

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/14/2024
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NAME OF PROVIDER OR SUPPLIER VANCE ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 941 HWY 158 BY PASS HENDERSON, NC 27536
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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>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 14, 2024. The complaint was unsubstantiated (intake #NC00217406). A deficiency was cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 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</p>	V 291		

RECEIVED
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DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM 

EXECUTIVE DIRECTOR

6/24/2024

6899

CBX11

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 291	<p>Continued From page 1</p> <p>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 observation, record review and interview the facility failed to coordinate with other qualified professionals who are responsible for 1 of 5 current client's (#1) treatment. The findings are:</p> <p>Review on 6/13/24 & 6/14/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 3/1/10 - diagnoses: Moderate Intellectual Development Disorder, Congestive Heart Failure, Obesity, Sleep Apnea - a physician's order dated 10/6/22: Obstructive Sleep Apnea on Continuous Positive Airway Pressure (CPAP) <p>Observation on 6/13/24 at 4:46pm & 4:51pm revealed the following:</p> <ul style="list-style-type: none"> - 4:46pm: a CPAP machine on client#1's nightstand - 4:51pm: client #1 showed a new CPAP machine in a box without the hose <p>During interview on 6/13/24 client #1 reported:</p> <ul style="list-style-type: none"> - the CPAP machine sometimes cut off when she cuts it on - happened about twice a month - told the previous Group Home Manager (GHM) 	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> - not sure why a new CPAP machine was sent without the hose <p>During interview on 6/13/24 staff #1 reported:</p> <ul style="list-style-type: none"> - client #1 received a new CPAP machine in August 2023 or Sept 2023 - the hose did not come with the new CPAP machine - she and the current GHM had reached out to the CPAP company - the CPAP representative informed them to reach out to the manufacturer company - she did not document the attempts to the CPAP company <p>During interview on 6/13/24 the current GHM reported:</p> <ul style="list-style-type: none"> - thought client #1 received the new CPAP machine around August 2023 - thought the new CPAP machine was received due to a recall on the old CPAP machine - was not aware the CPAP machine would cut off when client #1 cut it on - had contacted the CPAP company regarding the hose to the new CPAP machine - did not document the attempts - would reach out to the CPAP company tomorrow for further details regarding the hose for the new CPAP machine <p>During interview on 6/14/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - was not aware of any issues with client #1's CPAP machine until this interview - as the QP of the facility, would like to know any concerns regarding the clients 	V 291		

Plan of Correction – Vance Adult

Date of Correction: August 13, 2024

Deficiency Cited: V112: 10A NCAC 27G.0203. Supervised Living – Operations. The agency failed to coordinate with other Qualified Professionals who are responsible for 1 of the 5 current clients' treatment. The client has a new CPAP machine, but it did not come with a hose. The client reported using the old CPAP machine, which she reports didn't work consistently.

Provider's Plan of Correction: Legacy Human Services, Inc. will assure that each client experiences appropriate coordination of care. The Residential Manager will work with the CPAP manufacturer, the physician, and the pharmacist to assure that the new CPAP machine has all working parts and is fully functioning and available for the client.

Responsible Parties: Residential Manager, RN, QP, and Executive Director

Correction Date: 8/13/2024

Provider Signature: _____



QP / EXECUTIVE
DIRECTOR



626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
252-438-6700 Office
252-438-6720 Fax

June 24, 2024

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Vance Adult Group Home, Located at 941 Hwy 158 Bypass, Henderson, NC 27536. This is in conjunction with MHL #: 091-118.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of August 13, 2024. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director

