

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/05/2023
NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551		
(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 follow up survey was completed on July 5, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 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 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

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

TITLE

(X6) DATE

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate medical services with other professionals responsible for client's treatment for one of three audited clients (#4). The findings are:</p> <p>Review on 7/5/23 of client #1's record revealed: -72 year old male. -Admission date of 12/2/13. - Diagnoses of Moderate Intellectual Developmental Disability, Schizophrenia, Hypertension, Bilateral Hearing Impairment, Glaucoma, High Cholesterol. -A 1/5/23 dental consultation note regarding the need for filling for a tooth and for the facility to call to schedule an appointment. -No documentation the filling had been completed or scheduled for client #1 and his next routine dental exam was scheduled for 7/6/23.</p> <p>Interview on 7/5/23 client #1 stated: -He had resided at the facility for a long time. -He was not able to recall the date he last saw the dentist.</p> <p>Interview on 7/5/23 the Qualified Professional stated: -She had contacted client #1's dentist office and confirmed he had not had the filling done. -She would ensure client #1's was scheduled to have the filling on his tooth completed.</p>	V 291		

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V 736	Continued From page 2	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/05/23 at approximately 11:30am revealed:</p> <ul style="list-style-type: none"> -The carpet in the living room had various stains, carpet on the side of the love seat was shredding and stringy, the carpet was heavily stained by the dining table, the tile floor had bits of debris and dead bugs. -There was bits of debris on the floor under the dishwasher, the stove and cabinets; the hood over the stove was covered with dead bugs; the plywood under the sink was warped, stained and broken. -There was food debris on the floor beside the stove, beside the fridge and in the bottom of all the kitchen cabinets. -Client #3 had heavy dust and debris behind his head board on the floor; the sliding door on the left side was off the hinge; the closet light did not work and there spider webs with dead bug by the sliding door and in the corners of the room; dead bugs and spider webs were in the right corner of the window; the tv stand was missing the handle from the left side. -Client #1 had 5 a light ceiling fan that had 2 bulbs not working; there was bits of debris all 	V 736		

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V 736	Continued From page 3 over the floor; spider webs in the ceiling corners of the room and floor corners of the room; spider webs with dead bugs on the inside of the window; there were brown stains on the bottom of the wall on the left side of the room. -Client #2 had a 5 light ceiling fan that had 3 bulbs not working; spider webs were at the bottom of the sliding door; there was bits of debris on the floor and under the dresser; 7 drawer dresser had 1 knob missing on the left at the top; the closet was missing 1 knob on right door; there were spider webs in the ceiling of the closet. -The bathroom by client #2's bedroom had dead bugs around the top of the bath tub, broken tile on the steps at the base of the tub. -The return vent in the hall was covered in heavy dust. -The hall bath had dark stains between the tile in the shower; there was broken tile in the shower; the caulking around the bottom of the shower was stained with dark stains; the toilet was also un-flushed and the raised toilet seat had dark stains and residue on it.	V 736		