Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL084-093		12/18/2023

NAME OF PROVIDER OR SUPPLIER
COGGINS GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
235 COGGINS AVENUE
ALBEMARLE, NC 28001

(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 survey was completed on December 18, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities The facility is licensed for 4 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 112	Continued From page 1	V 112		
	This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement goals and strategies in the treatment plan to address client leaving the facility without permission and physical aggression towards others for one of three audited clients (#1). The findings are: Review on 12/14/23 of Client #1's record revealed: -Admission date of 5/5/22. -Diagnoses of Bipolar Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Major Depressive, Disorder, Mild Intellectual and Developmental Disability, Autistic Disorder, Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Hypothyroidism, Vitamin D3 Deficiency and Osteopathy. -Treatment Plan dated 1/20/23 included the following goals: -Client will reduce the frequency of impulsive behavior and increase the frequency of behavior that is carefully thought out. -Client will be able to use coping skills to decrease my feelings of anxiety. -Client will be able to improve my overall well-being. -Treatment plan failed to include goals and strategies to address client #1 leaving the facility without permission and physical aggression			

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V 112	Continued From page 2 towards others. -Behavioral support plan identifying goals and strategies expired 7/2023. Review on 12/14/23 of the Incident Reports on Client #1 leaving the facility without permission included the following dates: -10/30/23, 11/12/23 and 11/19/23. Review on 12/14/23 of the Incident Reports on Client #1's physical aggression towards others included the following dates: -11/1/23, 11/8/23 and 11/29/23. Interview on 12/14/23 with Client #1 revealed: -Her coping skills were making necklaces with beads. -She was trying to stay to herself. -She was easily triggered. -She would apologize to others. -She sometimes had a bad day and felt sorry. -She reported fighting with other clients was like fighting her brother and sister. -She was working on her goals and trying to learn to calm down. -She liked living at the facility. -She reported sometimes she tried to be a leader and encouraged others not to fight. -She said, "I'm trying to do better." -She had a therapist but had not seen her for a couple of weeks. -She would also go to respite but refused a couple of times. Interview on 12/14/23 with the Qualified Professional revealed: -She was aware of client #1's behavior. -Client #1 had a behavioral support plan identifying behaviors. -The behavioral support plan expired.	V 112		

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V 112	Continued From page 3 Interview on 12/18/23 with the Management Team revealed: -Client #1's guardian did not allow unsupervised time. -Client #1 would disregard the unsupervised time rules. -Staff would follow client #1 when she left the facility without permission until no longer visible. -Staff would then contact the police to report client #1 missing. -Client #1 would spend time at respite. -Client #1 would go to respite as often as possible. -Client would sometimes refuse to go to respite or stay for admission. -Staff would take client #1 to respite and upon arrival she would change her mind. -Respite would not allow client #1 to stay if she did not want to stay. -Staff attempted to escort client #1 to respite on 10/30/23. She refused to get in the van. -Staff took client #1 to respite on 10/31/23. She refused to stay. -Client #1 agreed to go to respite from 11/3/23 - 11/5/23 but refused on 11/3/23. -They were also following recommendation made by client #1's psychiatrist. -Psychiatrist recommended a hospital inpatient stay for medication management. -Last Involuntary Commitment was on 11/7/23. -Client #1 had an appointment with behavioral health on 11/9/23. -They had a high-risk team meeting including the psychiatrist, psychologist, and quality team on 12/5/23 to address client #1's behaviors. -Client #1's therapist had been out but would schedule an appointment. -They were working on strategies to address client #1's behaviors.	V 112		

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V 112	Continued From page 4 -Behavioral support plan identifying client #1's behaviors expired.	V 112		