STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL018044	A. BUILDING: _____ B. WING _____	01/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPECIAL UNION HOME	704 EAST UNION STREET MAIDEN, NC 28650

(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 complaint survey was completed on 1/30/23. The complaint was unsubstantiated (intake #NC00195916). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (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. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the	V 111	DHSR - Mental Health FEB 14 2023 Lic. & Cert. Section	

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V 111	Continued From page 1 client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting 1 of 3 audited clients (Client #3). The findings are: Review on 1/24/23 of Client #3's record revealed: -Date of admission: 12/17/22; -Diagnoses: Autism Spectrum Disorder (d/o), Unspecified Trauma and Stressor Related d/o, Conduct d/o, childhood onset type with limited prosocial emotions, Attention Deficit Hyperactivity d/o, (by history), Unspecified Anxiety, Allergic Rhinitis, Other Forms of Dyspnea, Retention of Urine. -no admission assessment was completed prior to the delivery of services. Interview on 1/24/23 with Client #3 revealed: -the facility where she was living closed; -moved to this facility "before Christmas" (2022); -felt safe living at the facility. Interview on 1/26/23 with the Qualified Professional revealed: -held a goal plan meeting with the guardian prior	V 111	V11 RHA has created a referral tool; Comprehensive Personal Measure to be completed when a Meet and Greet is held; this tool includes all the clinical documentation required prior to delivery of services. During the transition of moving the resident from RHA Statesville to RHA Gastonia Unit, meetings were held, information exchanged and transfer form completed. In the future RHA Gastonia Unit (Qualified Professional and Administrator) will ensure admission assessment is completed prior to delivery of services for all internal and external referrals.	

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V 111	Continued From page 2 to admission; -completed the "IDD (Intellectual and Developmental Disability) Admission, Discharge, Transfer Notification Form" on 12/17/22 and it was signed by the guardian; -did not complete an admission assessment when Client #3 transferred from the sister facility; -will inform the Administrator that an admission assessment must be completed when a client transferred between sister facilities.	V 111		

Special Union POC

[redacted]

1 attachments (123 KB)
20230208170614337.pdf;

Good Afternoon,

Hope you are doing well.

I have attaced the plan of correction, please let me know you recieved and do you also need me to send a hard copy by mail?

Thanks and have a great evening!

[redacted]
Administrator
1564-D Union Rd.
Gastonia N.C. 28054
704-864-3450 Office
704-864-2347 Fax
mcorey@rhanet.org

RHA HEALTH SERVICES
WHERE HUMANS BLOOM

From: Scanner_Remotescans@rhanet.org <Scanner_Remotescans@rhanet.org>
Sent: Wednesday, February 8, 2023 5:06 PM
To: [redacted]
Subject: Message from "RNP5838793B37F1"

This E-mail was sent from "RNP5838793B37F1" (MP 5055).

Scan Date: 02.08.2023 17:06:14 (-0500)
Queries to: Scanner_Remotescans@rhanet.org

February 7, 2023

[redacted] LCSW, LCAS

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Dear Ms. [redacted]

Please find the attached plan of correction for the standard deficiency cited in your recent annual and complaint survey completed January 30, 2023 of Special Union, located at 704 Union Street, Maiden NC 28650. We thank you for your continued dedication to quality services. Please do not hesitate to contact me if you have any further questions regarding the plan of correction.

Regards,

[redacted]

Administrator

RHA Health Services, LLC

1564-D Union Road

Gastonia NC 28054