

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOME CARE II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6303 RUSTIC RIDGE HOPE MILLS, NC 28348</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on June 12, 2024. The complaint was substantiated (intake #NC00217171). 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 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></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> <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		

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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 interviews, the facility failed to obtain 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 for 2 of 3 audited clients (#1, #2). The findings are:</p> <p>Finding #1 Review on 6/11/24 of client #1's record revealed: -24 year old male admitted on 3/1/24. -Diagnoses of Intellectual Developmental Disability- Severe; Anxiety Disorder; Attention-Deficit Hyperactive Disorder; Prader Willi Syndrome; Intermittent Explosive Disorder; High Blood Pressure; Type II Diabetes; Hypothyroidism. -Treatment plan dated 11/3/23 was not signed by the responsible party.</p> <p>Interview on 6/1/24 with client #1 was unsuccessful as he declined to answer questions.</p> <p>Finding #2 Review on 6/12/24 of client #2's record revealed: -28 year old male. -Diagnoses of Oppositional Defiant Disorder;</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Intellectual Developmental Disability- Severe; Encephalopathy; Impulse Control Conduct Disorder; ADHD-Combined type; Enuresis, Encopresis, Rasmussen's Encephalitis; Constipation; Thoracolumbar Scoliosis, High Cholesterol; Hx. Of Seizure Disorder; Allergies; Irritable Bowel Syndrome -Treatment plan dated 1/1/24 was not signed by the responsible party.</p> <p>Interview on 6/12/24 client #2 stated he liked living at the facility and was doing well..</p> <p>Interview on 6/12/24 the Qualified Professional stated she ws responsible for implementing short range goals, the managed care organization coordinator was responsible for obtaining signatures for the treatment plans and she was still waiting on client #1 and #2's signature pages.</p>	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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/11/24 at approximately 10:15 am revealed: - The hall bathroom had a 4 bulb light fixture with 2 not working; black residue was around the top of faucet the shower.</p>	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Client #1 had a softball sized hole in the wall behind the bedroom door.</li> <li>- Client #1 had a window to the left of his bedroom with a bent curtain rod; bathroom had brown residue on the sink and the toilet; there were extra bedrails in the closet on the right; the closet door on the left of the room had 2 holes approximately 1 inch in size; there was various sized dark stains on the floor and 2 floor tiles were lifting at the entrance to the bathroom.</li> <li>- Client #3 and #4's bedroom had dusty window sill with dead flies and dead flies on the floor.</li> <li>- The light above the kitchen sink was not working; the microwave was peeling around the inside frame and rusted on the inside.</li> <li>- The cabinet to the right of the stove was missing a handle, cabinet under the dish drain was missing a knob; the cabinet on the right side bottom was missing a handle.</li> </ul> <p>Interview on 6/12/24 the Qualified Professional stated she understood the facility was required to maintain a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		