PRINTED: 11/09/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL092-580 11/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 VARSITY CREST #1 RALEIGH, NC 27606 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/2/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. Please see attached This facility is licensed for two and has a current census of two. The survey sample consisted of audits of two current clients. V 112 27G .0205 (C-D) V 112 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 RECEIVED responsible person or both: (5) basis for evaluation or assessment of NOV 2 2 2022 outcome achievement; and (6) written consent or agreement by the client or **DHSR-MH Licensure Sect** responsible party, or a written statement by the provider stating why such consent could not be obtained.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Director



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EXTERIOR REQUIREMENTS

(c) Each facility and its grounds shall be

maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive

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apartments.

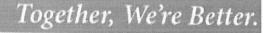
not caught him.

-They assist the clients on cleaning their

what needed to be cleaned.

-Will do weekly walk throughs to check to see

-Suspects client #2 smoked in his apartment, but





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V112:

- Client #1 does have a treatment plan in his current episode tab, but the employee showed a
 previous 'episode' in the EHR, in error. Regardless, it expires 11/30/22, so it will need renewed
 anyway.
- We have hired a new Director who will oversee the program and ensure this does not occur
 again. There will be extensive training on treatment plans both procedurally and clinically.
- The new employee will be responsible for and required to keep an updated collaborative spreadsheet with expiration dates available to State Director as well as Regional Director who will be available for additional oversight.
- This will be monitored on a monthly basis during individual supervision.

V736:

- Staff will ensure the apartment is up to cleanliness standards today/immediately.
- Staff will continue to meet with clients multiple times per day to coach, teach, and/or assist with cleaning and hygiene as required.
- Staff will provide Client #2 smoking cessation offerings, reminder of smoking in the apartments being a violation of the lease and review the client handbook, again.
- Page 5, bullet 10 states, "I will not smoke, use tobacco or vaping products inside the property."
- Staff will monitor the situation on daily basis and hold client accountable.