

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/25/2025
NAME OF PROVIDER OR SUPPLIER COST CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 99 HIGHPOINT ROAD SOUTHPORT, NC 28461		
(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 April 25, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living. This facility is licensed 3 and currently has a census of 3. 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to review the treatment plan annually for two of three clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 4/24/25 of client #1's record revealed: - Admission date of 5/15/23. - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Attention-Deficit/Hyperactivity Disorder (ADHD), Disruptive Behavior Disorder (DBD), and Cornelia de Lange Syndrome. - No updated treatment plan.</p> <p>Finding #2: Review on 4/24/25 of client #2's record revealed: - Admission date of 3/28/22. - Diagnoses of Moderate IDD, ADHD, Autism Spectrum Disorder, and Oppositional Defiant Disorder (ODD). - No updated treatment plan.</p> <p>Interview on 4/25/25 the Qualified Professional stated: -Treatment plans had been updated for client #1 and client #2. -Treatment plans for client #1 and client #2 should have been on site at the residence, as she had provided the AFL provider with copies. -She had made an earlier attempt to send over updated treatment plans for surveyor review but</p>	V 112		

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V 112	Continued From page 2 was unsuccessful. -She would make sure that updated treatment plans were provided to AFL provider.	V 112			