Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL073-079		B. WING		02/11/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
VISION II 109 HILLSBORO STREET ROXBORO, NC 27573						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 000	INITIAL COMMENT	rs	V 000			
	An annual survey w 2025. A deficiency	vas completed on February 11, was cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness					:
	has a census of five	sed for five beds and currently e. The survey sample of three current clients				
V 112	10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall assessment, and in legally responsible of admission for cli receive services be (d) The plan shall (1) client outcome achieved by provision projected date of a (2) strategies; (3) staff responsible (4) a schedule for annually in consultate responsible person (5) basis for evaluation outcome achievem (6) written consentresponsible party, or the plan shall be provided to the plan shall be achieved to the plan shall be person (5) basis for evaluation outcome achievem (6) written consentresponsible party, or the plan shall be plan shall be plan to the plan shall be plan shall be plan to the plan shall be plan shall be plan shall be plan to the plan shall be plan sh	be developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. include: (s) that are anticipated to be ion of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of	V 112	Re: V112 27G .0205 (CD) Correction: The care plan (DMA 3050 R), was completed and signed be physician on 10/22/24 was of the wrong form, as noted by surveyor. QP completed, and signed a new care plan, revise it with the resident, and place in the resident file on 2/11/2 Prevention: QP will review Resident's car plan within 24-hours of admission. Monitoring: QP and/or Administrator will monitor the care plan by conducting quarterly audits.	that by the con the l ewed ed it 5.	2/11/25
	optained.					

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

TITLE

(X6) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ______ B. WING 02/11/2025 MHL073-079 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **109 HILLSBORO STREET** VISION II ROXBORO, NC 27573 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 1 Continued From Page 1 How Often: 2/11/25 QP and/or Administrator will within 24-hours of admissions and during quarterly audits of the care plan. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a treatment plan was developed for one of three audited clients (#1). The findings are: Record review on 2/11/25 of client #1's record revealed: -Admission date of 10/22/24 -Diagnoses of Schizophrenia, Type II Diabetes, Aortic Serosis-Mild and Hyperlipidemia. -No treatment plan present. Interview on 2/11/25 the Home Manager stated: -Client #1 had just moved here from their Assisted Living facility. -Client #1 had a "Care Plan" that was completed at the Assisted Facility. -They had not completed a treatment plan yet and would be getting it done "today." Review on 2/11/25 of client #1's "Care Plan" revealed: -No strategies or goals to address client #1 needs or behaviors.