

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL050-063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONNOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>177 BEECHWOOD DRIVE SYLVA, NC 28779</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 survey was completed on 5/17/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>Previous care plans for Client #3 have stated the client could be left alone in his home up to 3 hours but was accidentally omitted from the current care plan. As the plan is authored by the MCO Care Coordinator and cannot be edited by the provider QP, the provider QP will contact the care coordinator and ask the plan be amended to include this statement again.</p>	5/31/2024
V 290	<p><b>27G .5602 Supervised Living - Staff</b></p> <p><b>10A NCAC 27G .5602 STAFF</b></p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p>	V 290	<p>The QP will continue to include the statement in her progress notes (see Attachment #1). The QP will add the statement to the short-term objectives in Client 3's electronic health record (see Attachment #2).</p> <p style="text-align: center;"><b>RECEIVED</b> <b>MAY 28 2024</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Christi Huff*

TITLE

**Executive Director**

(X6) DATE

**5.23.2024**

Division of Health Service Regulation

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V 290	<p>Continued From page 1</p> <p>(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 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 interview and record review, the facility failed to document in the treatment or habilitation plan when a client was capable of remaining in the home without staff supervision for 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 5/17/24 of Client #3's record revealed: -admission date 7/16/14. -diagnoses of Mild Intellectual Developmental Disability, Vitamin D Deficiency unspecified, Hyperlipidemia unspecified, Essential Hypertension, Type 2 Diabetes Mellitus with unspecified complications, Chronic Kidney Disease unspecified and Disorder of Kidney and Ureter unspecified. -1/1/24 - most recent treatment plan did not</p>	V 290		

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V 290	<p>Continued From page 2</p> <p>address the client's capability to remain in the home unsupervised.</p> <p>Interview on 5/16/24 with Client #3 revealed: -he enjoyed staying at home in his room watching television. -he was not sure how long he was home without staff being present.</p> <p>Interview on 5/16/24 with the AFL provider revealed: -Client #3 could stay at home by himself "a couple of hours a day." -this was in his "plan."</p> <p>Interview on 5/17/24 with the Qualified Professional revealed: -Client #3 had unsupervised time in the home for up to 3 hours a day. -he had this approved for years and was unsure how this was removed from his most recent treatment plan.</p>	V 290		

### Clinician Report

**Report Description** Jan-March 2024 Q Note RS 4  
**Entered By** [Redacted] DP on 05/16/2024 02:33 PM  
**Individual Name** [Redacted] 28250  
**Date Range** 05/16/2024 - 05/16/2024

Innovations Q Note

**Form ID** ISP-MCHNC-N7J4XVKZH4UKN  
**Status** Approved (Dynamic)  
**Time Zone** US/Eastern  
**ISP Program** Innovations Q Note  
**Scoring Method** MCE Quarterly  
**Frequency**  
**Schedule**

**Schedule and Frequency Comment** Schedule And Frequency: Monthly; Frequency Of Documentation: at least once every month

**Goal/Service** QIDP shall review individual's T-Log notes and ISP program data to determine if revisions or discontinuation of ISP programs are needed.

**Criteria for Completion** QP shall review individual's T-Log notes and ISP program data to determine if revisions or discontinuation of ISP programs are needed.

