

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2023
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NAME OF PROVIDER OR SUPPLIER ASHEBORO HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 EAGLE OAKS LANE ASHEBORO, NC 27205
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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 July 12, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 5. 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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to schedule a review of a plan at least annually affecting one of three audited clients (#2) and failed to have a plan with 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 affecting one of three audited clients (#3). The findings are:</p> <p>Review on 7/12/23 of client #2's record revealed: -Admission date of 4/30/09. -Diagnoses of Mild Intellectual Disability, Bipolar Disorder, Hyperthyroidism, Depression and Hypertension. -There was no documentation of a plan.</p> <p>Review on 7/12/23 of client #3's record revealed: -Admission date of 4/15/19. -Diagnoses of Mild Intellectual Disability, Depression and Allergic Rhinitis. -Individualized Support Plan (ISP) dated 4/15/23. -The ISP had no written consent or agreement by the client or responsible party.</p> <p>Interview on 7/12/23 with staff #1 revealed: -The Qualified Professional was responsible for client #2's plan. -She didn't know why the plan wasn't in the chart for client #2. -She wasn't sure why there was no signature</p>	V 112		

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V 112	Continued From page 2 page for client #3's plan. Interview on 7/12/23 with the Qualified Professional revealed: -They just did the treatment plan for client #2 in April 2023 with her guardian. -She thought the plan was possibly misplaced for client #2. -She confirmed the facility failed to schedule a review of a plan at least annually for client #2. -She also confirmed there was no written consent or agreement by the client or responsible party for client #3's plan.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be	V 290		

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V 290	<p>Continued From page 3</p> <p>present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to review the plan at least annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time affecting one of three audited clients (#2). The findings are:</p> <p>Review on 7/12/23 of client #2's record revealed: -Admission date of 4/30/09. -Diagnoses of Mild Intellectual Disability, Bipolar Disorder, Hyperthyroidism, Depression and Hypertension. -Unsupervised Time Assessment dated 5/10/19-</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>Client #2 could have 30 minutes in the home without staff.</p> <ul style="list-style-type: none"> -There was no documentation of a current assessment to determine if client #2 continued to be capable of remaining unsupervised in the home without staff supervision. <p>Interview on 7/12/23 with client #2 revealed:</p> <ul style="list-style-type: none"> -She could have unsupervised time at the facility. -She thought she had about an hour of unsupervised time each day. -She used the unsupervised time in the facility without staff about 2 days a week. <p>Interview on 7/12/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #2 had unsupervised in the facility. -Most of the time client #2 stayed at the facility unsupervised for about an hour one day a week. -Some weeks client #2 did not stay at the facility unsupervised. -She confirmed the facility failed to review the plan at least annually to ensure the client continues to be capable of remaining in the home or community without supervision. <p>Interview on 7/12/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #2 had unsupervised time in the home. -They just updated the unsupervised time assessment for client #2 in April 2023 with her guardian. -She thought the updated unsupervised time assessment was possibly misplaced for client #2. -She confirmed the facility failed to review the plan at least annually to ensure the client continues to be capable of remaining in the home or community without supervision. 	V 290		