

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2023
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NAME OF PROVIDER OR SUPPLIER LYONS ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 804 AURELIAN SPRINGS ROAD ROANOKE RAPIDS, NC 27870
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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 7/18/23. 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 2 and has a census of 2. The survey sample consisted of audits of 2 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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	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 review and interview the facility failed to ensure one of three (#1) clients had a current treatment plan. The findings are:</p> <p>Review on 7/18/23 of client #1's record revealed: -Admission date of 12/4/21 -Diagnoses of Mild Mental Retardation, Deaf, and Impulse Control -Treatment Plan dated 2/1/22</p> <p>Interview on 7/18/23 the Licensee stated: -Had a new treatment plan done, but had not received it. -The care coordinator had not sent it to her. -Had not asked for the new treatment plan. -Will contact the care coordinator for an updated treatment plan.</p>	V 112		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 attractive manner.</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>The findings are:</p> <p>Observation on 6/8/23 at 10:00 AM revealed: -Large crack across front window with hole -Plastic covering the window.</p> <p>Observation on 7/18/23 at 10:00 AM revealed: -Large crack across the front window with hole -Plastic covering the window from the inside of the home.</p> <p>Interview on 7/18/23 the Licensee stated: -Window has been broken since the winter time. -Had placed plastic over it to keep it covered. -Had to order a custom window due to the size of it. -Hope to have it in the next few weeks.</p>	V 736		