PRINTED: 06/12/2023 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: B WING MHL046-034 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **516 EAST CHURCH STREET** HERTFORD EAST AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on June 8. 2023. Deficiencies were 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 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 111 27G .0205 (A-B) V 111 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;

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and

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

client's presenting problem shall be documented.

(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and

establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the

vocational, as appropriate to the client's needs. (b) When services are provided prior to the

DHSR - Mental Health

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Lic. & Cert. Section

(X6) DATE

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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: B. WING MHL046-034 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **516 EAST CHURCH STREET** HERTFORD EAST AHOSKIE, NC 27910 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 111 Continued From page 1 V 111 Measures put in place: To ensure each admitted or transferred consumer from another location within the Solid. each consumer will have an update This Rule is not met as evidenced by: admission application for admission at Based on record review and interviews, the the time of entry. facility failed to ensure an admission assessment The admission application was completed for 1 of 3 audited clients (#2). The findings are: will be reviewed during client chart reviews. Review on 6/8/23 of client #2's record revealed: Admitted 4/25/21 Diagnoses of Hypothyroidism, unspecified; To prevent this from occurring again, DiGeorge Syndrome, Syndrome of inappropriate Chart reviews will consist of checking for new secretion of antidiuretic hormone, Unspecified Admission applications when consumers transfer Mood (Affective) Disorder, Mild Intellectual within the agency to another location. Developmental Disability (IDD), Oppositional Defiant Disorder, Other seizures, Essential (primary) Hypertension, Chronic Obstructive QA/QI will monitor this deficiency Pulmonary Disease, unspecified; and during chart reviews. Thoracogenic Scoliosis, site unspecified Admission assessment dated in 2007 when Monitoring of consumers charts she was admitted into the company No documentation of an admission will take place monthly. assessment for this facility being completed During interview on 6/8/23 the Administrative Assistant reported: She also worked as a QP . She completed client #2's admission

assessment

Admission assessments were completed for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 111	another home - Client #2's admi located at the main - "I know [client # was done when she another home becau - She would have #2's admission asse Client #2's admission	ission assessment was office 2's] admission assessment came into this home from	V 111	JE IOLINOT)		

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