<b>Date:</b> 05/16/2024	<b>Begin Time:</b>	<b>End Time:</b>	[Redacted] (mm):	00:00
<b>Location:</b>	<b>Service Provider:</b>		[Redacted]	QIDP
Task	Score	Scoring Comments		
Goal 1	P	[Redacted] most current ISP began 1/1/24. He did not meet this goal independently this quarter but met it by prompting 99% of trials. The goal will continue as written in an attempt to improve this skill.		
Goal 2	P	[Redacted] most current ISP began 1/1/24. He met this goal by prompting this quarter 9% of trials. The goal will continue as written based on progress.		
Goal 3	P	[Redacted] most current ISP began 1/1/24. He met this goal by prompting this quarter 26% of trials. The goal will continue as written based on progress.		
Goal 4	P	[Redacted] most current ISP began 1/1/24. He did not meet this goal independently this quarter but met it by prompting 62% of trials. The goal will continue as written in an attempt to improve this skill.		
Goal 5	P	[Redacted] most current ISP began 1/1/24. He did not meet this goal independently this quarter but met it by prompting 84% of trials. The goal will continue as written in an attempt to improve this skill.		
Goal 6	P	[Redacted] most current ISP began 1/1/24. He did not meet this goal independently this quarter but met it by prompting 98% of trials. The goal will continue as written in an attempt to improve this skill.		
Goal 7	P	[Redacted] most current ISP began 1/1/24. He met this goal by prompting this quarter 24% of trials. The goal will continue as written based on progress.		
Goal 8	P	[Redacted] receives assistance all throughout the day with his personal care needs that he can't meet for himself. Staff has to assist him as well throughout the day.		
<b>Comment:</b>	[Redacted] continues to reside with [Redacted] in licensed AFL in [Redacted] where he has lived many years. He continues to ask to stay home a lot when [Redacted] transports his housemates to their day programs. [Redacted] has access to a cordless phone for calling in an emergency and has an exit from his bedroom in case of emergency. He is never home more than 3 hours at a time alone. [Redacted] is not wish to eat with peers and likes to be off to himself as much as possible watching his own TV shows and doing his own thing. [Redacted] is always decorating the steps going into his room for different holidays. [Redacted] sister who resided in a nursing home in Cherokee died during this quarter [Redacted] handled her death as well as could be expected. [Redacted] loves to spend his money monthly. No back-up staffing reports were needed for [Redacted] during this quarter. He sees doctors as needed for his ongoing chronic medical conditions. [Redacted] followed by [Redacted] from vava as his Care Coordinator. The annual ISP meeting was held by phone in October and the [Redacted] began 1/1/24. [Redacted] is aging and his medical issues are becoming more complex. AFL provider communicates with MCH nursing staff on changes often.			

Task(s)	
Goal 1	2A. [Redacted] will take medications and maintain medications in a daily storage container independently for 6 months.
Goal 2	2B. [Redacted] will clean his room daily with 1 or fewer prompt for 6 months.
Goal 3	2C. [Redacted] will participate in a physical activity program with no more than 2 prompts at least 3 times weekly for 6 months.
Goal 4	2D. [Redacted] will prepare small meals or snacks with supervision and assistance when needed independently for 6 months.
Goal 5	2E. [Redacted] will make healthy food choices while in community and home independently for 6 months.
Goal 6	2F. [Redacted] will maintain fine motor skills by choosing appropriate activities independently for 6 months.
Goal 7	2G. [Redacted] will exhibit socially appropriate behavior with 2 or fewer prompts in all settings for 6 months.
Goal 8	2H. [Redacted] will participate in personal care daily for the next 12 months.

Score(s)	
P	Progress-Continue to increase independence

No P	No Progress
D/C	Discontinue- Criteria Achieved
Max	Discontinue- Maximum Potential Achieved
Rev	Revise
N/A	Not Applicable

## Progress Towards Outcome

Progress Towards Outcome

## Comments/Recommendations

### Comments

3000 characters left

### Recommendations

3000 characters left

### Delete Reason

3000 characters left

Export To: "PDF" "Service Verification Form" "Excel"

<< Back

Close Without Saving

Display Printable

Save

Delete

Send via SComm

[Help & Support](#)

[Feedback](#)

[Website](#)

[Live Help](#)

Individual Name  
Medicaid Number  
Date of Birth

[Redacted]  
[Redacted]  
12/05/1945

Attachment #2

Macon Citizens Habilities, Inc.



# Residential Supports Level 4 01012024 (ISP Program)

Form ID: ISP-MCHNC-MEE4NMVZEEMN6  
 Time Zone: US/Eastern  
 Status: Approved  
 Entered By: [Redacted] QIDP on 12/12/2023 10:49 AM  
 Approved By: [Redacted] QIDP on 12/27/2023 03:19 PM  
 Last Updated By: [Redacted] QIDP on 05/23/2024 10:30 AM

