NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER · Governor
MANDY COHEN, MD, MPH · Secretary
MARK PAYNE · Director

May 23, 2018

Ms. Anna Gardner
ReNu Life, L.L.C.
P.O. Box 1017
Goldsboro, NC 27533-1017

Re: Annual Survey completed March 14, 2018
Tinderwood, 102 Tinderwood Drive, Goldsboro, NC 27534
MHL # 096-088
E-mail Address: dianeharrison@renulife.org

Dear Ms. Gardner:

Thank you for the cooperation and courtesy extended during the annual survey completed March 14, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is May 13, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES · DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr/ · TEL: 919-855-3795 · FAX: 919-715-8078

May 23, 2018
ReNu Life, L.L.C.
Ms. Anna Gardner

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Trey Sutton, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-088	A. BUILDING: _____ B. WING _____	03/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TINDERWOOD	102 TINDERWOOD DRIVE GOLDSBORO, NC 27534

(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 March 14, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disability.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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.	V 291		

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V 291	Continued From page 1 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: Review on 03/14/18 of client #2's record revealed: - 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. Review on 03/14/18 of a signed physician order for client #2 dated 01/02/15 revealed: - Reason for Appointment: Eye Exam. - Assessment/Notes: Myopia (nearsightedness). - Next Visit: 2 years. Interview on 03/14/18 client #2 stated: - He had resided at the facility for many years. - He had no concerns at the group home. Interview on 03/14/15 the Facility Supervisor stated: - 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	The guardian was contacted and arrangements were made for the medical expense not covered by insurance to be paid. An appointment for an exam has been made for June 7, 2018. In the future the Health Care Coordinator will follow up with the guardian when the lack of insurance coverage or personal funds prevents access to needed services. Any Physician Order in jeopardy of completion due to funding/insurance issues will be followed up by the Administrator. DHSR - Mental Health MAY 31 2018 Lic. & Cert. Section	