

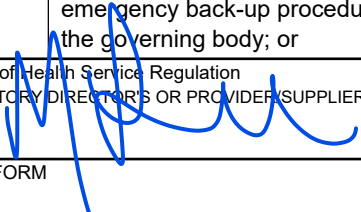
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREENBRIER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28625
--	---

(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 10/7/24. 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 Disability.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance 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 emergency back-up procedures determined by the governing body; or</p>	V 290	<p>v290</p> <p>The Qualified Professional will consult with the Care Manager to have the PCP addended to reflect current needs and clarify the hours he requires 1:1 supports. The clinical team will monitor through interaction assessments 2x a week for a period of 30 days and then on a routine basis. In the future, the Qualified Professional will ensure PCP's are followed as written.</p>	12/6/24

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



TITLE
IDD Regional Administrator 10/11/24

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREENBRIER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28625
--	---

(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 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to ensure staffing to meet the individualized needs of the clients served. The findings are:</p> <p>Review on 10/7/24 of Client #1's record revealed: - Admission Date: 3/4/2003 - Diagnoses: Severe Intellectual Disabilities; Major Depression with Psychotic Feature; Seizure Disorder (D/O); Hydrocephalus with shunt placement; Bilateral Mature Cataracts; Nystagmus: Esotropia; and Congenital Blindless - A treatment plan dated 3/1/24 included: "...needs assistance in all task due to the visual impairment...has a cane for mobility he needs stand by assistance from his staff, when walking</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREENBRIER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28625
--	---

(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 290	<p>Continued From page 2</p> <p>in unfamiliar area, or new environment. Staff must assist [client #1] when he's in the community or new setting by informing him of what going on and to step up/downstairs or steps...needs to be monitored when he's outside due to concerns with being in the sun...needs assistance from others with his self-help skills, bathing, grooming, wiping buttock area from BM (bowel movement, gait, balance, meal prep, walking, getting in/out of vehicles, dressing, etc... [Client #1's] level of assistance from other has increased, he will ask for help because he's not comfortable of doing things by himself or for himself...Needs Residential Supports III 7 D/w (days a week) to meet his needs at the residential home to provide the one to one supports he needs with his self-help skills, daily living skills and a structure routine."</p> <p>Review on 10/7/24 of Client #3's record revealed: - Admission Date: 1/15/2007 -Diagnoses: Moderate Intellectual Disabilities; Bipolar D/O; Impulse Control D/O; Attention Deficit Hyperactivity D/O ; Generalized Anxiety D/O; Seizure D/O; and Traumatic Brain Injury -A treatment plan dated 5/1/24 included "I need supports to complete my activities of daily living. I need support to make sure that grooming, bathing, and personal hygiene has been completed properly. Make sure of proper cleaning following bowel movement...I need extensive support for prevention of aggressive behavior." -An "Adult Care Home FL2 Form" signed by client #3's medical doctor on 10/4/24 included: "Requires 24 hour supervision for health and safety."</p> <p>Interview on 10/7/24 with Direct Support Supervisor revealed: - During the week 1st shift worked 8 am-4pm;</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GREENBRIER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28625
--	---

(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 290	<p>Continued From page 3</p> <p>2nd shift worked 4 pm-11 pm; and 3rd shift worked 11 pm- 8 am.</p> <ul style="list-style-type: none"> - Two staff worked 1st shift and One staff worked 2nd and 3rd shift during the week. - During the weekend one staff member worked each shift. - Client #3 did not receive one-on-one services during the week on the 2nd and 3rd shift. Client #3 did not receive one on one services during any shift on the weekends. <p>Interview on 10/7/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Two staff worked 1st shift and One staff worked 2nd and 3rd shift during the week. - During the weekend one staff member worked each shift. <p>Interview on 10/7/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #3 does not have a one-on-one. - Client #1 had a one-on-one staff on 1st and 2nd shift. - On the weekend one staff worked each 12-hour shift. - "Staff has to look after all of them while they are there (facility)." 	V 290		