

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-131 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/08/2025 |
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| NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2 | STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215 |
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| (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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 8, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for six and has a current census of five. The survey sample consisted of audits of three 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> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (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; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an admission assessment was available and completed prior to delivery of services for three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 10/7/25 of client #1's record revealed: -Admission date of 2/4/24. -Diagnoses of Schizophrenia, Attention Deficit Disorder (ADD), History of Amphetamine Abuse, Asthma, Dyslexia, Substance Abuse and Streptococcal Septicemia. -There was no documentation of an admission assessment.</p> <p>Review on 10/7/25 of client #2's record revealed: -Admission date of 5/28/25. -Diagnoses of Schizophrenia and Insomnia. -There was no documentation of an admission assessment.</p> <p>Review on 10/7/25 of client #3's record revealed: -Admission date of 9/30/25. -Diagnoses of Schizophrenia, Intellectual Developmental Disorder- Mild, Cocaine Use Disorder- Past History and Cannabis Use Disorder.</p> | V 111 | | |

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| V 111 | <p>Continued From page 2</p> <p>-There was no documentation of an admission assessment.</p> <p>Interview on 10/8/25 with the Administrator/Co-Owner revealed:</p> <p>-She thought they had a form that provided that information.</p> <p>-She thought the admission assessments were in each of the client's chart.</p> <p>-She, the other Administrator or the Qualified Professional were responsible for completing the admission documentation.</p> <p>-Moving forward she would ensure the admission assessments were completed.</p> | V 111 | | |