## ISP Program Description

**Provider Program:** Conner AFL (MCH Admin)  
**Individual Name:** [Redacted] 28250  
**ISP Program Name:** Residential Supports Level 4 01012024  
**Start Date:** 01/01/2024  
**End Date:** 12/31/2024  
**Target Completion Date:** 12/31/2024  
**Location:** AFL Home and Community  
**Long Term Objective:** [Redacted] continues to need support in avoiding health and safety hazards, taking his medications, maintaining emotional well-being, maintaining a healthy diet and maintaining his physical health and fitness. Special attention needs to be given to care for diabetes related concerns and proper catheter care.  
 \*\*\*\* [Redacted] can be left alone for up to 3 hours per day. He has access to a phone and will not answer the door. He does NOT wish to go with AFL staff to transport others or go to Church with them\*\*  
**Goal/Service:**  
 2A. [Redacted] will take medications and maintain medications in a daily storage container independently for 6 months.  
 2B. [Redacted] will clean his room daily with 1 or fewer prompts for 6 months.  
 2C. [Redacted] will participate in a physical activity program with no more than 2 prompts at least 3 times weekly for 6 months.  
 2D. [Redacted] will prepare small meals or snacks with supervision and assistance when needed independently for 6 months.  
 2E. [Redacted] will make healthy food choices while in community and home independently for 6 months.  
 2F. [Redacted] will maintain fine motor skills by choosing appropriate activities independently for 6 months.  
 2G. [Redacted] will exhibit socially appropriate behavior with 2 or fewer prompts in all settings for 6 months.  
 2H. [Redacted] will participate in personal care daily for the next 12 months.  
**Reason for ISP Program:** [Redacted] wishes to continue to maintain skills and maintain good health  
**Criteria for Completion:** Successfully completing each goal as written  
**Materials Required:** Medications  
 Cleaning supplies for room  
 Small meal ingredients

Individual Name [REDACTED]  
Medicaid Number 947-17-5752L  
Date of Birth 12/05/1945



**Schedule and Frequency**

<b>Frequency</b>	
<b>Schedule</b>	
<b>Comment</b>	Schedule And Frequency: Daily; Frequency Of Documentation: Daily
<b>Maximum Number of Times a Day</b>	12
<b>Allow collection of multiple task scores for a single day</b>	Yes

**Scoring Details**

<b>Scoring Method</b>	<b>Innovations Scoring Method</b>
	Independent Met
	Gesture Met
	Gesture Not Met
	Verbal Prompt Met
	Verbal Prompt Not Met
	Model Met
	Model Not Met
	Physical Prompt Met
	Physical Prompt Not Met
	N/A (Goal not attempted)
	Refused
<b>Default Score</b>	
<b>Task Scoring Comments</b>	None
<b>Baseline Dates From</b>	01/01/2024
<b>To</b>	01/31/2024

Individual Name [REDACTED]  
 Medicaid Number 947-17-5752L  
 Date of Birth 12/05/1945



Task(s)

Task Name	Description	Baseline Score
RS Meds	2A. [REDACTED] will take medications and maintain medications in a daily storage container independently for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RS Chore	2B. [REDACTED] will clean his room daily with 1 or fewer prompts for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RSExercise	2C. [REDACTED] will participate in a physical activity program with no more than 2 prompts at least 3 times weekly for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RSMealPrep	2D. [REDACTED] will prepare small meals or snacks with supervision and assistance when needed independently for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0%



Individual Name [REDACTED]  
 Medicaid Number 947-17-5752L  
 Date of Birth 12/05/1945



Task Name	Description	Baseline Score
		Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RSChoices	2E. [REDACTED] will make healthy food choices while in community and home independently for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RS Motor	2F. [REDACTED] will maintain fine motor skills by choosing appropriate activities independently for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%
RSBehavior	2G. [REDACTED] will exhibit socially appropriate behavior with 2 or fewer prompts in all settings for 6 months.	Independent Met 0%  Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0%



Individual Name [REDACTED]  
 Medicaid Number 947-17-5752L  
 Date of Birth 12/05/1945



Task Name	Description	Baseline Score
Goal 7	2H. [REDACTED] will participate in personal care daily for the next 12 months.	N/A (Goal not attempted) 0% Refused 0% Independent Met 0% Gesture Met 0% Gesture Not Met 0% Verbal Prompt Met 0% Verbal Prompt Not Met 0% Model Met 0% Model Not Met 0% Physical Prompt Met 0% Physical Prompt Not Met 0% N/A (Goal not attempted) 0% Refused 0%

