Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY OMPLETED	
			A. BUILDING:		R		
		MHL096-088	B. WING	<del></del>	04/05/2019		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
TINDERV	VOOD		ERWOOD DE DRO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	on April 5, 2019. D  This facility is licens category: 10A NCA	w up survey was completed eficiencies were cited.  sed for the following service of 27G .5600C, Supervised					
V 114	Living for Adults with Developmental Disabilities.  14 27G .0207 Emergency Plans and Supplies		V 114				
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (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.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (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.  (d) Each facility shall have basic first aid supplies accessible for use.						
	facility failed to hold	et as evidenced by: s and record reviews, the I fire and disaster drills under ulated emergencies. The					
	records from May 2 - 8 of 8 first shift dri and 8:35 am.	f facility fire and disaster drill 018 - April 2019 revealed: lls were held between 8:00 am t drills were held between 6:00					

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

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL096-088			R 95/2019	
NAME OF	PROVIDER OR SUPPLIER	102 TINDE	DRESS, CITY, SERWOOD DEDRO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	pm and 7:45 pm; 2 documented time 3 of 8 third shift dr am and 7:15 am; 5 documented time.  During interview on never awakened for than to wake me up During interview on Safety Director let sidrills.  During interviews or Supervisor stated: - The facility operated: -	second shift drills had no fills were held between 7:00 third shift drills had no  4/4/19 client #1 stated he was r any drills, "Staff know better o for that."  4/5/19 staff #2 stated the staff know when to conduct  n 4/4/19 and 4/5/19 the House ed with 3 shifts: 1st 8:00 am - om - 12:00 midnight, 3rd 12:00  nt #2 attended the provider's #3 went to the local senior  drills were held on each shift at the requirement for drills to be	V 114			
V 291	10A NCAC 27G .56 (a) Capacity. A faction six clients when the developmental disation June 15, 2001, at than six clients at the	sed Living - Operations OPERATIONS Cility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more that time, may continue to no more than the facility's	V 291			

Division of Health Service Regulation

STATE FORM 6899 ECJ911 If continuation sheet 2 of 4

Division of Health Service Regulation								
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
						,		
MHL096-088		B. WING		R <b>04/05/2019</b>				
		WITE030-000			04/0	15/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
		102 TIND	ERWOOD DE	RIVE				
TINDER	WOOD		ORO, NC 27					
040.15	CLIMMA DV CTA				ON	0.(5)		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE		
				DEFICIENCY)				
V 291	Continued From pa	ugo 2	V 291					
V 231	Continued From pa	ige 2	V 291					
	(b) Service Coordii	nation. Coordination shall be						
	maintained between	n the facility operator and the						
	qualified profession	als who are responsible for						
		on or case management.						
		the Family or Legally						
		n. Each client shall be						
	provided the opport	tunity to maintain an ongoing						
	relationship with he	r or his family through such						
		the facility and visits outside						
		s shall be submitted at least						
		ent of a minor resident, or the						
		person of an adult resident.						
	Reports may be in	writing or take the form of a						
		all focus on the client's						
	progress toward me	eeting individual goals.						
		ies. Each client shall have						
	activity opportunities based on her/his choices,							
		tment/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.							
		no a primary concern.						
	This Rule is not me	et as evidenced by:						
	Based on record reviews and interviews, the							
	facility failed to maintain coordination between the facility operator and the professionals who are							
	, .	client's treatment, affecting						
		(#3). The findings are:						
	SHE OF THE CONTROL	("O). The infallige are.						
	Review on 4/4/19 o	f client #3's record revealed:						
		admitted to the facility 3/5/13.						
		ed Traumatic Brain Injury						
		Delirium Disorder, and						
		secondary to Traumatic Brain						
	_	secondary to Tradifiatic Brain						
	Injury.	ultant Form" signed by a						
		ultant Form" signed by a						
	physician and dated	d 2/11/16 with "Reason for						

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  TINDERWOOD  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  102 TINDERWOOD DRIVE GOLDSBORO, NC 27534   (X4) ID PREFIX TAG  (AM) ID SUMMARY STATEMENT OF DEFICIENCIES IN GEACH CORRECTION OF CARRESTION OF CARRESTION OF A SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 291  Continued From page 3  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.  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.  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.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER  TINDERWOOD  102 TINDERWOOD DRIVE GOLDSBORO, NC 27534   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 291  Continued From page 3  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.  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.  During interviews on 4/4/19 and 4/5/19 the House Supervisor stated one of her responsibilities was to coordinate the clients went to their appointments as scheduled. She understood the facility was responsible to coordinate needed services for the clients.  This deficiency constitutes a re-cited deficiency	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
TINDERWOOD  102 TINDERWOOD DRIVE GOLDSBORO, NC 27534  (X4) ID PREFIX PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE  V 291  Continued From page 3  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.  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.  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.  This deficiency constitutes a re-cited deficiency			MHL096-088	B. WING					
Continued From page 3   V 291	NAME OF								
(X4) ID PREFIX TAG  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 291  Continued From page 3  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.  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.  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.  This deficiency constitutes a re-cited deficiency	TINDER	WOOD	102 TINDI	ERWOOD DE	RIVE				
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PRÉFIX TAG  CONTINUED FROM PAGE 3  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.  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.  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.  This deficiency constitutes a re-cited deficiency	TINDER	WOOD	GOLDSBO	ORO, NC 27	534				
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.  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.  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.  This deficiency constitutes a re-cited deficiency	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	COMPLETE		
1) Mixed Cataracts 2) Presbyopia Treatment/Recommendations: 1. Monitor for 2 yrs [years] Next Visit: Date: 2 yrs." - No documentation of subsequent eye exam.  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.  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.  This deficiency constitutes a re-cited deficiency	V 291	Continued From pa	ige 3	V 291					
	V 291	Appointment: Eye E  1) Mixed Cataracts Treatment/Recomn yrs [years] Next - No documentation  During interview on took him to his med wouldn't know if he appointments.  During interviews o Supervisor stated of to coordinate the cl and to ensure the cl appointments as so facility was respons services for the clie  This deficiency con	Exam Assessment/Notes: 2) Presbyopia nendations: 1. Monitor for 2 to Visit: Date: 2 yrs." In of subsequent eye exam.  4/4/19 client #3 stated staff dical appointments. He had missed any  n 4/4/19 and 4/5/19 the House one of her responsibilities was ients' medical appointments slients went to their cheduled. She understood the sible to coordinate needed ents.	V 291					

6899

Division of Health Service Regulation STATE FORM

ECJ911 If continuation sheet 4 of 4