STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-087	A. BUILDING: _____ B. WING _____	06/12/2025

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AMERICARES HEALTH SERVICES, (DBA) HOU	123 VINEYARD DRIVE LOUISBURG, NC 27549

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V 000	INITIAL COMMENTS An annual survey was completed June 12, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 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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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to obtain a written consent by a guardian for 2 of 3 audited clients (#1, #2) and failed to ensure treatment plan was developed within 30 days of admission affecting of 1 of 3 audited clients (#3). The findings are:

Review on 6/11/25 of client #1's record revealed:
-Date of admission: 12/23/24.
-Diagnoses of Schizophrenia, Hypertension, Tardive Dyskinesia and Right Breast Mastectomy.
-Treatment plan dated 1/25/25 was not signed by the legal guardian.

Review on 6/11/25 of client #2's record revealed:
-Date of admission: 1/27/25.
-Diagnosis of Schizophrenia.
-Treatment plan dated 2/23/25 was not signed by the legal guardian.

Review on 6/11/25 of client #3's record revealed:
-Date of admission: 5/1/25
-Diagnoses: Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder in remission and Cannabis Use Disorder in remission.
-There was no current treatment plan.

Interview on 6/12/25 client #1 stated:
-She had a guardian.
-She did not know what her goals were.
-Staff had not reviewed her goals with her.

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V 112	Continued From page 2 Interview on 6/12/25 client #2 stated: -She had a guardian. -She did not know what her goals were. -Staff had not reviewed her goals with her. Interview on 6/12/25 client #3 stated: -She had a guardian. -One of her goals was to get a job. -She had not discussed her goals with staff. Interview on 6/11/25 the Qualified Professional stated: -She was responsible for the completing the treatment plans. -Client #1's treatment plan was sent "late" to the guardian to sign for consent. -She had not followed up with client #1's guardian concerning her treatment plan. -Client #2's treatment plan was sent "late" to the guardian to sign for consent. -She had not followed up with client #2's guardian concerning her treatment plan. -Client #2 did not have a treatment plan. -She would complete client #2 treatment plan by the upcoming Friday. Interview on 6/12/25 the Owner/Licensee stated: -The QP was responsible for completing the treatment plan. -She was not aware the client #3 did not have a treatment plan. -The QP would ensure that all treatment plans were completed and signed.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each	V 113		

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V 113	Continued From page 3 individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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V 113	Continued From page 4 This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure records were complete for 3 of 3 current clients (#1, #2, and #3). The findings are: Review on 6/11/25 of client #1's record revealed: -Date of admission: 12/23/24. -Diagnoses of Schizophrenia, Hypertension, Tardive Dyskinesia and Right Breast Mastectomy. -No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician. Review on 6/11/25 of client #2's record revealed: -Date of admission: 1/27/25. -Diagnosis of Schizophrenia. -No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician. Review on 6/11/25 of client #3's record revealed: -Date of admission: 5/1/25 -Diagnoses of Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder in remission and Cannabis Use Disorder in remission. -No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician. Interview on 6/12/25 the Licensee/Owner stated: -She did not have a signed statement for the legally responsible personal granting permission to seek emergency care for clients #1, #2 and #3.	V 113		

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V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hiring facility staff affecting 1 of 3 staff (House Manager). The findings are: Review on 6/12/25 the House Manager's personnel record revealed: -Date of hire: 2/12/25. -No documentation that the HCPR was accessed for the House Manager prior to hire. Interview on 6/12/25 the Licensee/Owner stated: -She accessed the HCPR for the House Manager prior to hiring. -She was unable to provide documentation of accessing the HCPR prior to hire for the House Manager.	V 131		
V 513	27E .0101 Client Rights - Least Restrictive Alternative	V 513		

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V 513	Continued From page 6 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure the least restrictive and most appropriate settings and methods were used affecting 3 of 3 clients. The findings are: Observation on 6/11/25 at approximately 9:48 am tour of the facility revealed: -One key lock on the side of refrigerator door and one key lock on the side of the freezer door. -The pantry door had a keyed doorknob and	V 513		

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V 513	Continued From page 7 contained snacks, drinks, canned goods, etc. Review on 6/11/25 of client #1's record revealed: -Date of admission: 12/23/24. -Diagnoses of Schizophrenia, Hypertension, Tardive Dyskinesia and Right Breast Mastectomy. Review on 6/11/25 of client #2's record revealed: -Date of admission: 1/27/25. -Diagnosis of Schizophrenia. Review on 6/11/25 of client #3's record revealed: -Date of admission: 5/1/25 -Diagnoses of Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder in remission and Cannabis Use Disorder in remission. Interview on 6/12/25 client #1 stated: -The pantry and refrigerator were kept locked. -She did not have access to the key for the pantry and refrigerator. Interview on 6/12/25 client #2 stated: -The pantry and refrigerator were kept locked. -She did not have access to the key for the pantry and refrigerator. Interview on 6/12/25 client #3 stated: -The pantry and refrigerator were kept locked. -She did not have access to the key for the pantry and refrigerator. -She had to ask staff for food. -"I feel like I don't get enough food." Interview on 6/11/25 staff #1 stated: -"We have diabetic patients that will walk and go into the refrigerator and eat food they should not it." -The refrigerator and pantry doors remained locked.	V 513		

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V 513	Continued From page 8 -The clients do not have access to the key. -Client were required to "request food from staff." Interview on 6/12/25 the House Manager stated: -"The locks were here when I first started working." -"I don't know why the locks were there." -Only staff had access to the key. -Clients did not have access to the key. -Staff provided snacks to clients at scheduled times. Interview on 6/11/25 the Qualified Professional (QP) stated: -She was not aware of the locks on the refrigerator, freezer and pantry. -She was informed by staff that the locks were to "prevent [client #3] from walking and eating all day and night." -"We will develop some strategies for [client #3]....to direct her towards healthier options to help with her diabetes." -"I understand that is a client's rights issue." -The restriction was not evaluated every 7 days or documented in the client's record. Interview on 6/11/25 the Licensee/Owner stated: -The locks were placed for a previous client who would "take things without asking." -We had not had any "issues" with the current clients. -"We will remove the locks immediately."	V 513		