Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-523	A. BUILDING: _____ B. WING _____	R 12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH HOMES & HABILITATION, LLC	2711 FAYETTEVILLE STREET DURHAM, NC 27707

(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	INITIAL COMMENTS An annual and follow up survey was completed on December 17, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to schedule a review of a plan at least annually affecting three of three audited clients (#1, #2 and #3). The findings are:

Review on 12/16/24 of client #1's record revealed:
-Admission date of 1/2024 (no specific day).
-Diagnoses of Schizophrenia, Major Depressive Disorder, Dementia, Cardiomyopathy, Hypertension and Vitamin B-12 deficiency.
-Individualized Support Plan (ISP) dated 10/2/23.
-There was no documentation of a current plan.

Review on 12/16/24 of client #2's record revealed:
-Admission date of 9/30/22.
-Diagnoses of Major Depression, Renal Disease, Acute Encephalopathy, Pulmonary Hypertension, Edema, Hematochezia, Elevated brain natriuretic peptide level, Hepatitis C, Nonischemic Cardiomyopathy, Pulmonary Nodule, and History of Substance Use.
-ISP dated 10/2/23.
-There was no documentation of a current plan.

Review on 12/16/24 of client #3's record revealed:
-Admission date of 6/10/23.
-Diagnoses of Schizophrenia, Type II Diabetes, Hypertension, Hyperlipidemia and Allergic

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V 112	Continued From page 2 Rhinitis. -ISP dated 7/1/23. -There was no documentation of a current plan. Interview on 12/17/24 with the Administrative Director/Qualified Professional revealed: -They started the client's plans. -The information was gathered and the clients were interviewed. -They had the meetings and the goals were added to the template, however there are no signatures/consents from the guardian. -The current plans are not in the client's records because she had no opportunity to print the plans and have them signed. -She confirmed the facility failed to schedule a review of a plan at least annually for clients #1, 2 and #3.	V 112		