STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-358	A. BUILDING: _____ B. WING _____	02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE ENHANCEMENT OPPORTUNITIES	660 SINA AVENUE WINSTON SALEM, NC 27127

(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 2/13/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. 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 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a treatment/habilitation plan with an assessment of 1 of 3 client (#2)'s ability to have unsupervised time in the home and community. The findings are: Review on 2/12/24 and 2/13/24 of Client #2's record revealed: -An admission date of 3/2/23. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder. -He was his own guardian. -A treatment plan dated 1/23/24. -No documentation in the treatment plan regarding unsupervised time. Review on 2/12/24 and 2/13/24 of Client #2's Unsupervised Time Assessment dated 1/5/24 record revealed: -The Community Alternative North Carolina Unsupervised Time Assessment dated 1/5/24 for 3 ½ hours. Interview on 2/12/24 with Client #2 revealed: -"I can stay in the house by myself for 4 hours." Interview on 2/12/24 and 2/13/24 with Staff #1 revealed: -Client #2 had unsupervised time when he went to work, 4 hours every day.	V 112		

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V 112	Continued From page 2 -There had not been an issue, "he has been working for a long time." Interview on 2/13/24 with the Qualified Professional revealed: -Client #2 had unsupervised time when he goes to work from 11:30am to 2:30pm. -"it should be 3 ½ hours not 6 hours for unsupervised time." -The staff know about the unsupervised time "I guess from the assessment." -Acknowledged that Client #2's treatment plan should have included information related to unsupervised time.	V 112		