

Lifetime Resources, Inc.

Robert T. Thacker, Jr., Ph.D.
Executive Director

1316 South 16th Street
Wilmington, NC 28401
(910) 762-1189

April 23, 2021

Mental Health Licensure and Certification Section
Division of Health Service Regulation
Attn: Eugina Barnes
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

APR 28 2021

Lic. & Cert. Section

Dear Ms. Barnes,

Thank you for your recent recertification survey of our Myrtle Grove Group Home. I have attached a copy of the deficiencies we received with the plan of correction.

I am requesting a revisit on or after June 12, 2021. I look forward to your revisit.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Angela Carter, QIDP
angela.carter@lifetimeresourcesinc.com
910-470-3476

APR 28 2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ Lic. & Cert. Section B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2021
NAME OF PROVIDER OR SUPPLIER MYRTLE GROVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409	
(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) COMPLETION DATE
W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain a social work assessment for 1 of 3 audit client (#6) no later than 30 days after admission. The finding is:</p> <p>Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a social work assessment.</p> <p>During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's social work assessment was not completed within 30 days of admission to the facility.</p>	W 210	<p>W210 Failure to obtain a social work aaa for a new admission</p> <p>Client #6 had a social work assessment completed on 2/28/09 at his previous ICF placement which is still valid. However, it was not filed in his chart in the evaluation section as it should have been. A copy will be provided as part of this plan of correction and the original will be filed in his chart.</p> <p>QIDP will monitor the charts monthly to ensure all assessments are completed within 30 days of a new admission and to prevent this error from reoccurring.</p>	6/12/2021
W 218	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a needed sensorimotor assessment for 1 of 3 audit clients (#6) within 30 days of admission. The finding is:</p>	W 218	<p>W218 Failure to obtain an Occupational Therapy assessment for a new admission</p> <p>RN will obtain an order from PCP for an OT evaluation and will schedule an appointment to complete this evaluation as soon as possible.</p> <p>QIDP will monitor the charts monthly to ensure all assessments are completed within 30 days of a new admission and to prevent this error from reoccurring.</p>	6/12/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

QIDP

(X6) DATE

4/23/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2021
FORM APPROVED
OMB NO. 0938-0391

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W 218	Continued From page 1 Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a occupational therapy (OT) assessment. During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's OT assessment was not completed within 30 days of admission to the facility.	W 218	See previous page	
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audit clients (#6) received his initial speech/language assessments within 30 days of admission. The finding is: Review on 4/12/21 of client #6's individual program plan (IPP) dated 6/23/20 revealed he was admitted to the facility on 6/1/20. Further review revealed client #6 did not have a speech/language assessment. During an interview on 4/13/21, the qualified intellectual disabilities professional (QIDP) confirmed client #6's speech/language assessment was not completed within 30 days of admission to the facility.	W 220	W220 Failure to obtain a Speech/ Language assessment for a new admission RN will obtain an order from PCP for a speech/language evaluation and will schedule an appointment to complete this evaluation as soon as possible. QIDP will monitor the charts monthly to ensure all assessments are completed within 30 days of a new admission and to prevent this error from reoccurring.	6/12/2021