PRINTED: 10/11/2024 **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: COMPLETED A. BUILDING: _ B. WING MHL0411269 10/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WESTRIDGE ROAD MONARCH DBA UMAR-WESTRIDGE GREENSBORO, NC 27410 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on October 10, 2024. A deficiency was 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. Step 1: QP completed annual treatment plan for Client #1 10/10/24 V 112 27G .0205 (C-D) V 112 QP has gathered guardian and physician signatures for the Assessment/Treatment/Habilitation Plan treatment plan. 10A NCAC 27G .0205 ASSESSMENT AND Step 2: QP has developed a PCP tracking sheet and Calendar 10/21/24 to ensure all annual all plan dates are met prior to TREATMENT/HABILITATION OR SERVICE expirations. QP has created a tracking sheet to keep up with the upcoming treatment plans. QP will schedule annual (c) The plan shall be developed based on the treatment team meetings via email at least 30 days before assessment, and in partnership with the client or the treatment plan expires to ensure adequate time to legally responsible person or both, within 30 days develop and complete treatment plan. of admission for clients who are expected to Step 3: Records will be peer reviewed by assigned 10/21/24 receive services beyond 30 days. TL/Director quarterly to include PCP review for content and Ongoing (d) The plan shall include: (1) client outcome(s) that are anticipated to be Step 4: TL will review quarterly peer review results to achieved by provision of the service and a ensure compliance with PCP dates. projected date of achievement; (2) strategies: (3) staff responsible; (4) a schedule for review of the plan at least

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obtained.

annually in consultation with the client or legally

(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

(5) basis for evaluation or assessment of

responsible person or both;

outcome achievement; and

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE DEAD Chypman B. S., QP, RTZ TITLE Residential Team Leader (AD) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 112	V 112 Continued From page 1		V 112				
	The state of the s						
			- de-				
	This Dule is not made as suidenessed by						
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							
					1		
	clients (#1). The findings are:						
		90 4,0.					
	Review on 10/10/24 of client #1's record						
revealed:							
-An admission date of 5/10/10							
-Diagnoses of Schizoaffective Disoder, Major							
Depressive Disorder, Social Anxiety Disorder and						- 1	
Intellectual Disability Disorder							
-Age 36						- 1	
		5/10/10 noted "is in need				-	
		and supervision as well					
	as assistance with health and safety issues and						
1		Annual of the state of the stat					
	self-help skills, his body					1	
		nas difficulty concentrating,				1	
	was previously living w						
		and stated he does not					
	want to work at this time					1	
	supervision, needs emp	oloyment, day				1	
	programming placemer	nt, and assistance with	and the second s			1	
	activities of daily living,						
		ople talk in a calm voice					
	tone and does not respond						
		lan dated 4/19/23 noted				- 1	
		with personal care needs,				- 1	
,	will increase his daily liv	ring skills by following a				1	
1 :	set schedule and stay o	n task with 3 or less				- 1	
,	verbal prompts per day.	will complete a personal					

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL0411269 B. WING 10/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WESTRIDGE ROAD MONARCH DBA UMAR-WESTRIDGE GREENSBORO, NC 27410 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 112 | Continued From page 2 V 112 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. 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 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 ..." 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 ..."

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