STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-082	A. BUILDING: _____ B. WING _____	R 03/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL	2250 BALTIC STREET GASTONIA, NC 28054

(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 A complaint and follow up survey was completed on 3-2-22. The complaints were unsubstantiated (intake #NC00184866, #NC00185004, #NC0185458). A deficiency was cited. This facility is licensed for the follow service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 4 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	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop and implement treatment plans affecting 1 of 4 audited clients (Client #4). The findings are:

Review on 2-24-22 of Client #4's record revealed:
-date of admission: 11-29-19;
-plan dated 8-8-20 with goals to complete a personal hygiene routine, participate in fire and emergency drills, and increase independence and self-help skills by working on stretching and mobility exercises;
-plan and goals had not been updated since 8-8-20;
-the plan and goals were written for 1 year implementation and expired in August 2021;.

Interview on 3-2-22 with the Program Director revealed:
-the Qualified Professional (QP) that had been employed at the group home for 26 years no longer worked there;
-was not aware that Client #4's plan and goals were outdated;
-"she should have a current plan;"
-Client #4 is private is pay and is not under a Local Management Entity (LME) which is why the outdated plan and goals had not been identified sooner;
-had looked in the previous QP's computer files and could not locate a plan for Client #4;

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V 112	Continued From page 2 -had contacted Client #4's guardian and a plan meeting is scheduled for next week; -Client #4's plan and goals would be updated after the plan meeting.	V 112		