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
	MHL049-079	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEAVER	203 NORTH TORIA DRIVE STATESVILLE, NC 28625

(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 An annual survey was completed on 08/05/21. Deficienies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 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.	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to review the treatment plan at least annually for 1 of 3 audited clients (#3) The findings are: Review on 08/04/21 of client #3's record revealed: -Date of admission was 12/16/18; -Diagnosis of Mild Intellectual Developmental Disability, Major Depressive Disorder, Hypertension, Hypercholesterolemia; -No documentation that the treatment plan had been updated since 02/01/19. Interview on 08/05/21 with the Qualified Professional (QP) revealed: -He was not sure why client #3's current treatment plan was not in her record; -He looked for the treatment plan earlier in the day and was unable to locate it; -"I definitely think it (current treatment plan for client #3) was completed and just not filed." Interview on 08/05/21 with the Director of Residential Operations revealed: -He had discussed the location of client #3's current treatment plan with the QP earlier in the day (08/05/21); -"We're not in compliance with that (treatment plan reviewed at least annually);" -"I think it (current treatment plan for client #3) got skipped;" -"The last plan was completed on 02/01/19;" -"I'm disappointed that it (current treatment plan for client #3) wasn't there (client #3's record)."	V 112		