

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL086034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEACE LILY #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 PEACE LILY LANE DOBSON, NC 27017</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 21, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>A sister facility is in this report and identified as sister facility A.</p> <p>This facility is licensed for 9 and has a current census of 7. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(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;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the</p>	V 111		

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

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an admission assessment for 2 of 3 audited clients (Client #1 and #3). The findings are:</p> <p>Review on 4/15/25 of Client #1's record revealed: -Admission date of 12/18/23. -Diagnoses of Post-Traumatic Stress Disorder and Mild Intellectual Developmental Disability (IDD). -No admission assessment for Client #1's current facility admission.</p> <p>Review on 4/16/25 of Client #3's record revealed: -Admission date of 7/14/24. -Diagnoses of Schizophrenia, Intermittent Explosive Disorder, Hyperlipidemia, and Mild IDD. -No admission assessment for Client #3's current facility admission.</p> <p>Interview on 4/15/25 with Client #1 revealed: -She previously lived at the facility, moved "for awhile" to a facility owned by the same owner and returned to the facility.</p>	V 111		

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V 111	Continued From page 2  -She did not know how long she had been back at her current facility.  Interview on 4/15/25 with Client #3 revealed: -She was admitted to the facility in July or August 2024. -She previously lived at a facility owned by the same owner.  Interview on 4/21/25 with the Director/Qualified Professional revealed: -She was responsible for completing the client admission assessments. -She had not completed an admission assessment on Clients #1 and #3 because they were initially admitted to the facility, moved to another facility and came back to the current facility. -She would ensure admission assessments were completed for each client admission.	V 111		
V 732	27G .0303(a) Site Location  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (a) Each facility shall be located on a site where: (1) fire protection is available; (2) water supply, sewage and solid waste disposal services have been approved by the local health department; (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare; and (4) local ordinances and zoning laws are met.	V 732		

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V 732	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, review of a local emergency 911 addressing requirement and interview, the facility failed to post identification of the facility to ensure client safety in the event of an emergency. The findings are:</p> <p>Observations on 4/15/25 at 9:04 am and 4/21/25 at approximately 12:40 pm of the facility revealed: -No identification was posted of the facility's location to facilitate response by emergency personnel. -Identification of sister facility A was not posted to differentiate the two facilities which were located parallel to one another, separated by a parking area, and located behind another facility.</p> <p>Review on 4/17/25 of the local county Emergency (E-911) Addressing Program found on the county government website revealed: -"The purpose of the E-911 Addressing Program is to protect the safety and welfare of the general public through the orderly assignment of addresses to facilitate the location of individual dwellings ...by emergency response personnel." -"Any dwelling or business located more than 100 feet from the roadway and/or not clearly visible, shall be required to have numerical posting at both the entrance or driveway and located within close proximity to the front door or entrance way."</p> <p>Interview on 4/21/25 with the Director/Qualified Professional revealed: -She thought the addresses of the facility and sister facility A were posted on the mailbox at the driveway entrance. -She would make sure there was clear</p>	V 732			

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V 732	Continued From page 4  identification posted for the location of each facility.	V 732			