STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL016-009	A. BUILDING: _____ B. WING _____	01/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHOONER SHORES	681 HIGHWAY 101 BEAUFORT, NC 28516

(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 January 12, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current 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 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the treatment/habilitation or service plans included written consent or agreement by the client or legally responsible party or a written statement by the provider stating why such consent could not be obtained for 2 of 3 audited clients (#1 and #3). The findings are: Review on 1/12/22 of client #1's record revealed: - 45 year old male admitted 12/05/03. - Diagnoses included Intellectual/Developmental Disability, moderate; hypertension; vertigo; and sleep apnea. - Guardianship of the Person established 4/22/08. - Person Centered Plan effective 8/01/21 with no current written consent or agreement by the legally responsible party and no written statement by the provider stating why such consent could not be obtained. Review on 1/12/22 of client #3's record revealed: - 55 year old male admitted 8/03/07. - Diagnoses included Intellectual/Developmental Disability, moderate; Cerebral Palsy with right spastic hemiparesis; Major Depressive Disorder; and hypertension. - Client was his own guardian. - Person Centered Plan effective 10/01/21 with no current written consent or agreement by the client and no written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 2 During interview on 1/12/22 the Administrative Coordinator/Acting Qualified Professional (QP) stated the facility had experienced frequent staff turnover over the last year, including QPs. He could not find the current signature pages for the clients' Person Centered Plans. As the Acting QP he was working to make sure all client records were up to date. He would obtain signatures for the plans and make sure the signature pages were scanned into the electronic records.	V 112		