


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 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
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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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">APR 16 2019</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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:</p> <ul style="list-style-type: none"> - 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 	V 114		<p>Fire and disaster drills will be simulated more as emergencies. In order to do this, drills will be held at more random times and unannounced on each shift. This will be documented on future drill documentation.</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

TINDERWOOD

**102 TINDERWOOD DRIVE
GOLDSBORO, NC 27534**

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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> <ul style="list-style-type: none"> - 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. - Client #1 and client #2 attended the provider's day program; client #3 went to the local senior center daily. - Fire and disaster drills were held on each shift at least quarterly. - She understood the requirement for drills to be held under conditions that simulated emergencies, and that emergencies could occur at anytime. 	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	<p>SIC II will ensure that when physician/consult sheets come in that not only will she continue to put upcoming appointments in the calendar, she will also put in reminders to call health professionals to schedule routine future appointments.</p>	5/5/19
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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		

ReNu Life

PO Box 1017, Goldsboro, NC 27533-1017
(919) 734-0266 Fax: (919) 734-9926

Revision 5/29/08

Physician / Consultant Form

Resident Name: [REDACTED]

Facility: Tinderwood

Date: 04-9-19

Record#:

Appointment Request - ReNu Internal Use Only - Circle One: Routine Urgent

Reason For Appointment:

Eye Exam
United Healthcare

Physician Name: Mitchell Eye Center

Phone:

Appointment Date: 04-09-19

Time: 2:00 pm

Location:

Date Appointment Scheduled:

Appointment Recorded on Calendar

Recorded By: CC

Notes:

Assessment / Notes:

probly opx
mixed cataracts

Treatment / Recommendations:

1. Specs
2. monitor
- 3.
- 4.

NEXT VISIT:

Date: 2 yrs

Time:

Note:

PLEASE USE THIS SPACE FOR MEDICATION ORDERS:

Drug Name	Dose	Qty.	Special Directions	Refills

Medication Education conducted: Y N

Substitution Permissible Y N

Physician Signature: [Signature]

Date: 4/9/19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 9, 2019

Anna Gardner, Finance Director
ReNu Life, L.L.C.
PO Box 1017
Goldsboro, NC 27533-1017

DHSR - Mental Health

APR 16 2019

Re: Annual and Follow-Up Survey completed 4/5/19
Tinderwood, 102 Tinderwood Drive, Goldsboro, NC 27534
MHL # 096-088
E-mail Address: dianeharrison@renulife.org

Licensing Section

Dear Ms Gardner:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed April 5, 2019.

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

- Re-cited standard level deficiency.
- The other tag cited is a standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is May 5, 2019.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 4, 2019.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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.

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, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: gmemail@cardinalinnovations.org
DHSRreports@eastpointe.net
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO