

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PLANT STREET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>619 PLANT STREET WASHINGTON, NC 27889</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PRE FIX 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 April 24, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205</p> <p style="text-align: right;">ASSE</p> <p><b>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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112	<p>The facility QP will ensure that each client have an assessment and a written treatment/habilitation or service plan within 30 days of admission and meet annually thereafter to review and develop the treatment plan for the upcoming year. The plan will be written and documented using Monarch's current documentation platform in use.</p> <p>The facility QP will ensure all written treatment/Habilitation or service plans, and consents are signed by the client or legally responsible person within 14 days of the plan being written or revised, and/or when consents expire, or change has occurred. The signatures required will be obtained using Monarch's current electronic signature platform. The facility QP will review all plans and consents when completing monthly reviews of client's progress. Any findings will be corrected immediately and documented using Monarch's current documentation platform in use.</p>	<p>5/13/2024 within 30 days of admission</p> <p>4/25/24</p>

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

TITLE

(X6) DATE

Carolyn Boggan, Residential Team Lead 5/15/24

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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 4/24/24 of client #1's record revealed: -25 year old female. -Admitted on 2/9/23. -Diagnoses of Autism, Post Traumatic Stress Disorder, Major Depressive Disorder and Hypothyroid -Treatment plan dated 2/10/24 was not signed by client #1 or their responsible party.</p> <p>Interview on 4/24/24 client #1 stated she had lived at the facility for about a year.</p> <p>Finding #2 Review on 4/24/24 of client #2's record revealed: -44 year old female admitted 6/30/17. -Diagnoses of Bipolar, Mood Disorder. -Treatment plan dated 10/17/23 was not signed by client #3 or their responsible party.</p> <p>Interview on 4/24/24 client #2 stated it was ok living at the facility, she had been there since 2015.</p>	V 112		

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V 112	Continued From page 2  Interview on 4/24/24 the Residential Manager stated the Qualified Professional (QP) was out. The QP was responsible for completing the treatment plan and obtaining signatures. She could not locate the signature pages for client #1 and client #2's treatment plan. If she located the signature pages for client #1 and #2 she would provide them to the surveyor by 5:00 pm 4/24/24.  No signature pages were received by 5:00 pm on 4/24/24 for client #1 and client #2.	V 112		
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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 4/24/24 at approximately 10:40am revealed: -The dining area had a corner beside the back door that had spider webs and 3 spiders in it. -Client #2 had a 6 drawer dresser with the 2nd drawer on the right side broken. -The hall bath with the handicap shower had dark stains and dark residue between the tile and at the bottom of the shower. -Client #5 had a 6 drawer dresser with the 3rd drawer on the right side broken.  Interview on 4/24/24 the Behavior Specialist	V 736	Work orders were submitted and all findings during the survey have been corrected. The maintenance team promptly addressed the issues observed on 4/24/24, fixing the broken drawers in the dressers for both Client #2 and Client #5. The handicap shower was cleaned by staff on duty. Orkin had also started spraying for pest control. The Residential manager will check monthly for compliance and document using Monarch's current environmental checklist. The facility Residential manager will ensure all areas of the home are thoroughly cleaned daily. The staff cleaning will document on a checklist when completed. The checklist will be monitored by the Residential manager. Any discrepancies found will be addressed as they arise.	05/01/2024

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V 736	Continued From page 3  Sleepover stated she would notify maintenance of the issues found.  Interview on 4/24/24 the Residential Manager stated: -She would notify maintenance and the owners of the facility of to check the area of the shower with the dark.	V 736		
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