

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2018
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NAME OF PROVIDER OR SUPPLIER TINDERWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 102 TINDERWOOD DRIVE GOLDSBORO, NC 27534
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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 survey was completed on March 14, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disability.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three clients (#2). The findings are:</p> <p>Review on 03/14/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 40 year old male. - Admission date to the facility on 10/16/07. - Diagnoses of Traumatic Brain Injury-Secondary to Motor Vehicle Accident, Depressive Disorder and History of Attention Deficit Hyperactivity Disorder. - No eye exam since 01/02/15. <p>Review on 03/14/18 of a signed physician order for client #2 dated 01/02/15 revealed:</p> <ul style="list-style-type: none"> - Reason for Appointment: Eye Exam. - Assessment/Notes: Myopia (nearsightedness). - Next Visit: 2 years. <p>Interview on 03/14/18 client #2 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility for many years. - He had no concerns at the group home. <p>Interview on 03/14/15 the Facility Supervisor stated:</p> <ul style="list-style-type: none"> - Client #2 had Medicaid and that payer source would not cover eye exams. - She understood the facility was responsible to coordinate needed services for the clients. - She would follow up on client #2's eye exam. 	V 291		