STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-125	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL IN ONE ADULT DAY SERVICES	115 WEST COURT STREET, UNIT B RUTHERFORDTON, NC 28139

(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 A complaint survey was completed on 2/27/24. The complaints were unsubstantiated (# NC00213602, NC00213849, NC00213883). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups This facility has a current census of 3. The survey sample consisted of an audit of 1 current client.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (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	V 113		

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V 113	Continued From page 1 responsible person granting permission to seek emergency care from a hospital or physician; (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. This Rule is not met as evidenced by: Based on record review, interview and observation, the facility staff failed to maintain a complete client record to include emergency information for 1 of 1 audited client (Client #1). The findings are: Record review on 2/21/24 for Client #1 revealed: -Date of Admission-2/20/23. -Diagnoses- Mild Intellectual Developmental Disability. -There was no client file or emergency information at the facility. Observation on 2/21/24 at approximately 11am and 2/27/24 at approximately 11am revealed there was no client file or emergency information	V 113		

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V 113	Continued From page 2 (face sheet) for Client #1 in the facility. Interview on 2/21/24 with Staff #1 revealed: -If there was an emergent need for Client #1, she would call the Director. Interview on 2/26/24 with the Director revealed: -She had the files with her on 2/21/24 for peer review. -Staff could call her for emergency information anytime.	V 113		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 1 of 3 audited staff (Staff #1). The findings are: Record review on 2/22/24 for Staff #1 revealed: -Date of hire-10/29/23	V 131		

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V 131	Continued From page 3 -HCPR documentation was not complete from HCPR website. Interview on 2/27/24 with the Director revealed: -She was responsible for completing background checks for new hires. -She submitted only the last for digits of the social security number and assumed the result meant there was nothing in the registry. She did not realize she also needed to add first and last name in order to get complete results.	V 131		