

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2022
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NAME OF PROVIDER OR SUPPLIER HELPING HANDS GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 322/324 WALKER AVENUE GRAHAM, NC 27253
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/4/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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 interview, the facility the facility failed to have written consent or agreement by the client or responsible party affecting two of three current clients (#1 and #2). The findings are:</p> <p>a. Review on 2/3/22 of client #1's record revealed: -Admission date of 5/14/18. -Diagnoses of Schizophrenia and Mild Intellectual/Developmental Disability. -The Person Centered Plan (PCP) was dated 8/11/21. -The PCP had no written consent or agreement by the client or responsible party.</p> <p>b. Review on 2/3/22 of client #2's record revealed: -Admission date of 11/26/21. -Diagnoses of Schizophrenia, Intellectual/Developmental Disability-unspecified, Constipation, Chronic Hepatitis B, Tachycardia and Amblyopia right eye. -The PCP was dated 1/14/22. -The PCP had no written consent or agreement by the client or responsible party.</p> <p>Interview on 2/3/22 with the Manager revealed: -He thought the guardians faxed a copy of the signature page for client's PCP's. -He thought client #2's guardian faxed the paperwork for her when she was admitted last year.</p>	V 112		

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V 112	Continued From page 2 -Client #1's guardianship changed in 2020. -He thought they possibly sent the paperwork for the signature to client #1's brother by mistake. The brother used to be client #1's guardian, however his aunt is now the guardian. -He confirmed the facility failed to have written consent or agreement by the client or responsible party.	V 112		