

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/22/2022
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NAME OF PROVIDER OR SUPPLIER THE MANOR AT RIVERBROOKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
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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>A follow up survey was completed on 2/22/22. A deficiency was 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 four current clients.</p>	{V 000}		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of four (#4) clients had been assessed prior to the delivery of services. The findings are:</p> <p>Review on 2/16/22 of Client #4's record revealed: -Admission date of 1/26/22. -Diagnosis of Schizophrenia.</p> <p>Review on 2/16/22 of Admission Assessment completed on 1/26/22 revealed: -Only the name, date of birth and address was completed. -No information regarding client #4's presenting problems and clients needs and strengths.</p> <p>Interview on 2/16/22 client #4 stated: -He had been in the home a few weeks. -Working on getting into a day program. -Working on his daily hygiene and chores.</p> <p>Interview on 2/16/22 the Home Manager stated: -She completed the admission assessment for client #4 when he was admitted. -Had not realized she did not finish completing the form. -The Qualified Professional (QP) had spoke with client #4's sister to get information on client #4.</p>	V 111		

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V 111	<p>Continued From page 2</p> <ul style="list-style-type: none"> -They are working with client #4 on getting into a day program. <p>During interview on 2/16/22 the QP stated:</p> <ul style="list-style-type: none"> -Had spoke with client #4's sister regarding what was going on with him and what they needed to work on. -Had not written down his notes or completed the admission assessment. -Completed a referral to a day program for him to attend. -Still getting to know client #4 and what his needs will be. -Did not seem to have any major issues in his previous placement. -He needs more structure and supervision which is why he was placed with them. 	V 111		