STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-210	A. BUILDING: _____ B. WING _____	R 09/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUFFOLK HOUSE	131 SUFFOLK CIRCLE JACKSONVILLE, NC 28546

(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 September 29, 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview the facility failed to obtain written consent or agreement for the treatment/habilitation or service plan by the legally responsible person for 1 of 3 current clients (#3). The findings are:

Review on 09/28/23 of client #3's record revealed:
- 52 year old male admitted 12/30/19.
- Diagnoses included Intellectual/Developmental Disability, severe; Schizophrenia, paranoid type; Traumatic Brain Injury; Dementia due to anoxia.
- Guardianship established 11/17/20.
- Individual Service Plan (ISP) Meeting date 09/23/22. Effective date 11/01/23 (incorrect date).
- Last guardian signed ISP 09/27/21.
- No updated or current guardian signature.

During interviews on 09/29/23 the Residential Administrator stated:
- The guardian for client #3 was a local advocacy group.
- The individual guardian assigned to client #3's case had changed.
- She would follow up on the signatures for treatment plans.

[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]

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V 291	Continued From page 2	V 291		
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. 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. 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	V 291		

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V 291	Continued From page 3 one of three audited clients (#1). The findings are: Review on 08/31/22 of client #1's record revealed: - 50 year old female. - Admission date of 12/30/19. - Diagnoses included Intellectual/Developmental Disability, moderate; Schizophrenia; and Seizure Disorder. - No documentation of Physical Therapy (PT) for client #1 after 07/07/23. Review on 09/28/23 of a facility "Medical Consultation Evaluation Form" for client #1 revealed: - Date of visit: 07/07/23. - Name of consultant: Therapist was checked. - "Purpose of visit: PT." - "New Medication Prescribed or Change in regiment (Please list below) Attend Physical Therapy 2-3 x (times) l wk (week) for 4-6 wks." - next appointment 07/21/23. - Illegible signature dated 07/07/23. Review on 09/28/23 of incident reports for client #1 for falls or potential for falls revealed: - 09/22/23, 09/21/23, 08/28/23, 08/16/23, 08/04/23, 07/31/23, 07/24/23 and 07/19/23. Interview on 09/29/23 the Residential Administrator stated: - Client #1 had sen a therapist on 07/07/23. - Client #1's guardian had not signed an authorization for services and no therapy was done on 07/21/23. - Client #1 had COVID in August and a hospital stay later that same month. - The facility had been dealing with internal health issues with client #1. - She would follow up on client #1's therapy	V 291		

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V 291	Continued From page 4 appointments.	V 291		