STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-073	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COOKE HOME	758 DEEP WOODS DRIVE MARION, NC 28752

(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 survey was completed on 4/14/22. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;	V 113	V 113 Member moved into AFL for a period of time so they could help out member's family. CCHC had nothing to do with this decision but since we hold the license, CCHC will instruct QP and AFL staff know that member will have to have all listed information according to 10A NCAC 27G .0206 CLIENT RECORDS. CCHC will add to our policies that no one is allowed to move in without the client records being in place. CCHC will review the new policy with our AFL staff and QPs to ensure they all understand. CCHC Quality Assurance, [redacted] will ensure the review takes place. QPs will continue to monitor their AFL caseload on a montly basis to ensure no new members have been moved in. DHSR - Mental Health MAY 02 2022 Lic. & Cert. Section	5/15/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-073	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COOKE HOME	758 DEEP WOODS DRIVE MARION, NC 28752

(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 113	Continued From page 1 (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one of three audited client's (Client #3) had a client record available at the facility. The findings are: On 4/13/22 at approximately 1:00 p.m. observation and interview with the AFL provider and his wife revealed: -They had a total of 4 clients; one of the client's was a relative and was not counted in the census. -The third client (Client #3) had lived there approximately year. -He was 31 years old and had a diagnosis of Autism. -The client was non-verbal but did wave his hand as surveyor was leaving. -He lived with his mom previous to this and the AFL provider was "helping her out." -Client #3 needed assistance with showering,	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-073	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COOKE HOME	758 DEEP WOODS DRIVE MARION, NC 28752

(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 113	Continued From page 2 going to the bathroom, preparing meals and taking his medications. -They did not consider him a client and kept no records at the facility to review. -They had medications they administered to the client daily and those were observed by surveyor. Interview and record review on 4/14/22 with the Qualified Professional revealed: -She was under the impression Client #3 was at the facility temporarily to help his family. -She didn't think he needed a client record as he did not receive any waivers for services. -She would speak to her supervisor about this and see what she needed to do moving forward. -Just prior to exit she provider surveyor with Client #3's physician orders which matched what the facility was giving the client.	V 113		