

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2024
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NAME OF PROVIDER OR SUPPLIER MONARCH DBA UMAR-WESTRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WESTRIDGE ROAD GREENSBORO, NC 27410
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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 survey was completed on October 10, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and has a current 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 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</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		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to update the treatment/habilitation or service plan at least annually with the client or legally responsible person for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 10/10/24 of client #1's record revealed: -An admission date of 5/10/10 -Diagnoses of Schizoaffective Disorder, Major Depressive Disorder, Social Anxiety Disorder and Intellectual Disability Disorder -Age 36 -An assessment dated 5/10/10 noted "is in need of residential placement and supervision as well as assistance with health and safety issues and self-help skills, his body does not produce enough Testosterone, has difficulty concentrating, was previously living with his mom and sister, unemployed at present and stated he does not want to work at this time, needs 24 hour supervision, needs employment, day programming placement, and assistance with activities of daily living, is his own guardian, responds best when people talk in a calm voice tone and does not respond well to demands." -An expired treatment plan dated 4/19/23 noted "will receive assistance with personal care needs, will increase his daily living skills by following a set schedule and stay on task with 3 or less verbal prompts per day, will complete a personal</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>hygiene routine with 1 or less verbal prompt, will increase his daily living skills by cleaning and maintaining his room daily with 1 or less verbal prompt, will follow a set schedule and be consistent with doing this on a daily basis, will increase his independence in self-help and safety and will participate in monthly emergency drills independently per trial." -No documentation of an updated treatment plan.</p> <p>Interview on 10/10/24 at 12:23pm with client #1 revealed: -Goals included a hygiene goal -"Well, the main thing is getting showers done. That is the hardest for me ...actually, it has been a long time since we have looked over my goals ..."</p> <p>Interview on 10/10/24 with the Team Lead/Qualified Professional (TL/QP) revealed: -Was new to his role as TL/QP for the facility. -"I plan to meet with the team (treatment), the individual and the staff today ...we will discuss the current goals and other goals he may want to achieve ..."</p> <p>Interview on 10/10/24 with the Regional Director revealed: -The new TL/QP was now responsible for the treatment plans -"We have been without a TL/QP since May 2024 ...it falls back on me for not having the treatment plan updated ...we will have his plan done by the end of next week ..."</p>	V 112		