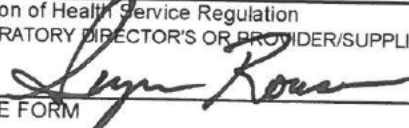


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2023
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NAME OF PROVIDER OR SUPPLIER BOOKER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1424 HUNTDILL MAIN DRIVE WENDELL, NC 27591
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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 survey was completed on 4/24/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits 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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 26 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 6-20-2023
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Alliance Health

North Carolina Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Name: [REDACTED] Date of Birth: [REDACTED] Record Number: [REDACTED]
 Medicaid ID: [REDACTED] ISP Start Date: [REDACTED]

My Support Needs*

Medical support needs: [REDACTED] is diagnosed with hypertension and this is managed with medication. He also has anxiety and ADD, and takes medication for both. He takes a supplement for digestive health. Overall, [REDACTED] is in good health.

Behavioral health support needs: When [REDACTED] gets frustrated or doesn't get his way, he may scream, yell, slam doors or even clear a table by swiping his arm/hand across it. The AFL staff are able to redirect [REDACTED] when these behaviors occur. When [REDACTED] is asked to do things that he feels that he should not have to do, he may have an outburst. [REDACTED] is able to work through the consequences with staff of not completing a request/ task. He is also asked to take deep breaths and go to his room to calm himself. At the day program, [REDACTED] may refuse to work or follow directions. [REDACTED] responds well to rewards and consequences, as well as redirection. [REDACTED] has a hard time with thunderstorms as the power may blink, causing his internet/ tv/ power to need to reboot. He has a hard time with technology not working and this is a trigger for him. He has broken several television remotes in half or crush it in his hands in frustration. [REDACTED] has a propensity to make false statements and accusations. The team is aware of this and remains in constant contact about statements made.

What is Working for Me / What's Not Working

What works? [REDACTED] current services are working well for him. [REDACTED] has been back at the day program and going on outings in the community regularly. [REDACTED] is developing friendships at day program and church.

What is not working? Covid restrictions did not work for [REDACTED]

When I may need Extra Help*

Things that may create stress. Situations where I'll need extra help?

- A change in schedule can be a stressor for [REDACTED]
- As well, he does not like to be told what to do or to engage in a non-preferred task.
- It is challenging for [REDACTED] be in a setting as his mother and the AFL provider at the same time.
- Sometimes, after visiting his mother, his behaviors tend to escalate.
- Thunderstorms/ power outages cause internet outages.
- [REDACTED] is not good a compromising when the group wants to go somewhere that he does not. [REDACTED] body language will tell you he is upset by turning away and pretending he does not hear you. [REDACTED] can be re-directed from this.


What you can do to help me prepare ahead?

- Inform [REDACTED] as soon as possible about any upcoming changes in his routine.
- Tell him the plan in steps, such as "do this for 5 minutes, and then after __ , you can do this".

Booker Home
1424 Huntzell Main Drive
Wendell, NC 27591

June 20, 2023

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey completed April 24, 2023
MHL#092-296
E-mail Address: 

Addressing deficiencies cited

V112 27G .0202 (C-D) Treatment/Habilitation Plan

Addendum to Treatment/Habilitation Plan completed
on June 20, 2023.

V132 G.S, 131E-256 Healthcare Personnel Registry

Personnel training completed on May 17, 2023.