

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-359</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/24/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STEWART HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 EILEEN WAY</b> <b>LEICESTER, NC 28748</b>
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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><b>INITIAL COMMENTS</b></p> <p>A Follow-Up Survey was attempted on May 17, 2021. According to the Regional Developmental Disabilities Services Manager there are no clients being served at the facility. The last client was removed from the facility on February 26, 2021.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600F: Supervised Living for Alternative Family Living</p> <p>On February 18, 2021, one of three clients in the facility fell on a flight of stairs. She was known to have a history of brittle bones, from a fall and broken leg 8 months earlier when her Orthopedic Surgeon reported she had the bones of a 90 year old woman. Regarding the fall on 2-18-21, there was no way to know if she had fallen from the top of the stairs, or somewhere below the top. It was known she struck her head, due to an abrasion on her chin and a red mark on her cheek. Because of her Intellectual Developmental Disability and Speech Impediment, there was no way for the Facility Manager alone, to accurately assess the client ' s orientation after the fall, which is required per policy; nor was she thoroughly physically assessed, despite being known to have brittle bones as previously reported by an orthopedic surgeon. When the client sustained another fall 6 days later, the attending Physician ' s Assistant reported the earlier fall on 2-18-21 could have contributed to her extensive injuries in the subsequent fall. Not having the client seen by a medical professional after the first fall, was determined to be detrimental to her health, safety and welfare. The facility was cited with an identified Type B rule</p>	V 000		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 000	<p>Continued From page 1 violation.</p> <p>Without delay after the client ' s second fall, the licensee began an investigation into the cause of the fall, and the supervision provided by the Facility Manager. The licensee immediately decided to remove all clients from the facility while the investigation took place. The last client was removed from the facility on February 26, 2021. The result of the internal investigation determined the Facility Manager did not directly cause injuries to the client, but the subsequent investigations by the local Department of Social Services, the Local Management Entity and the Division of Health Service Regulation led to the decision by the licensee not to place clients back in the facility. In a telephone conversation on 5-17-21, the Regional Developmental Disabilities Services Manager informed the Facility Compliance Consultant attempting to complete the Follow-Up Survey, that the licensee was not going to renew the license agreement with the Facility Manager. No clients have been served in the facility since February 26, 2021. The Regional Developmental Disabilities Services Manager reported the Facility Manager was working with another agency with which to contract for services. She reported she had a meeting with the prospective new licensee and had started the paperwork to transfer the license, and allow the new agency to license the facility. She reported she had sent the signed documentation initiating the change to the Administrative Specialist with the Division of Health Service Regulation.</p> <p>Review on 5-17-21 of an email from the Administrative Specialist with the Division of Health Service Regulation revealed she had received the first page of the "Change</p>	V 000		

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V 000	<p>Continued From page 2</p> <p>Application," but the full application had not been received. Until the full application has been received from the new licensee and approved, the current licensee ... "is still responsible for the clients and operations of the Stewart Home."</p> <p>Review on 5-24-21 of page 6 of the "Change License Application for MH/DD/SAS Facilities" revealed:</p> <ul style="list-style-type: none"> <li>- the facility named was the facility for which a Follow-Up Survey was due</li> <li>- type of change was, "Licensee/ Ownership"</li> <li>- the form was signed by the Regional Developmental Disabilities Services Manager</li> <li>- the form was also signed by the Vice President of Operations for the prospective licensee</li> </ul> <p>Due to no clients being served in the facility and the impending change of licensee, the Follow-Up Survey could not be completed.</p>	V 000		