STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-603	A. BUILDING: _____ B. WING _____	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS UCP NC GREENSBORO GRO	4809 HILLTOP ROAD GREENSBORO, NC 27407

(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 survey was completed on December 23, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 5. 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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies to meet the individualized needs of 1 of 3 audited clients (#2). The findings are: Review on 12/18/24 of client #2's record revealed: -Date of Admission: 1/3/98; -Diagnoses: Mild Intellectual Disability; Borderline Intellectual Functioning; Cerebral Palsy; and Seizure Disorder; -Treatment plan dated 3/22; -There was no current treatment plan in client #2's record. Interview on 12/20/24 with client #2 revealed: -No information was provided about a treatment team meeting having been conducted; -She was unable to provide details about her treatment goals. Interview on 12/18/24 and 12/23/24 with the House Manager (HM) revealed: -She was unaware of the whereabouts of client #2's treatment plan; -She was the interim HM and had been for about 2 to 3 months; -"The HM spoke with the Licensee who believed client #2's current treatment plan had been sent to the former HM via email." However, this email could no longer be accessed;	V 112	V 112 QP Staff transitioned without uploading the required Plan for the individual. Program Q will obtain the ISP and develop the SRGs. Peer Reviews will be conducted quarterly by Operation Managers and reviewed by QA Manager.	1/17/25

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V 112	Continued From page 2 -She attempted contact with the Care Coordinator to request a copy of client #2's treatment plan but had not heard from anyone. Interview on 12/23/24 with the Interim Qualified Professional (QP)/Operations Manager (OM) revealed: -She "assisted with the development of short-term goals;" -She was unable to provide documentation of client #2's treatment plan; -She was the interim QP for the facility and the OM for the licensee.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills quarterly and for each shift. The findings are: Review on 12/23/24 of the facility's fire and disaster drills from December 2023 to December 2024 revealed: -No documentation of a fire drill having been conducted from January 2024 to March 2024 for first (6am to 2pm) and third shifts (10pm to 6am); -No documentation of a disaster drill having been conducted from January 2024 to March 2024 for third shift (10pm to 6am); -No documentation of a fire drill having been conducted from April 2024 to June 2024 for second shift (2pm to 10pm); -No documentation of a disaster drill having been conducted from April 2024 to June 2024 for second (2pm to 10pm) and third shifts (10pm to 6am). Interview on 12/18/24 with client #1 revealed: -She participated in fire and disaster drills and staff assisted her in getting out of the facility. The meeting place for a fire drill was outside in the driveway. Interview on 12/20/24 with client #2 revealed: -She participated in fire and disaster drills. " ... staff put them (clients) in their wheelchairs and tell them to go on outside;" -Staff want them to get out of the house as quick as possible. Attempted interview on 12/20/24 with client #3 revealed:	V 114	V 114 Staff will be trained on drills and the drill review process by the program Q.	1/24/25

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V 114	Continued From page 4 -He declined to be interviewed. Interview on 12/19/24 with staff #3 revealed: -She conducted fire and disaster drills on third shift. "I and the HM shared the duty of making out the schedule for fire and disaster drills." Interview on 12/18/24 with staff #1 revealed: -She conducted fire and disaster drills. The drills are conducted at different times. Interview on 12/19/24 with staff #2 revealed: -She had not conducted a fire or disaster drill yet. The drill was not due until, "February 2025." Interview with Interim House Manager (HM) revealed: -When she first became the Interim HM, she reminded the staff when to complete the fire drills; -The Licensee makes the schedule for fire and disasters drills, but "it's up to the manager to implement/remind the shifts of the drills." Interview with the Interim Qualified Professional/Operations Manager revealed: -"I will assist in training the new HM and the [Interim HM] will assist with HM duties."	V 114		