

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-210 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 01/11/2024 |
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| NAME OF PROVIDER OR SUPPLIER GEORGE STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 217 GEORGE STREET FOUR OAKS, NC 27524 |
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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 |
|--------------------|--|---------------|---|--------------------|
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 1/11/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p> | V 000 | The facility will ensure all client records are complete and maintained. The facility manager will ensure compliance by completing monthly audits of the records. The documentation will occur by using Monarchs record transfer guide currently in use. Document was printed off, signed and place in the clients record on 01/22/2024. | 01/22/2024 |
| V 113 | <p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <ul style="list-style-type: none"> (1) an identification face sheet which includes: <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; | V 113 | <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 5 2024</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p> | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **Team Lead** (X6) DATE **1-26-24**

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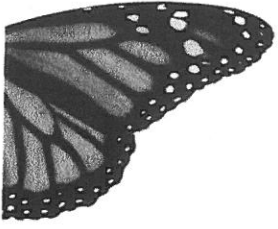
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| V 113 | <p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete records affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/10/24 client #1's record revealed: - Admitted: 12/19/22 - Diagnoses: Mental Disability, Mood Disorder, Diabetes Mellitus, Essential Tremor, and Hyperlipidemia - No admission assessment or signed consent forms</p> <p>Interview on 1/10/24 the Residential Manager reported: - She knew that client #1's consents were signed and didn't understand why they weren't in her record - Would call the facility's main office to see if</p> | V 113 | This page is intentionally left blank. | |

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| V 113 | Continued From page 2 they had a copy - Stated that she called client #1's brother who was also her guardian and he said that he sent all that in with the admission packet - No one was able to "place their hands" on client #1's admission assessment or consent forms at the office - She didn't know where the consents or admission assessments were and would get the brother/guardian to sign new consent forms and make sure they were put in her record | V 113 | This page is intentionally left blank. | |



January 31, 2024

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center Raleigh, NC
27699-2718

RE: George Street Group Home/Annual & Follow Up/January 11, 2024

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey above. Please let me know if you have any questions. Thank you.

Sincerely,

Cierra Walker, RN

Cierra Walker, RN
Continual Readiness Coordinator II
Cierra.walker@monarchnc.org
(252) 218-5250

