

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS BOOTH ROAD GROU	STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516
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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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on July 25, 2022. The complaint was substantiated (Intake #NC00190272). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for six beds and currently has a census of five. The survey sample consisted of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to meet the needs and behavior affecting one of three audited clients (#1). The findings are:</p> <p>Review on 7/21/22 of client #1's record revealed: -Admission date of 2/24/22. -Diagnosis of Schizophrenia. -Client #1 had no strategies to address his panhandling behavior.</p> <p>Interview on 7/25/22 with staff #1 revealed: -Confirmed client #1 does panhandle. -Client #1 had been displaying behavior since been in the program. - Client #1 has poor money management and will spend all funds when received.</p> <p>Interview on 7/21/22 with staff #2 revealed: -Confirmed client #1 does panhandle at the highway intersection at stoplight and corner store. -Stated client #1 had increased behavior in the past couple of months but would do off and on since in the group home. -He and fellow staff talked with client #1 about asking strangers for their money and better manage his funds.</p> <p>Interview on 7/21/22 with staff #3 revealed: -Been employed at group home for past 9 years.</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Confirmed client #1 does panhandle. -Stated client #1 has displayed behavior since he started at group home. <p>Interview on 7/21/22 with Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Confirmed client #1 has requested money from strangers. -Stated client had been approved for unsupervised time in the home and the community. -Had conversations with client #1, natural supports and treatment team to address the behavior. -Confirmed the facility failed to develop and implement strategies to meet the needs and address panhandling behavior. 	V 112		