

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 03/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAHAM AVENUE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1642 GRAHAM AVENUE HENDERSON, NC 27536</b>		
(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 3/26/25. A deficiency was 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 5 and has a current census of 5. The survey sample consisted of 3 current clients.	V 000			
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111			

*See ATTACHED  
Plan of  
Correction*

RECEIVED

APR 08 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*EXECUTIVE DIRECTOR*

*4/6/2025*

6899

Z7DX11

If continuation sheet 1 of 3

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1642 GRAHAM AVENUE  
HENDERSON, NC 27536

V 111

V 111

- Been the QP since 2014
- Was responsible for Independent Living Assessments (IDLA) at admission
- Hadn't done any admission assessments since he had been employed at the facility
- He had seen some admission assessments and they were more detailed than the IDLA but he hadn't done one
- The Executive Director (ED) never told him that he had to do admission assessments

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V 111	<p>Continued From page 2</p> <p>Interview on 3/25/25 the ED reported:</p> <ul style="list-style-type: none"> <li>- The QP was responsible for admission assessments</li> <li>- The application for admission as well as the IDLA checklist had all the information on it for admission</li> <li>- The IDLA checklist was their admission assessment</li> <li>- When the "Local Management Entity (LME)" switched, they didn't require them to do a "full" admission assessment</li> <li>- When the new LME took over, she believed "I'm going to guess that it fell through the cracks with all the changes"</li> </ul> <p>Further interview on 3/26/25 the ED reported:</p> <ul style="list-style-type: none"> <li>- "it just fell through the cracks" but she would make sure they started doing the admission assessments again</li> </ul>	V 111			

# Plan of Correction – Graham Avenue

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*Date of Correction: May 25, 2025*

**Deficiency Cited:** V111: 10A NCAC 27G.0203. Assessment / Treatment / Habilitation Plan. The agency failed to document the Admissions Assessment for 2 of the 5 clients in the home.

**Provider's Plan of Correction:** Legacy Human Services, Inc. will ensure that each client has an admissions assessment completed. The Executive Director, Residential Manager and Qualified Professionals will inventory the charts to ascertain who is missing an admissions assessment. The Qualified Professional will complete an admissions assessment for each one missing no later than May 25, 2025. When reviewing the chart at Quality Improvement Team meetings, an admissions assessment will be added as something to check for. All admissions assessments will be placed in a plastic sleeve so that they are never removed when thinning the charts.

**Responsible Parties:** Residential Manager, RN, QP, Quality Improvement Team, and Executive Director

**Correction Date:** 5/25/2025

Provider Signature: \_\_\_\_\_

 QP,

EXECUTIVE  
DIRECTOR

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Graham Avenue Group Home      MHL Number: 091-116  
Exit Date: 3/26/2025      Surveyor(s): [REDACTED]

**EXIT PARTICIPANTS:** [REDACTED]

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0205 /Assessment and Treatment/Habilitation or Service Plan /V111/standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client # 1  
Client # 2  
Client # 3  
Client # 4  
Client # 5

Executive Director:  
Residential Manager:  
QP: Douglass Gupton

Staff #1  
Staff #2

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Standard** = 60 days      **Recite – standard** = 30 days      **Type A** = 23 days      **Type B** = 45 days  
**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date



626 S. Garnett Street  
P.O. Box 88  
Henderson, NC 27536  
252-438-6700 Office  
252-438-6720 Fax

April 6, 2025

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiency cited at the Graham Avenue Group Home, Located at 1642 Graham Avenue, Henderson, NC 27536. This is in conjunction with MHL #: 091-116.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of **May 25, 2025**. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director

