

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/23/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOMEONE DOES CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 WEST WALNUT STREET TARBORO, NC 27886</b>
--	--

(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}	<p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on 4/23/24. Deficiencies were 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>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	{V 000}		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/23/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOMEONE DOES CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 WEST WALNUT STREET</b> <b>TARBORO, NC 27886</b>
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement 1 of 3 audited clients (#4) treatment plan. The findings are:</p> <p>Review on 4/23/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/20/23</li> <li>- diagnoses: Oppositional Defiant Disorder; Moderate Intellectual Developmental Disorder; Bipolar Disorder &amp; Attention Deficit Hyperactivity Disorder</li> <li>- a treatment plan dated 1/30/23 with the following goals: will practice independent living skills &amp; will increase her symptom management skills</li> </ul> <p>Review on 4/23/24 of an email sent to the facility's Qualified Professional (QP#1) from the Local Management Entity/Managed Care Organization dated 4/23/24 revealed:</p> <ul style="list-style-type: none"> <li>- "...from my understanding a meeting was supposed to be scheduled...as of right now you can extend the current auth (authorization) until 6.30.24."</li> </ul> <p>During interview on 4/23/24 client #4 reported:</p> <ul style="list-style-type: none"> <li>- she didn't know what goals she needed to work on</li> </ul> <p>During interview on 4/23/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- she discussed with client #4 what she should and should not do in the real world</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/23/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOMEONE DOES CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 WEST WALNUT STREET TARBORO, NC 27886</b>
--	--

(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 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- encouraged her to go to college &amp; get a trade or get a degree online</li> <li>- client #4 cleaned her bedroom during the day and spent time on her cell phone</li> </ul> <p>During interview on 4/23/24 the QP#1 reported:</p> <ul style="list-style-type: none"> <li>- client #4 does not have a current treatment plan due to a change of guardianship</li> <li>- the new guardian needed to approve the services</li> <li>- had attempted to reach the guardian in January 2024 and February 2024 to complete treatment plan</li> <li>- had developed an internal treatment plan with client #4 but needed the guardian's signature</li> <li>- reviewed the internal treatment plan goals with client #4 but not with the staff</li> </ul> <p>During interview on 4/23/24 QP#2 reported:</p> <ul style="list-style-type: none"> <li>- a treatment plan meeting for client #4 was scheduled for 5/3/24</li> </ul>	V 112		
{V 736}	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in an attractive and orderly manner. The findings are:</p> <p>Observation on 4/23/24 at 10:17am of the facility revealed:</p> <ul style="list-style-type: none"> <li>- in the television room was approximately 4</li> </ul>	{V 736}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL033-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/23/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOMEONE DOES CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 WEST WALNUT STREET</b> <b>TARBORO, NC 27886</b>
--	--

(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 736}	<p>Continued From page 3</p> <p>small boxes &amp; 1 large box stacked in a corner</p> <ul style="list-style-type: none"> <li>- client #1's blinds were missing slates</li> <li>- client #6's dresser was missing 2 drawers</li> </ul> <p>During interview on 4/23/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the small boxes contained the clients' depends</li> <li>- the large box contained a dresser for client #2's bedroom</li> <li>- the boxes had been there about a week</li> <li>- the dresser was too heavy to move and there was no other place to put the boxes</li> </ul> <p>During interview on 4/23/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- would have the boxes moved from the television room</li> <li>- would place the new dresser in client #6's bedroom and remove the dresser with two missing drawers</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	{V 736}		