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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/02/2021
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NAME OF PROVIDER OR SUPPLIER EDELL'S ONE	STREET ADDRESS, CITY, STATE, ZIP CODE 3717 TRENT ROAD NEW BERN, NC 28560
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(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 and follow up survey was completed on December 2, 2021. A deficiency was cited. This facility is licensed for the following service category: 10 A NCAC 27G .5600F, Supervised Living/Alternative Family Living. The survey sample consisted of audits of 3 current clients.	V 000	<p>DHSR - Mental Health</p> <p>DEC 21 2021</p> <p>Lic. & Cert. Section</p>	
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
Melissa Lane MS, RN 12-16-21
STATE FORM TITLE (X6) DATE
6899 JHUT11 If continuation sheet 1 of 3

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to review the treatment plan annually in partnership with the client or legally responsible person affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 12/1/21 of client #3's record revealed: - 66 year old male admitted to the facility 5/30/12. - Diagnoses included Schizophrenia- Residual type, Intellectual Developmental Disability-Moderate, High Cholesterol, High Blood Pressure, Seizure Disorder and Ulcers. - Legal guardian identified as client #4. - "Individual Support Plan" implemented 9/1/21 completed and signed by the Local Management Entity Care Coordinator 7/19/21. - No individual or leally responsible person signature on the "Individual Support Plan."</p> <p>During interview on 12/1/21 client #3 stated he loved living there, he took his medicine everyday and he liked to go out with his worker.</p> <p>During interview on 12/1/21 and 12/2/21 the AFL Provider/Licensee stated that client #3's treatment team meeting was held over a virtual platform. She and client #3 were attended the treatment team virtually. She thought that the team had put a statement about the current pandemic on the signature page. The Qualified Professional wrote the treatment plans. She would speak with the Qualified Professional and the Local Management Entity Care Coordinator</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>about obtaining client #3's signature on his current treatment plan.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112	<p>1. What measures will be put in place to correct the deficient area of practice?</p> <p>- Qualified Professional will review the plan document with consumer and AFL provider to ensure all information is correct and agreed upon. Consumer will then be allowed to sign the document in the designated place.</p> <p>2. What measures will be put in place to prevent the problem from occurring again?</p> <p>- Qualified Professional, AFL Provider, and Care Coordinator will ensure all signatures including consumer's, will be obtained prior to implementing any plan (ISP or SRG) in the future. If any exceptions are put in place, notations will be applied to all require documents.</p> <p>3. Who will monitor the situation to ensure it will not occur again?</p> <p>- Qualified Professional, AFL Provider and Care Coordinator will monitor the situation to ensure all signatures, including consumer's are included on any future documentation.</p> <p>4. How often will the monitoring take place?</p> <p>- Completion of documentation, including signatures of all parties involved will be monitored yearly at all ISP meetings and at the completion of all new implemented Short Range Goals done by Qualified Professional.</p>	

12-17-'21 10:02 FROM-

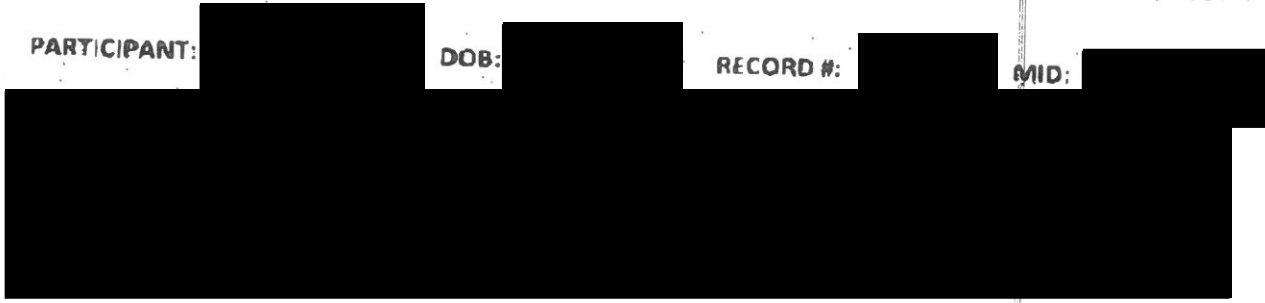
T-097 P0001/0001 F-352

PARTICIPANT:

DOB:

RECORD #:

MID:



Signature of Legally Responsible Person

Milena Lane MS, DP

Date

12/16/2021

Qualified Professional

Carolyn Sauer

Date

12/16/21

Other team member

Date

Other team member

Date