing and aking the next bite or sip. O with FC #2 revealed: In the property of the weather with hygiene-didn't help ck." In the property of the weather was my hair without [Staff #1] to help me wash my ther menstrual cycle, she "got proom cabinet" herself and				
	nurse revealed: -FC #2 received Detheir office every 13 -FC #2 missed 5/12 Depo shotthe appointment w #2's last shotFC #2 received he on 6/22/20 after shot- Side effects from r she could have gottovulation/start mensure. Interview on 8/21/20 -she was the primates a didn't realize s	0 with Staff #1 revealed: ry caregiver for FC #2.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		MHL045-132	B. WING		09/2	21/2020	
	NAME OF PROVIDER OR SUPPLIER REACH FOR INDENDENCE STREET ADDRESS, CITY, STATE, ZIP CODE 143 SOUTH RUGBY ROAD HENDERSONVILLE, NC 28791						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 291	periodthey went back and during the covid shu-she didn't have held receive email or phappointment for FC her last appointment-she made a mistal-	d forth to the lake house utdown. r calendar with her and did not one reminders of the #2 which had been made at	V 291				

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