FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING MHL025-045 06/05/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 313-A HOKE STREET HOKE STREET HOME NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 6/26/2024 V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on June 5, 2024. The complaint was unsubstantiated (intake #NC00217102). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients. V290 V 29 27G .5602 Supervised Living - Staff V 290 1. Plans will be updated to ensure 3 out of 3 audited Persons Supported 10A NCAC 27G .5602 STAFF treatment plan documents if they (a) Staff-client ratios above the minimum can remain in the community numbers specified in Paragraphs (b), (c) and (d) without supervision. of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. 2. TL will ensure that at each annual (b) A minimum of one staff member shall be plan meeting each persons present at all times when any adult client is on the supported capability to remain in premises, except when the client's treatment or the home or community without habilitation plan documents that the client is supervision is reviewed by the team capable of remaining in the home or community without supervision. The plan shall be reviewed and documented. as needed but not less than annually to ensure the client continues to be capable of remaining in 3. Staff will be in-service on each the home or community without supervision for person's Unsupervised time and specified periods of time. requirement to document in the (c) Staff shall be present in a facility in the EHR, Therap, when the client is following client-staff ratios when more than one child or adolescent client is present: using their unsupervised time. (1)children or adolescents with substance

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

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

TITLE Team Residential Lead (X6) DATE 6/26/24

STATE FORM

ZTHJ11

If continuation sheet 1 of 5

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4. TL will monitor data once a

month in Therap.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING:

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL025-045	B. WING		R <b>06/05/2024</b>	
	PROVIDER OR SUPPLIER	313-A H	DDRESS, CITY, STOKE STREET RN, NC 28562			
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	the governing body (2) children o developmental disa one staff present for present and two sta more clients presen need be present du specified by the eme determined by the g (d) In facilities which diagnosis is substar (1) at least on duty shall be trained withdrawal symptom secondary complicat drug addiction; and (2) the service	procedures determined by control of the control of	V 290		6/26/2024	
	facility failed to ensur habilitation plan docu capable of remaining supervision for speci- three of three audited findings are:  Review on 6/5/24 of control  47 year old female.  Admission date of 1  Diagnoses of Intelled Disability-Mild, Empty	ews and interviews, the re a clients' treatment or sumented the client was in the community without fied periods of time affecting diclients (#1, #3 and #5). The client #1's record revealed:				

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 06/05/2024 B. WING MHL025-045 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 313-A HOKE STREET HOKE STREET HOME **NEW BERN, NC 28562** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6/26/2024 V 290 Continued From page 2 V 290 Asthma. - Person-Centered Profile (PCP) dated 12/15/23..."What's Important to...Maintaining her 8 hours of unsupervised time in the community for work and 3 hours of unsupervised time in the home." - An unsupervised time consent and assessment signed by client #1 on 1/30/24. No goals or strategies to support client #1's unsupervised time. Review on 6/5/24 of client #3's record revealed: - 40 year old female. - Admission date of 6/8/17 - Diagnoses Anxiety, Social Anxiety Disorder, Developmental Delay and Hypothyroidism. - Person-Centered Profile (PCP) dated 1/4/24..."How Best To Support...[client #1] has unsupervised time in the home and in the community. She can spend up to two(2) hours per day in the home unsupervised and eight (8) hours of unsupervised time in the community for work only...ability to have unsupervised time is monitored and assessed annually." - An unsupervised time consent and assessment signed by client #3 on 1/30/24. - No goals or strategies to support client #1's unsupervised time. Review on 6/5/24 of client #5's record revealed: - 46 year old female. - Admission date of 8/17/98 - Diagnoses of Trisomy 21, Gastroesophageal Reflux Disease, Allergic Rhinitis, Vitamin D Deficiency, Rosacea, Seborrheic Dermatitis and Right Hearing Loss. - Person-Centered Profile (PCP) dated 8/19/23..."How Best To Support...has been allocated up to eight (8) hours unsupervised time with her assigned guardian representative per

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2007	PLE CONSTRUCTION  IG:		(X3) DATE SURVEY COMPLETED	
		MHL025-045	B. WING			R 06/05/2024	
	PROVIDER OR SUPPLIER	313-A HO NEW BE	DDRESS, CITY OKE STREE RN, NC 285	62			
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	weekhas unsuper the communitycar per day in the home hours in the community be noted that her ur community is for wo unsupervised time is annually."  - Unsupervised time signed by client #5 or No goals or strateg unsupervised time.  Interview on 6/5/24 or stated they utilized ur and then, they enjoy Interview on 6/5/24 or stated he would imply in the clients treatmed 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIFS (c) Each facility and maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained in and orderly manner.  Observation on 6/5/24 or construction or cons	vised time in the home and in a spend up to two (2) hours a unsupervised and eight (8) nity unsupervised and eight (8) nity unsupervised time in the rk onlyability to have a monitored and assessed consent and assessment on 1/30/24. ies to support client #5's client #'s 1, #3 and #5 all assupervised time every now ed the option of it.  The Qualified Profession ement goals and strategies ent plans.  and Grounds Maintenance and Grounds Maintenance and Grounds Shall be clean, attractive and orderly kept free from offensive as evidenced by: and interviews, the facility in a safe, clean, attractive The findings are:  If at approximately 1:15 pm	V 736	<ol> <li>Staff and RM clean the areas. Work order will place if the area has iss Staff completed the cle</li> <li>Team Lead has implem cleaning checklist for st through at the beginning end of their shifts. Staf was trained on keeping upkeep of the home.</li> <li>Staff is doing a weekly cleaning checklist to mathings are being clean, smaintained.</li> <li>RM and TL will monito Environmental Checklis check this once a week task are being completed.</li> </ol>	be put in sues again. aning.  aning.	6/26/2024	

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ R 06/05/2024 B. WING MHL025-045 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 313-A HOKE STREET HOKE STREET HOME **NEW BERN, NC 28562** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 Continued From page 4 V 736 handles. - The handicap bathroom had dark colored residue in between the tiles on the walls and the tile floor of the shower. Interview on 6/5/24 Qualified Professional stated: - He understood the facility was required to maintain a safe, clean, attractive and orderly manner.