

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 03/04/2021
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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>A complaint and follow up survey was completed on March 4, 2021. The complaint was substantiated (Intake #NC00174479). A deficiency was 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 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> <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</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>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 review and interviews, the facility failed to maintain coordination between the facility's pharmacy and the legal guardian, affecting one of three clients (#3). The findings are:</p> <p>Review on 4/4/21 of client #3's record revealed: -67 year old male. -Admission date of 3/15/13. -Diagnoses of Traumatic Brain Injury, Delirium Disorder, Cognitive Disorder, Hypertension, Hepatitis C, Cervical Neck Fracture and Toxic Metabolic Encephalitis. -Guardian: Department of Social Services of the county the client is residing in. -Covid 19 vaccination given on 2/9/21.</p> <p>Review on 4/4/21 of the consent provided by the guardian to be completed before vaccine was given to client #3 was not completed or signed until 2/11/21 after client #3 received his vaccine.</p> <p>During interview on 4/4/21 the Medical Coordinator revealed: -Client #3 had always refused any vaccine in the past. -The guardian sent the consent for client #3 to be completed but she did not get it completed because client #3 had always refused past vaccines. -The day the pharmacist came to our agency to administer the vaccine to all of our clients, client #3 wanted the vaccine and received the vaccine. -That is why the consent was completed after the</p>	V 291		

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V 291	Continued From page 2 vaccine was given. -She understood the guardian had procedures that had to be followed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		