

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-467	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/07/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GLEN FOREST HOME

**5117 GLEN FOREST DRIVE
RALEIGH, NC 27612**

(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 May 7, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 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	V 112 – A review of ASI systems revealed that while previous plans had included the clients' unsupervised time, recent plans had not included them. To correct this problem, immediate appointments were made with the all clients' primary care physician to assess appropriate unsupervised time for each consumer. The appointment is made for May 19, 2025. Upon receiving the written assessment, the Clinical Director/QP will assure the assessment becomes part of the consumer's treatment plan. To prevent this issues from occurring again, on an annual basis (or more if needed), the consumer will be assessed for appropriateness of unsupervised time, and the Clinical Director/QP will monitor the plan to assure that the assessment becomes part of the consumer's treatment plan. Unsupervised time assessments will be done at least on an annual basis to assure safety for our consumers and compliance with this standard.	6/01/2025

Division of Health Service Regulation

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

Alyse J. Shirley, MHA, BSW, QACP

STATE FORM

6899

09GJ11

TITLE

CEO

(X6) DATE

5-16-25

RECEIVED

MAY 23 2025

If continuation sheet 1 of 4

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to implement goals and strategies in the treatment/habilitation plan to address the client's unsupervised time in the community affecting 3 of 3 audited clients (#1, #2 and #4). The findings are:</p> <p>Review on 05/07/25 of client #1's record revealed: - Admission date 07/17/93. - Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Bipolar Disorder. - Person-Centered Plan dated 05/13/24 did not have goals or strategies for unsupervised time in the facility.</p> <p>Review on 05/07/25 of client #2's record revealed: - Admission date of 11/17/97. - Diagnoses of Autism Spectrum Disorder, Hypertension and Hyperlipidemia. - Person-Centered Plan dated 05/13/24 did not have goals or strategies for unsupervised time in the facility.</p> <p>Review on 05/07/25 of client #4's record revealed: - Admission date of 01/24/14. - Diagnoses of Autism Spectrum Disorder. - Person-Centered Plan dated 03/01/25 did not</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>have goals or strategies for unsupervised time in the facility.</p> <p>Observation on 05/07/25 at approximately 11:00am client #1 and client #4 were in the facility without any staff. Client #1 was sitting outside the facility. Client #4 was in her bedroom. Staff arrived back to the facility with client #2 at approximately 11:15am.</p> <p>During interview on 05/07/25 client #1 revealed: -She had unsupervised time in the facility. -She could be in the facility for a "few hours" without staff.</p> <p>During interview on 05/07/25 client #2 revealed: -He had unsupervised time in the facility for 2 hours.</p> <p>During interview on 05/07/25 client #4 revealed: -She had unsupervised time in the facility. -She did not know how long she could be in the facility without staff.</p> <p>During interview on 05/07/25 the House Manager revealed: -The clients in the home were high functioning adults. -All the clients in the home had unsupervised time in the facility. -The clients in the home had 2 hours of unsupervised time.</p> <p>During interview on 05/07/25 the Clinical Director revealed: -All the clients in the facility had up to 2 hours a day of unsupervised time in the facility. -She was responsible for writing the Person-Centered Plans for the clients in the home.</p>	V 112		

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V 112	Continued From page 3 -She would ensure the clients were assessed for unsupervised time in the home and would update the plans to reflect the amount of time the clients could be unsupervised.	V 112		