

Division of Health Service Regulation

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| 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 R 04/05/2019 |
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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 and follow up survey was completed on April 5, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p> | V 000 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold fire and disaster drills under conditions that simulated emergencies. The findings are:</p> <p>Review on 4/4/19 of facility fire and disaster drill records from May 2018 - April 2019 revealed: - 8 of 8 first shift drills were held between 8:00 am and 8:35 am. - 6 of 8 second shift drills were held between 6:00</p> | V 114 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 114 | <p>Continued From page 1</p> <p>pm and 7:45 pm; 2 second shift drills had no documented time.</p> <p>- 3 of 8 third shift drills were held between 7:00 am and 7:15 am; 5 third shift drills had no documented time.</p> <p>During interview on 4/4/19 client #1 stated he was never awakened for any drills, "Staff know better than to wake me up for that."</p> <p>During interview on 4/5/19 staff #2 stated the Safety Director let staff know when to conduct drills.</p> <p>During interviews on 4/4/19 and 4/5/19 the House Supervisor stated:</p> <p>- The facility operated with 3 shifts: 1st 8:00 am - 4:00 pm, 2nd 4:00 pm - 12:00 midnight, 3rd 12:00 midnight - 8:00 am.</p> <p>- Client #1 and client #2 attended the provider's day program; client #3 went to the local senior center daily.</p> <p>- Fire and disaster drills were held on each shift at least quarterly.</p> <p>- She understood the requirement for drills to be held under conditions that simulated emergencies, and that emergencies could occur at anytime.</p> | V 114 | | |
| 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> | V 291 | | |

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| V 291 | <p>Continued From page 2</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> <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 (#3). The findings are:</p> <p>Review on 4/4/19 of client #3's record revealed: - 65 year old male admitted to the facility 3/5/13. - Diagnoses included Traumatic Brain Injury secondary to a fall, Delirium Disorder, and Cognitive Disorder secondary to Traumatic Brain Injury. - "Physician/Consultant Form" signed by a physician and dated 2/11/16 with "Reason for</p> | V 291 | | |

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| V 291 | <p>Continued From page 3</p> <p>Appointment: Eye Exam . . . Assessment/Notes: 1) Mixed Cataracts . . . 2) Presbyopia . . . Treatment/Recommendations: 1. Monitor for 2 yrs [years] . . . Next Visit: Date: 2 yrs." - No documentation of subsequent eye exam.</p> <p>During interview on 4/4/19 client #3 stated staff took him to his medical appointments. He wouldn't know if he had missed any appointments.</p> <p>During interviews on 4/4/19 and 4/5/19 the House Supervisor stated one of her responsibilities was to coordinate the clients' medical appointments and to ensure the clients went to their appointments as scheduled. She understood the facility was responsible to coordinate needed services for the clients.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 291 | | |