Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL089-003 B. WING 12/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH LIGHT STREET** TYRRELL COUNTY GROUP HOME COLUMBIA, NC 27925 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on December 10, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 currents. V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

JAN 2 0 2021

DHSR - Mental Health

Division	of Health Service Re	egulation					
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE COMP	SURVEY
		MHL089-003	B. WING			12/1	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	•	•	
TYRREL	L COUNTY GROUP H	OME	TH LIGHT S IA, NC 2792				
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V 112	Continued From pa	ge 1	V 112				
				Client #3's furniture and belongings have been placed back in his room.	12/10/21		
	Based on record re failed to ensure gos to meet client need: #3) audited. The fir Reviews between 1	view and interview, the facility als/strategies were developed a affecting 1 of 3 clients (client adings are: 2/9/21 and 12/10/21 of client		At the present he is not moving things around anymore. The aforementioned behaviors may have been the result of some health issues that have been addressed. Cataract surgery on		e ^{ge}	
	-59 year old male a 7/27/94Diagnoses included Disability- Profound Depressive Disorder Incontinence; Constitution Microcephaly; Apha Rhinitis; Hypertensic EyeClient #3's treatme	dmitted to the facility on d Intellectual Developmental ; Anxiety Disorder by History; r by History; Epilepsy; tipation; Cerebral Palsy; sia; Drooling Saliva; Allergic on; High Cholesterol and Dry nt plan dated 2/1/21 had no	٥	08/03/2021 and hospitalization for aspiration pneumonia and bowel obstruction. If the behavior reoccurs staff shall intervene immediately with monitoring and assisting with replacing things in order. Then follow up with medical attention. This	12/14/21 to 12/20/:	21	
×	waking in the middle furniture around in hand on the switching clothing a bedroom. Risk support/needs documented client #	e of the night to move nis bedroom. ies to address Client #3 nd shoes around in hs assessment dated 12/1/20 #3's requirement of "support		intervention shall be placed in his new plan starting 02/01/2022. The Guardian and Care Coordinator have been informed of the interventions. Supervisor shall monitor his behavior during supervision with staff.	01/12/22		
	MHL089-003 TOF PROVIDER OR SUPPLIER RELL COUNTY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This Rule is not met as evidenced by: Based on record review and interview, the facifailed to ensure goals/strategies were develop to meet client needs affecting 1 of 3 clients (cli #3) audited. The findings are: Reviews between 12/9/21 and 12/10/21 of clie #3's record revealed: -59 year old male admitted to the facility on 7/27/94Diagnoses included Intellectual Developmenta Disability- Profound; Anxiety Disorder by History Epilepsy; Incontinence; Constipation; Cerebral Palsy; Microcephaly; Aphasia; Drooling Saliva; Allergi Rhinitis; Hypertension; High Cholesterol and D EyeClient #3's treatment plan dated 2/1/21 had not goals or strategies to address safety issues of waking in the middle of the night to move furniture around in his bedroomNo goals or strategies to address Client #3 switching clothing and shoes around in his bedroomRisk support/needs assessment dated 12/1/2/ documented client #3's requirement of "suppodue to the inability to make safe choices when			with Stdff.			

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		TE SURVEY MPLETED
		MHL089-003	B. WING		12	/10/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE	•	
TYRREL	L COUNTY GROUP H	UIVIE	TH LIGHT S IA, NC 279			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From page	ge _, 2	V 112			
	surveyor.					2
	Professional stated: -She had worked at -She supervised the client's treatment te -She visited the faci or more as neededShe had not contact Coordinator regardir address Client #4's s furniture around or s shoes around.	lity at least two times monthly ted Client #'s Care ng goals or strategies to safety issues of moving witching his clothing and			ν	
	guards against diversity (2) Non-controlled sure of by incineration, flusystem, or by transfer destruction. A record shall be maintained to Documentation shall medication name, struction and method, the disposing of medicativitnessing destruction (3) Controlled substances Act, G.S. subsequent amendming (4) Upon discharge of	sal: nd non-prescription disposed of in a manner that sion or accidental ingestion. abstances shall be disposed shing into septic or sewer or to a local pharmacy for of the medication disposal by the program. specify the client's name, rength, quantity, disposal e signature of the person ion, and the person in. nces shall be disposed of in North Carolina Controlled 190, Article 5, including any	V 119		Tr.	

