STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411202	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARTFORD DRIVE	3603 DARTFORD DRIVE GREENSBORO, NC 27407

(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 December 16, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities The survey sample consisted of audits of 2 current clients, 0 former clients, 0 deceased clients	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		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility staff failed to develop and implement goals and strategies in 1 of 2 client (#2)'s the treatment plan to address the needs of the clients. The findings are:

Observation and interview, at approximately 4:12pm, on 12/15/21 with client #2 revealed:
-Stated "hi" when surveyor met him
-He used one or two words but mostly gestured.
-Was mostly non-verbal and pointed to items he wanted
-Would also gesture to staff items he wanted.
-Gestured to facility staff and pointed to the locked cabinet
-Was given the snuff by facility staff.
-Placed the snuff inside his bottom lip
-Walked over to the trash can and spit

Observation, at approximately 4:13pm on 12/15/21 of the snuff revealed:
-The snuff had a menthol aroma
-The ingredients included: molasses, corn silk, water, glycerin, kunzu root, salt, natural flavors and additives, licorice, propylene glycol, sodium bicarbonate, blue 2, yellow 6 and red 40, Methylpropane, paraffins and cayenne powder.

Review on 12/15/21 of client #2's record revealed:
-An admission date of 9/23/2020
-Diagnoses of Autism Spectrum Disorder and

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V 112	Continued From page 2 Mild Intellectual Disability Disorder -Age 16 -An assessment dated 9/23/20 noted "has left the home throughout the nights and goes into the neighbor's home and takes things. The guardian needs more support for him, guardian was sleeping with him in his bed to prevent this from happening but he continues to leave the home without the guardian's knowledge, he needs an awake staff so he can be prevented from leaving the home throughout the night, requires 24 hour supervision, needs to be monitored throughout the night, has tried to put a cat in the microwave, requires support and training to work on maintaining and increasing his daily living skills, self-independence skills, refrain from aggressive behaviors when he is upset, needs to follow staff's direction at home and out in the community, needs to interact well with others, not aware of safety hazards, needs support and assistance with meal preparation, medication administration, identifying danger or harmful objects, places and people, needs assistance with completing grooming, bathing, toileting, brushing hair and teeth and dressing, needs to remain on task and follow directions by listening and focusing." -A treatment plan dated 9/23/21 noted "will increase his independence and safety awareness when in the home and community, will remain healthy and safe in the absence of his primary caretaker, will increase his skills in self-help, general household skills and socialization at home and in the community, -No goals or strategies to address client #2's use of snuff as a reward for positive behavior or as a calming technique when anxious. Exit interview on 12/16/21 with the Program Director (PD) revealed:	V 112		

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V 112	Continued From page 3 -The Qualified Professional (QP) was responsible for developing and implementing the goals and strategies for client #2's treatment plan and with the PD's input -Facility staff had never bought the snuff for client #2 -Client #2's mother had initiated the use of the snuff and bought it. -Client #2 used it a soothing/calming technique when he was anxious -At times, the snuff was used as a reward system for good behavior -Client #2 used the snuff 2 to 3 times per week. -Had not made the use of the snuff as a goal or with strategies in his treatment plan. -Would immediately work on ensuring a goal and strategies for the snuff were in client #2's treatment plan	V 112		