

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL016-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
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NAME OF PROVIDER OR SUPPLIER NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 2331 NORTH LAKEVIEW DRIVE NEWPORT, NC 28570
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 17, 2024. Deficiencies were cited.</p> <p>this facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	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 review the plan annually and failed to obtain written consent or agreement for the treatment/habilitation or service plan by the client or legally responsible person for 2 of 3 audited clients (#2 and #5) The findings are:</p> <p>Review on 04/16/24 and 04/17/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 61 year old female. - Admission date of 02/01/20. - Diagnoses of Anxiety, Vitamin D Deficiency, Moderate Intellectual Developmental Disability, Eczema, Seborrheic Dermatitis of Scalp and Hypertension. - Person-Centered Plan (PCP) dated 01/28/22. - No annual review of PCP. - No current PCP signed by the client or legally responsible person. <p>Review on 04/16/24 and 04/17/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 53 year old female. - Admission date of 11/01/21. - Diagnosis of Autism Spectrum Disorder. - PCP dated 09/23/22. - No annual review of PCP. - No current PCP signed by the client or legally responsible person. <p>Interview on 04/17/24 the Residential</p>	V 112		

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V 112	Continued From page 2 Director/Qualified Professional (QP) stated: - The previous QP had performance issues and had not completed the PCPs as required. - The issues with the PCPs have been identified and meetings are being scheduled with guardians to review updated treatment plans.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or	V 290		

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V 290	<p>Continued From page 3</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time and reviewed annually affecting one of three audited clients (#2). The findings are:</p> <p>Review on 04/16/24 and 04/17/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 61 year old female. - Admission date of 02/01/20. - Diagnoses of Anxiety, Vitamin D Deficiency, Moderate Intellectual Developmental Disability, Eczema, Seborrheic Dermatitis of Scalp and Hypertension. - Person-Centered Plan (PCP) dated 01/28/22. - No current PCP to document client #2's capability of remaining in the community for specified periods of time. 	V 290		

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V 290	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Checklist for Unsupervised Time completed 01/28/22. <p>Interview on 04/16/24 client #2 stated:</p> <ul style="list-style-type: none"> - She had resided at the facility for several years. - Her aunt was her guardian. - She worked at a local restaurant. - Staff take her to her job and drop her off. - Staff pick her up from her job. <p>Interview on 04/17/24 the Residential Director /Qualified Professional stated:</p> <ul style="list-style-type: none"> - The previous QP had performance issues and had not updated the PCP for client #2. - She was currently serving as the QP for the facility. - The issue with the PCP had been identified. - The facility did not change the unsupervised assessment. - She was aware the PCP needed to be completed annually and to include client #2's capability of remaining in the community unsupervised for specified periods of time. 	V 290		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate medical services with other professionals responsible for client's treatment for one of three audited clients (#5). The findings are</p> <p>Review on 04/16/24 and 04/17/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 53 year old female. - Admission date of 11/01/21. - Diagnosis of Autism Spectrum Disorder. - 09/01/22 Optometrist visit. Diagnoses of Astigmatism and Presbyopia (two eye conditions that can affect your vision. Presbyopia makes it difficult to see things close-up, and astigmatism leads to blurry vision). Needs annual eye exam. - No annual eye exam documented after 09/01/22. 	V 291		

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V 291	Continued From page 6 Interview on 04/17/24 the House Manager stated: - Client #5 had not been to a follow up eye exam since 09/01/22. - The facility usually received a follow up appointment card. - She was aware a system needed to be in place to ensure timely follow up appointments. - She was in the process of setting up a return visit with client #5 for an eye exam.	V 291		