

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/23/2021
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NAME OF PROVIDER OR SUPPLIER KENWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 413 KENWOOD DRIVE JACKSONVILLE, NC 28540
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on was completed on July 23, 2021. The complaint was substantiated (Intake #NC00178721). 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		
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 record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/22/21 of facility records from 7/1/20 - 6/30/21 revealed: - 1st quarter (7/01/20 - 9/30/20): No disaster drills</p>	V 114		

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

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V 114	Continued From page 1 documented on the 1st shift. - 2nd quarter (10/01/20 - 12/31/20): No disaster drills documented on the 1st or 2nd shift. Interview on 7/22/21 the Residential Administrator stated: - 1st shift was 7:00am- 3pm. - 2nd shift was 3pm- 11pm. - 3rd shift was 11pm- 7am. - She would ensure drills were completed and documented on every shift	V 114		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices,	V 291		

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V 291	<p>Continued From page 2</p> <p>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 audited clients (#1). The findings are:</p> <p>Review on 7/21/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 43-year-old male. - Admission date of 12/30/19. - Diagnoses of Severe Intellectual Disability, Anxiety Disorder, and Cerebral Palsy. - No documentation of dental exam. - No documentation of eye exam. <p>Review on 7/21/21 of client #1's Medical Therapy Review dated 12/21/20 revealed:</p> <ul style="list-style-type: none"> - Recommendations: "Needs eye exam". - Signed by Clinical Consultant Pharmacist on 12/21/20. - Reviewed and signed by Physician on 2/15/21. <p>Review on 7/22/21 of client #1's T-Log dated 6/24/21 revealed:</p> <ul style="list-style-type: none"> - "[Client #1] returned home 16 June 2021 @ 1200. I did routine body check upon arrival. He had a missing tooth ..." <p>Review on 7/22/21 of client #1's T-Log dated 7/13/21 revealed:</p> <ul style="list-style-type: none"> - "[client #1] returned home and another tooth is half missing." 	V 291		

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V 291	<p>Continued From page 3</p> <p>Interview on 7/21/21 client #3 stated: - Client #1 returned from home visit with a missing tooth on unknown date.</p> <p>Interview on 7/21/21 staff #1 stated: - Client #1 had not been eating as much over the past two weeks following return from home visit. He had returned from home visit with a broken tooth. - Client #1 had lost another tooth earlier in the month (uncertain of date) following a home visit.</p> <p>Interview on 7/21/21 staff #2 stated: - Client #1 returned from home visit with tooth missing in mid to late June. - Client #1 returned from home visit with second tooth missing a second tooth. - She thought there might be "something going on with his mouth" causing client #1 discomfort.</p> <p>Interview on 7/22/21 the House Manager stated: - Client #1 went for a dental visit at the end of June, but she was uncertain of results from the visit. - Client #1 had returned from one home visit with a broken tooth and a second home visit with a missing tooth in recent months - Guardian had stated that his tooth had fallen out while providing oral care. - Guardian was responsible for initiating dental visits.</p> <p>Interviews on 7/21/21 and 7/22/21 the Residential Administrator stated: - Client #1 returned to facility following a home visit with a missing tooth on 6/16/21. Guardian stated he had lost his tooth during a meal. - Client #1 returned to facility following a home visit with a chipped tooth on 7/13/21.</p>	V 291		

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V 291	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Staff had documented both incidents with client #1 upon his return to the facility. - Client #1's guardian had scheduled a dental appointment, but the dentist refused to see him due to the dentist not accepting his insurance. - Ongoing attempts had been made to find a dentist who would take client #1's insurance, but he had not been seen by a dentist as of 7/21/22. - Staff had reported that client #1 had been more resistant to oral care since returning home on 7/13/21. <p>- Client #1 was with his guardian at the time of the survey and attempts to reach the guardian were unsuccessful.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 291		