

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME #8		STREET ADDRESS, CITY, STATE, ZIP CODE 618 PLANT STREET WASHINGTON, NC 27889		
(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 survey was completed on July 24, 2025. A deficiency was 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 has a current census of 6. 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 observation, record review and interview, the facility failed to develop and implement goals and strategies to meet the needs of 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 7/24/25 of client #3's record revealed: -Admission date of 5/13/14. -Schizophrenia and Intellectual Developmental Disability. -Treatment Plan dated 4/2/25 had no goals or strategies to address his oral hygiene needs. -Dental Encounter Forms: 3/21/24- Recommendations/Orders: "stressed brushing everyday. Lots of plaque at gumline." 10/21/24- Recommendations/Orders: "stressed brushing everyday! Not brushing so hard." 10/8/24- Recommendations/Orders: "better brushing." 4/17/25- Recommendations/Orders: "patient not doing a great job with homecare. Stress flossing and brushing everyday."</p> <p>Interview on 7/24/25 client #3 stated: -He brushed his teeth daily. -Staff took him to the dentist.</p> <p>Interview on 7/24/25 the Quality Assurance Supervisor stated:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-She was informed of clients next appointments after they went to a doctor but was not aware of the recommendations from client #3's dental appointments.</p> <p>-Chart reviews were every quarter by the her, the Qualified Professional (QP) and the Care Plan Coordinator.</p> <p>Interview on 7/24/25 the QP/Care Plan Coordinator stated:</p> <p>-Acknowledged there were no goals or strategies in client #3's treatment plan to address his oral hygiene needs.</p> <p>-She would ensure client #2 treatment plan was updated with goals and strategies to address his tooth brushing and flossing needs.</p>	V 112		