Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-089	A. BUILDING: ______ B. WING ______	12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOSS LANE II	**42414 MOSS LANE NEW LONDON, NC 28127**

(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	V 000		

A complaint survey was attempted on 12/15/20. According to the Qualified Professional(QP), there are no clients being served at the facility. The last time clients were served at the facility was 11/24/20.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

Observations on 12/15/20 at 10:11am of the facility revealed:
-no cars in the drive-way;
-no response to knocks on the front door;
-no evidence any clients living at the facility.

Interview on 12/15/20 with the QP revealed:
-no clients currently served at the facility;
-last client was discharged on 11/24/20;
-plan to change facility from female clientele to male clientele;
-plan to admit male clients after first of the year 2021.

Review on 12/15/20 of Former Client #1(FC#1) revealed:
-admission date of 11/20/20 to the facility;
-diagnoses of Intellectual Developmental Disability-Moderate, Anxiety, Depression, Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Hypothyroidism, Asthma, High Cholesterol, Acid Reflux, Obesity, Type 2 Diabetes;
-discharge date of 11/24/20;
-treatment plan dated 11/1/20 documented FC#1 had a history of self-injurious behaviors, suicidal ideation, homicidal ideation and verbal/physical aggression, was a victim of sexual abuse/rape,

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V 000	Continued From page 1 had food issues and had a history of multiple inpatient psychiatric hospitalizations in past year. FC#1 needed support with meal preparation, grooming/hygiene, medication administration and mobility need. FC#1 needed to strengthen daily living skills, develop new skills in both home and community, increase independent living skills and increase self-care skills.	V 000		