STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-475	A. BUILDING: _____ B. WING _____	R 09/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITTECAR GROUP HOME	3257 LAKE WOODARD DRIVE RALEIGH, NC 27604

(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 9/25/23. 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 6 and currently has a census of 5. The survey sample consisted of 3 current clients.	V 000		
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: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days 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.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that an admission assessment was completed for 1 of 3 audited clients (#3). The findings are:

Review on 9/21/23 & 9/25/23 of client #3's record revealed:
- Admitted: 5/8/23
- Diagnoses: Intellectual Developmental Disability-Severe and Prader-Willi
- Daily Living Activities (DLA) completed on 5/8/23 but did not contain the following:
  - clients' presenting problem
  - admitting diagnosis
  - social, family, and medical history
- No documentation of an admission assessment being completed

Interview on 9/25/23 the Qualified Professional reported:
- She was responsible for completing admission assessments
- Her agency recently changed the admission assessments to DLA's
- Only the newer clients' had DLA's
- She would tell their Quality Control staff that they need the 24-hour admission assessment

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V 111	Continued From page 2 back because the DLA's didn't contain all the information that was needed	V 111		