

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL009-040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/18/2024
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NAME OF PROVIDER OR SUPPLIER BLADEN COUNTY #1 MILLBRANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST BLADEN STREET BLADENBORO, NC 28320
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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>An annual, complaint and follow survey was completed on July 18, 2024. The complaint was substantiated (intake #NC00218139). 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>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure an admission assessment was completed prior to the delivery of services for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 7/17/24 of client #3's record revealed: -19 year old male. -Admitted on 5/2/23. -Diagnoses of Attention Deficient Hyperactivity Disorder, Mild Intellectual Disability, Mixed receptive expressive language disorder, Other Conduct Disorders, Disruptive Mood Dysregulation Disorder, Intermittent Explosive Disorder and Major Depressive Disorder, recurrent, moderate. -No documentation of an admission assessment which included the presenting problem, client's needs and strength, social, family and medical history.</p> <p>Interview on 7/18/24 client #3 stated: -He was unsure how long he lived at the facility.</p> <p>Interview on 7/18/24 the Qualified Professional stated:</p>	V 111		

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V 111	Continued From page 2 -The facility used a new system and the admission assessment changed. Interview on 7/18/24 the Administrator stated: -The facility now used the IDD (Intellectual Developmental Disability) Admission, Discharge, Transfer Notification Form and the client's last treatment plan as an admission assessment.	V 111		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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: Observation on 7/17/24 between 11am - 11:30pm a tour of the facility revealed: -The living room window top pane was broken and covered by a plywood. -The ceiling fan/light had 3 of 4 bulbs blown. -The kitchen countertop had a circular burn approximately 6 inches in diameter. -The edge of the kitchen countertop above the dishwasher was missing and exposed the wood underneath. -The pantry door in the kitchen dragged the floor and did not easily fully open. -The hallway light fixture cover was missing. -The hall bathroom light fixture cover was missing, there was no shower curtain and the light above the sink was blown.	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Client #3's bedroom dresser was missing drawer knobs. -The 2nd hall bathroom had bugs in the light fixture cover. <p>Interview on 7/17/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -There were maintenance request submitted for repairs. -A window was purchased and the facility was waiting on it to be installed. 	V 736		