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: R B. WING MHL034-336 07/21/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 719 INLAND DRIVE HOME CARE SOLUTIONS AT INLAND DRIVE KERNERSVILLE, NC 27284 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on 7/21/23. 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 3 and currently has a census of 1. The survey sample consisted of audits of 1 current client. V 111 V 111 27G .0205 (A-B) 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: RECEIVED (1) the client's presenting problem; (2) the client's needs and strengths; AUG 11 2023 (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days DHSR-MH Licensure Sect 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; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. Division of Health Service Regulation

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

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rector

(X6) DATE

If continuation sheet 1 of 2

PRINTED: 07/26/2023 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: R B. WING MHL034-336 07/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 719 INLAND DRIVE HOME CARE SOLUTIONS AT INLAND DRIVE KERNERSVILLE, NC 27284 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 111 Continued From page 1 V 111 This Rule is not met as evidenced by: An initial assessment Based on records review and interview, the was completed for the 81112023 facility failed to ensure an assessment was completed prior to the delivery of services affecting 1 of 1 client (#1). The findings are: individual prior to moving Review on 7/19/23 of client #1's record revealed: into the facility This is a - Admission date: 9/22/20 - Diagnoses: Mild Intellectual and Developmental part of our assessment Disabilities; and Other Specified Disruptive. Impulse Control, and Conduct Disorder process - No admission assessment was in his file for client #1's current admission. The individual moved to Interview on 7/21/23 with the Qualified Professional revealed: another one of our locations - Client #1's admission assessment previously provided was an "application" and not an and a transfer or discharge "admission assessment." form was not completed - She would provide a copy of client #1's admission assessment.

Division of Health Service Regulation

Review on 7/21/23 of client #1's admission

and was for a previous placement.

- The admission assessment was dated 7/11/18

assessment revealed:

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If continuation sheet 2 of 2



Moving forward a transfer form will be completed when

another home with in the company

a resident transfers to

if an individual is discharged, a discharge form will be completed.

- The residential manager will be responsible completing the transfer form and the GP will complete the discharge summary in the event of a discharge.

This will be completed for the next transfer or discharge. We will continue the process Maing

forward