

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2018
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NAME OF PROVIDER OR SUPPLIER PINEWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 817 PINEWOOD DRIVE WHITEVILLE, NC 28472
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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	INITIAL COMMENTS An annual survey was completed on July 11, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which	V 289		

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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tom Smith TITLE

(X6) DATE
7/23/18

Division of Health Service Regulation

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V 289	<p>Continued From page 1</p> <p>serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of licensure by serving one of three audited clients (#1) without a primary diagnosis of Developmental Disability. The findings are:</p> <p>Review on 07/10/18 of Division of Health Service</p>	V 289		

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V 289	Continued From page 2 Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. Review on 07/11/18 of client #1's record revealed: - 53 year old male. - Admission date of 09/01/16. - Diagnosis of Schizophrenia Disorder, Autism Spectrum Disorder, Pervasive Speech with Delayed Echolalia, Hearing Loss Right Ear, Peripheral Retinal Degeneration Disorder, Myopia and Exotropia. Interview on 07/11/18 client #1 stated he had resided at the facility for several years. Interview on 07/11/18 the Licensee stated: - She did not have a current waiver for client #1 to remain at the facility. - She would explore with the Local Management Entity/Managed Care Organization regarding a waiver for client #1 to remain in the facility.	V 289	<i>client will be transitioning to a new group home.</i>	<i>7/23/18</i>

Carolinas Home Care Agency, Inc.
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FACSIMILIE COVER SHEET

Company Name:

NCDHHS Licensure

Attention:

Licensure Section

Fax Number:

919 715 8078

From:

Terry Smith

Date:

7-25-18

Phone Number:

910 642 3700

Circle One:

URGENT REPLY ASAP PLEASE REVIEW

FOR YOUR INFO

TOTAL # OF PAGES, INCLUDING COVER SHEET:

4 pages

COMMENTS:

Plan of Correction
for MHL 024 103.

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