Individual Name [REDACTED]  
 Medicaid Number 947-17-5752L  
 Date of Birth 12/05/1945

## Teaching Method(s)

### Description

2A. Staff will present to [REDACTED] his medication record which staff has been trained on by nurse and will work with [REDACTED] on making sure he has correct medications as ordered by the doctor in the correct days and times of the week slots and will work with [REDACTED] daily on making sure meds are taken at correct time. [REDACTED] will also work with staff on diabetes control by checking blood sugars as ordered and insulin injections which staff will ensure are drawn up correctly prior to [REDACTED] giving shot to himself. Staff will work with [REDACTED] on training him to know which medication is due when and how much to take and will document prompting level needed. If no prompts are needed, staff will mark "I" for independent.

2B. Daily, Staff will work with [REDACTED] to complete a task in cleaning his room daily to ensure his living space remains clean. Staff will prompt [REDACTED] if he does not take the initiative. Staff will document level of intervention needed and if no intervention is necessary, staff will document "I" for independent.

2C. Staff will encourage [REDACTED] to participate in physical activity program at least 5 times a week to maintain his health. If [REDACTED] refuses at first, give him time and ask again and offer encouragement to insure he does participate. Inform [REDACTED] of the benefits of his health to participate and be active. Staff will document level of intervention needed and if no intervention is necessary, staff will document "I" for independent.

2D. Staff will work with [REDACTED] on steps to prepare a small meal or snack and will supervise him to insure he does not have any safety issue such as cutting self with knife, burn self with hot food, etc. Staff will work with [REDACTED] on steps so he can eventually prepare a simple meal and snack on his own with supervision. Staff will document level of intervention needed and if no intervention is necessary, staff will document "I" for independent.

2E. Staff will work with [REDACTED] on making healthy life choices related to food when both in community and at home. Staff will give healthy choices and ask [REDACTED] to choose one. Staff will instruct [REDACTED] if blood sugar is high or low what foods are best for him and will encourage him to eat the food healthiest for him. Staff will document level of intervention needed and if no intervention is necessary, staff will document "I" for independent.

2F. Staff will offer [REDACTED] opportunities to help himself with buttoning clothing, using zippers, etc when possible to build fine motor skills. Staff will also offer [REDACTED] opportunities to work on fine motor skills in daily activities so he can increase ability. Staff will document level of intervention needed and if no intervention is necessary, staff will document "I" for independent.

2G. Staff will work with [REDACTED] on what appropriate social behavior such as not making barking noises when inside their home or in the car/community, not bossing his peers or housemates, etc. Staff will work with [REDACTED] on appropriate behavior in all settings. Staff will encourage [REDACTED] to exhibit socially appropriate behavior. Staff to document level of prompting needed and will mark "I" for independent if no prompts are needed.

2h. Staff will provide personal care daily to [REDACTED] including but not limited to:

- Bathing
- Cathing
- Eating
- Shaving
- Grooming
- Med Admin
- Monitor for safety
- Meal Prep
- Community Access
- Toothbrushing
- Handwashing
- Monitoring for Exploitation
- Transportation



Individual Name [REDACTED]  
 Medicaid Number 947-17-5752L  
 Date of Birth 12/05/1945

**External Module Connection**

**EVV Supporting Document** No  
**Billable ISP Program** Default Yes

**Other Details**

**Type of Service Provider** DSP  
**ISP Program Author** [REDACTED] QIDP  
**Time Duration Format** None  
**Are Begin Time and End Time or Time Duration required for data collection?** No  
**Allow data collection with Time Overlap** Yes  
**Location for data collection** Optional  
**ISP Data Location** Other (MCH-NC)  
**Editable Service Provider for data collection?** Yes  
**Are Other Comments required for data collection?** No  
**Enable Signature collection?** No

**Files & Images**

**Attach File(s)**

File Name	Description	Size	Date	Attached By
Signed STGs EB 01012024..pdf		204.89 KB	12/27/2023	[REDACTED] QIDP

**Attach Image(s)**