STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-279	A. BUILDING: _____ B. WING _____	05/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBESON #2	104 EAST GERTRUDE STREET FAIRMONT, NC 28340

(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 May 27, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 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 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies to address client needs for one of three audited current clients (#4). The findings are: Review on 5/26/22 of client #4's record revealed: -32 year old male. -Admitted on 11/21/18. -Diagnoses of Mild Intellectual Disability, Schizophrenia, Pruritis and Hypertension. Review on 5/26/22 of client #4's treatment plan dated 7/1/21 revealed: -There were no goals or strategies for unsupervised time. -There were no goals or strategies for employment. Interview on 5/26/22 client #4 stated: -He lived at the group home since 2018. -He worked at a local fast food restaurant on Fridays and Saturdays from 11am - 4:30pm. -Staff transported him to and from work. -No staff was present while he worked. Interview on 5/27/22 the Qualified Professional stated: -She completed the treatment plans for state funded clients. -Client #4's unsupervised time and employment were not in his treatment plan.	V 112		

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V 112	Continued From page 2 Interview on 5/26/22 - 5/27/22 the Administrator stated: -They facility had not included unsupervised time and employment in client #4's treatment plans. -Client #4 had worked at the local fast food restaurant since prior to his admission to the facility.	V 112		