

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/17/2023
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217
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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 and follow-up survey was completed on October 17, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 5 beds and currently has a census of 5. The survey sample consisted of audits of 3 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 reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting one of three audited clients (Client #2). The findings are:</p> <p>Review on 10/17/23 of Client #2's record revealed: -Admission date of 10/21/15 -Diagnoses of Undifferentiated Schizophrenia; Dysthymia; Congenital Malformation of Cardiac; Obesity; Asperger's Syndrome/Autism; Enuresis; Attention Deficit Disorder; Gastroesophageal Reflux Disease. -Client #2's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Interview on 10/17/23 with the Qualified Professional revealed: -She relied on the client's day program to complete their Person Centered Plan. -She had been having some issues with receiving Client #2's Person Centered Plan back from staff at his day program. -Staff from the Client #2's program had sent his Person Centered Plan to her today, but it was missing the signature page. -Client's day program would include residential</p>	V 112		

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V 112	Continued From page 2 services goals in their plans. -She confirmed that the Person Centered Plans for Client #2 had no written consent or agreement by the client or responsible party.	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to be maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/17/23 of the facility at approximately 12:45 pm revealed: -Kitchen area- Linoleum flooring was stained and had a couple of spots where it was torn and exposing the wooden floor. -Living area- There was a large unfinished patch-up work that needed to be painted on the wall separating the kitchen and the Living area. There was also an unfinished patch-up work needing to be painted on wall behind the couch. -Door leading to Clients #2 and #5's bedroom was dirty/stained. -Clients #2 and #5's bathroom- There was a large crack on the window. Window was covered with a piece of clothes as it was missing blinds. Linoleum flooring was stained and starting to come apart on the edges. Mirror was fading around its edges. -Hall bathroom- Mirror was fading around its edges. Linoleum flooring was stained.	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Door leading to Clients #1 and #4's bedroom was dirty/stained. -Door leading to Clients #3's bedroom was dirty/stained. -Outside- Doorbell was missing and had exposing wires. <p>Interview on 10/17/23 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -She started working at this house in April of this year. -She was aware there were some maintenance issues with the facility. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner. <p>Interview on 10/17/23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -He understood that the facility needed to be repainted again. -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner. 	V 736		