STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-441	A. BUILDING: _____ B. WING _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURCHISON RESIDENTIAL	533 TEXANNA WAY HOLLY SPRINGS, NC 27540

(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 6/15/22. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living This facility has a current census of three. The survey sample consisted of audits of three 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 interview and record review the facility failed to develop a treatment plan for one of three clients (#3). The findings are: Review on 6/15/22 of client #3's record revealed: -Admission date of 9/2/17 -No documentation of a diagnosis -No treatment plan present in the home Interview on 6/15/22 the Licensee stated: -Client #3 was a private pay client who received services from an outside provider. -The outside provider did his treatment plan. -The provider had not given her one of his current treatment plan. -Had goals on a grid that she worked with him on in the home. -Had participated in the treatment meeting along with client #3's brother. -His diagnosis was Downs Syndrome. -Client #3 was non verbal and did not attend a day program. -She had some of his older treatment plans, but not the most recent one. -Will contact the provider to obtain a copy to have in the facility.	V 112		