

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER GENTLE HANDS I	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 WASHINGTON STREET EAST WILSON, NC 27893
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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>A complaint and follow up survey was completed on January 26, 2023. The complaint was unsubstantiated (intake #NC00194598). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to complete an assessment prior to admission affecting 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 1/26/23 of client #6's record revealed: - 41 year old female; "re-admission" 8/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Hypertension; and obesity. - No admission assessment completed prior to client's readmission 8/01/21.</p> <p>During interview on 1/26/23 client #6 stated her main goal was to get a "steady paycheck," save some money, and get her "own place."</p> <p>During interview on 1/26/23 the Administrator/Director stated an admission assessment was not completed prior to client #6's readmission to the facility. She understood the requirement for an assessment to be completed prior to the delivery of services.</p>	V 111		

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V 112 V 112	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies based on assessment for 1 of 3	V 112 V 112		

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V 112	<p>Continued From page 3</p> <p>audited clients (#6). The findings are:</p> <p>Review on 1/26/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - 41 year old female; "re-admission" 8/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Schizophrenia; Hypertension; and obesity. - No treatment/habilitation or service plan. <p>During interview on 1/26/23 client #6 stated her main goal was to get a "steady paycheck," save some money, and get her "own place."</p> <p>During interview on 1/26/23 the Administrator/Director stated:</p> <ul style="list-style-type: none"> - Client #6 did not have a current treatment/habilitation or service plan for residential services. - Client #6 had a service plan via her day program, but it did not include residential goals or strategies. - She had spoken with the Qualified Professional and they would develop goals and strategies for client #6 with input from the client and other team members. - She understood the requirement for treatment/habilitation or service plan to be developed within 30 days of admission for clients expected to receive services beyond 30 days. 	V 112		