

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2022
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NAME OF PROVIDER OR SUPPLIER ROYAL HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 GROVELAND TRAIL GREENSBORO, NC 27407
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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>An annual survey was attempted on January 18, 2022. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was June 24, 2021.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living in a Private Residence.</p> <p>The survey sample consisted of audits of 0 current clients, 1 former client, 0 deceased clients.</p> <p>Review on 1/14/22 of the Division of Health Service Regulation (DHSR)'s License look-up revealed: -The AFL's license expired on 12/31/21. -The AFL's License had not been renewed</p> <p>Interview on 1/14/22 with staff #1 revealed: -Was previously the Licensee for the AFL facility -The facility closed in June 2021 -Had no intention of renewing the license.</p> <p>Interview on 1/14/22 with the Licensee/Owner revealed: -The AFL licensee was not renewed -The last client served was on 6/24/21 -"Any client that has been discharged, their record stay in our main office for 30 days. After the 30 days, the record is then stored in our storage building. [The Office Manager] is out of the office due to a sickness ...she is the only one that has a key ..."</p> <p>Review on 1/18/22 of Former Client #1 (FC #1)'s record revealed:</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</p> <ul style="list-style-type: none"> -An admission date of 3/2/21 -Diagnoses of Autism Spectrum Disorder, Severe Intellectual Disability, Attention Deficit Hyperactivity Disorder, Mixed Receptive-Expressive Language Disorder and Chronic Encephalopathy. -A discharge date of 6/24/21 -Age 17 -An assessment dated 3/2/21 noted "will sometimes make eye contact, was in a previous placement, has had few behaviors, is enrolled in school, receives after school care 5 days a week, prefers an active lifestyle, needs full level of supports to bathe completely, dress himself provide necessary hygiene tasks and being transported from one place to another, is unable to communicate his needs, works better with males, does well with structure, bathroom skills are getting better, is sometimes unpredictable with behaviors, must be monitored closely, target behaviors include screaming, crying, throwing himself down on the floor and against walls, biting, kicking, hitting, pinching, head butting and grabbing." -A treatment plan dated 4/1/21 noted "will improve and maintain his independent living skills, will have supports to curb and address his age inappropriate behaviors (those related to Autism), will participate in individualized day activities in an integrated community setting (YMCA, trampoline center and aquatics center) with persons who are not disabled, and will improve socialization skills while also improving basic daily needs skills." 	V 000		