Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		MHL096-062	B. WING		11/05/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SCI-SIMM	SCI-SIMMONS 801 SIMMONS STREET GOLDSBORO, NC 27530					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			BE COMPLETE		
V 000	INITIAL COMMENTS		V 000			
	5, 2020. The complai (Intake #NC00170910 This facility is licensed category: 10A NCAC	as completed on November nt was substantiated i). A deficiency was cited. d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 112	27G .0205 (C-D) Assessment/Treatmen	nt/Habilitation Plan	V 112			
	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.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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Continued From pag	e 1	V 112				
Based on interviews facility failed to devel to address client nee (#5). The findings are Review on 11/05/202 revealed: -34 year old maleAdmission date of 0-Diagnoses of Mild M	and record reviews, the op and implement strategies ds for 1 of 1 audited clients e: 20 of client #5's record					
Person-Centered Pro "-#2 Long Range Ou increase his health a the plan yearWhat (Short Range weekly, with an initial participate in an exerfewer verbal prompts -How: At least three to choose an exercise a least 30 minutes. Ac not limited to the [loc block, playing basket exercise bike in the hinteract with [Client # options for an exercise will physically assist activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the playing basket activity so he can participate output to the plan year.	offile dated 12/16/19 revealed: tcome: [Client #5] will and safety skills throughout Goal) A. At least three times I prompt, [Client #5] will rcise activity with one or for six consecutive months. times weekly, [Client 35] will activity to participate in for at etivities can include but are al gym], walking around the tiball, dancing, using the nome, etc. Staff will verbally 15] to provide him with se activity to engage in. Staff thim in attending the exercise rticipate. Staff will document					
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page This Rule is not met Based on interviews facility failed to devel to address client nee (#5). The findings are Review on 11/05/202 revealed: -34 year old maleAdmission date of 0 -Diagnoses of Mild M Hypertension. Review on 11/05/202 Person-Centered Pro "-#2 Long Range Ou increase his health a the plan yearWhat (Short Range weekly, with an initial participate in an exer fewer verbal prompts -How: At least three is choose an exercise a least 30 minutes. Ac not limited to the [loc block, playing basket exercise bike in the h interact with [Client # options for an exercis will physically assist activity so he can pai	MHL096-062 ROVIDER OR SUPPLIER STREET A 801 SIMI GOLDSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs for 1 of 1 audited clients (#5). The findings are: Review on 11/05/2020 of client #5's record revealed: -34 year old maleAdmission date of 07/05/18Diagnoses of Mild Mental Retardation and Hypertension. Review on 11/05/2020 of client #5's Person-Centered Profile dated 12/16/19 revealed: "-#2 Long Range Outcome: [Client #5] will increase his health and safety skills throughout	MHL096-062 STREET ADDRESS, CITY, STATE SONS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs for 1 of 1 audited clients (#5). The findings are: Review on 11/05/2020 of client #5's record revealed: -34 year old maleAdmission date of 07/05/18Diagnoses of Mild Mental Retardation and Hypertension. Review on 11/05/2020 of client #5's Person-Centered Profile dated 12/16/19 revealed: "-#2 Long Range Outcome: [Client #5] will increase his health and safety skills throughout the plan yearWhat (Short Range Goal) A. At least three times weekly, with an initial prompt, [Client #5] will participate in an exercise activity with one or fewer verbal prompts for six consecutive monthsHow: At least three times weekly, [Client 35] will choose an exercise activity to participate in for at least 30 minutes. Activities can include but are not limited to the [local gym], walking around the block, playing basketball, dancing, using the exercise bike in the home, etc. Staff will verbally interact with [Client #5] to provide him with options for an exercise activity to engage in. Staff will physically assist him in attending the exercise activity so he can participate. Staff will document	MHL096-062 MHL096-062 STREET ADDRESS, CITY, STATE, ZIP CODE 801 SIMMONS STREET GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs for 1 of 1 audited clients (#5). The findings are: Review on 11/05/2020 of client #5's record revealed: -34 year old maleAdmission date of 07/05/18Diagnoses of Mild Mental Retardation and Hypertension. Review on 11/05/2020 of client #5's Person-Centered Profile dated 12/16/19 revealed: -#22 Long Range Outcome: [Client #5] will increase his health and safety skills throughout the plan yearWhat (Short Range Goal) A. At least three times weekly, (Client 35] will choose an exercise activity to participate in for at least 30 minutes. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL096-062	B. WING		1	1/05/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE	·	
SCI-SIMM	IONS	801 SIM	MONS STREET			
3CI-SIIVIIV	IONS	GOLDSI	BORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	"-Please make sure [I health diet and that h x(times) a weekBP (blood pressure) BP readings fluctuating 20mg to 30mg once of the surface o	Client #5] follows a heart e exercises at least 3 elevated at 150/80. Home ng. Will increase Lisinopril daily." O of client #5's progress tets for October and aled client #5 was not roise routine 3 times a week. 1/05/2020 client #5 ssful living in the facility tarted. ram everyday and working. 3 times a week. him to exercise and he had	V 112			
	blood pressure and n -His father wanted his document the days th -Exercising was one of supposed to be works -The staff told me to a and he just never ask During interview on 1 -She worked the 1st s -She had worked with -She worked with 3 c -She would take the of block of the facilityShe asked client #5 his bike.	of weight recently. of his weight gain, high ot exercising. In to keep a calendar and that he exercised. of his goals that he was ng on. ask them about exercising the staff. 1/05/2020 staff #1 revealed: shift at the facility. In the agency for 20 years. lients during the day. Schients walking around the if he wanted to exercise on id not want to go walking or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DA A. BUILDING: CC		(X3) DATE S	ATE SURVEY DMPLETED		
			A. BUILDING					
		MHL096-062	B. WING		11/0	5/2020		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SCI-SIMM	ONS		NS STREET RO, NC 27530	1				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)		
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V 112	Continued From page	3	V 112					
	-Client #5 had gained weight and had to have his blood pressure checked often. During interview on 11/05/20 the Director of Residential Services and the Executive Director							
	revealed: -They would encoura- and exercise more.	ge staff and client #5 to walk						
	-They knew the fathe complained due to his pressure increases.	r was upset and had s weight gain and blood						
	pressure moreuses.							

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