

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/16/2022
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NAME OF PROVIDER OR SUPPLIER HOWELL & HOWELL'S	STREET ADDRESS, CITY, STATE, ZIP CODE 725 LUTHER DRIVE GOLDSBORO, NC 27530
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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	INITIAL COMMENTS An annual and follow up survey was completed on June 16, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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, <u>within 30 days</u> 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	DHSR - Mental Health JUL 06 2022 Lic. & Cert. Section	

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Gwen Adams, Howell & Howell's

TITLE

Director / DPMS

(X6) DATE

6/29/22

June 29, 2022

**To: Division of Health Service Regulation
Connie Anderson
Facility Survey Consultant I**

**From: Howell & Howell Group Home
725 Luther Drive
Goldsboro, NC, 27534**

Dear Ms. Anderson

Enclosed you will find a copy of the plan of correction that address issues that were founded on the Statement of Deficiencies form dated 6/16/2022. This plan will explain the measures that will be put in place to correct the deficient areas.

Deficiency	Plan of Correction	Complete Date
V 112-27G .0205 (C-D) Assessment/Treatment Habilitation Plan	An assessment shall be completed for all clients, according to governing body policy, prior to the delivery of services, Residential manager and QP will complete a Assessment/Treatment Habilitation Plan and will review clients all files and make sure each client shall have a completed assessment plan prior to delivery of services.	7/15/22
V 114-27G.0207 Emergency Plans and Supplies	Fire and disaster drills will be completed on both day and night shift monthly by all staff. Residential manager and QP will review the emergency plan with all staff and will monitor drills log quarterly and make sure drill are completed on each shift .	7/15/22
V 118-27G .0209(C) Medication Requirements	All employee will document medications immediately after administrating medications. Physician orders be provided on medications that has been discontinued by the physician. Staff will initial to document administration of medication Residential manager and QP will review all MAR to assure medications are initials and given as ordered by pharmacy and physician.	7/15/22

If there are any questions or concerns, please contact Gwen Adair at: 919-641-2825.

Thank You



Gwen Adair MS, QP