

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-146 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/17/2022 |
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| NAME OF PROVIDER OR SUPPLIER EVEREST | STREET ADDRESS, CITY, STATE, ZIP CODE 1 LINDSEY CIRCLE THOMASVILLE, NC 27360 |
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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 was attempted on 2/17/22. According to the Director of Operations there are no clients being served at the facility. The last time clients were served at the facility was 7/6/21.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability</p> <p>Interview on 2/17/22 with the Director of Operations revealed: - There have been no changes since last attempted annual on 11/22/21. - The last two clients were discharged on 7/6/21.</p> <p>Review on 2/17/22 of former client (FC) #1's discharge summary revealed: Date of admission: 11/30/20 Date of discharge: 7/6/21 Diagnoses: Severe Intellectual Disability; Unspecified Psychosis; Unspecified Urinary Incontinence; Autistic Disorder; Localized Edema; and Conduct Disorder Notification of discharge: "[FC #1's Legal Guardian (LG)] was contacted on 7/2/21 by phone and notified that due to staffing shortages, there was an immediate need to close the Everest home. FC #1 was offered temporary placement in [sister facility A] until the staffing shortage was alleviated. [FC #1's LG] agreed to this move."</p> <p>Review on 2/17/22 of FC #2's discharge summary revealed: Date of admission: 12/21/20 Date of discharge: 7/6/21 Diagnoses: Severe Intellectual Disability; Autistic Disorder; and Unspecified Convulsions</p> | V 000 | | |

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

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| V 000 | Continued From page 1 Notification of discharge: "[FC #2's LG] was contacted on 7/2/21 by phone and notified that due to staffing shortages there was an immediate need to close the Everest home. [FC #2] was offered placement in [sister facility A]. [FC #2's LG] agreed to this move." | V 000 | | |