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY
		MHL089-003	B, WING _		12/1	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	1 124/1	0/2021
TYRREI	L COUNTY GROUP H	601 NOB	TH LIGHT S			
TIKKLL	L COUNTY GROOF II	COLUME	BIA, NC 279	25		
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V 119	Continued From pa	ge 3	V 119			
	expected that the particle to the facility and in drug supply shall no	ly unless it is reasonably atient or resident shall return such case, the remaining at be held for more than 30 the date of discharge.				
	failed to dispose of pmanner that guards accidental ingestion The findings are: Review on 12/9/21 arecord revealed:	on and interview the facility prescription medications in a against diversion or affecting 1 of 3 clients (#2). and 12/10/21 of Client #2's	w to	The discontinued Basaglar (Toujeo) 100 units injector Pen has been discarded by returning it to the pharmacist.	12/10/2	21
	Mellitus; Hypertensic -Client #2's physiciar discontinue Toujeo. During Client #2's mat approximately 4:4'-Basaglar (Toujeo) (tinjector pen inside Cbox, with label instructions.	Severe Intellectual bilities; Type II Diabetes on and Hyperlipidemia. as order dated 4/6/20 to edication review on 12/9/21		Supervisor shall monitor and review medication administration during supervision.	r, tr	
	Interview on 12/9/21 -He took his medicati -Staff administered h Interview on 12/10/21	on daily. is medication.		ř.		

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: _____

(X3) DATE SURVEY COMPLETED

MHL089-003

B. WING ____

12/10/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TYRRELL COUNTY GROUP HOME

601 NORTH LIGHT STREET COLUMBIA, NC 27925

	COLUMBIA, NC 27925						
(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 364	Continued From page 4 -She had worked at the facility for almost 9 yearsShe had trained in medication administration and administered medicationClient #2 had not received the Basaglar injection since it had been discontinued. Interview on 12/10/21 the Qualified Professional stated: -The Basaglar (Toujeo) 100 units injector pen had been discontinued 4/6/20Medications that were discontinued had usually been taken to the day program to be sent back to the pharmacyClient #2 had not been administered the Basaglar (Toujeo) medication since it had been discontinuedThere had been no med errors for Client #2. G.S. 122C- 62 Additional Rights in 24 Hour Facilities	V 119	v				
; ; ;	§ 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may	,					

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:	(X3) DATE COMF	SURVEY
		MHL089-003	B. WING		12/1	10/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
TYRRFI	L COUNTY GROUP H	OME 601 NORT	TH LIGHT S	TREET		
		COLUMB	IA, NC 279	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILE DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 5	V 364			
	(b) Except as proviof this section, each treatment or habilitatimes keeps the rigit (1) Make and received calls. All long distant the client at the time collect to the received (2) Receive visitors a.m. and 9:00 p.m. hours daily, two houp.m.; however visiting over therapies; (3) Communicate a supervision with indupon the consent of (4) Make visits outs unless: a. Commitment provides the result of the clieviolegit crime, included assault with a deadled respondent was four insanity or incapable b. The client was well commitment to a confidence of the commitment to a confidence of the client is being to proceed pursuant A court order may expendent times a week (5) Be out of doors facilities and equipmes everal times a week confidence of the c	ve confidential telephone are calls shall be paid for by the of making the call or made ing party; to between the hours of 8:00 for a period of at least six are of which shall be after 6:00 and shall not take precedence and meet under appropriate ividuals of his own choice of the individuals; side the custody of the facility coceedings were initiated as and the custody of the facility occeedings were initiated as and the custody of the facility occeedings were initiated as and the custody of the facility occeedings were initiated as and the custody of the facility while under order of the of proceeding; coluntarily admitted or collity while under order of the crection of the Department of the period of the Department of the custom of the Department of the custom of the determine capacity to G.S. 15A-1002; coressly authorize visits by the existence of the dipy this subdivision; daily and have access to the to for physical exercise				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ MHL089-003 12/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH LIGHT STREET** TYRRELL COUNTY GROUP HOME COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 364 Continued From page 6 V 364 personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money: (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes: and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no

Division of Health Service Regulation

cost to the facility, legal counsel, private

PRINTED: 01/03/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL089-003 12/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH LIGHT STREET** TYRRELL COUNTY GROUP HOME COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 364 Continued From page 7 V 364 physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary: (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies: (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs: (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship: (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum

AND PLAN OF CORRE	CIENCIES ECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		E SURVEY IPLETED
		MHL089-003	B. WING _		12/	10/2021
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Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:

(X3) DATE SURVEY COMPLETED

MHL089-003

B. WING_

12/10/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TYRRELL COUNTY GROUP HOME

601 NORTH LIGHT STREET COLUMBIA, NC 27925

TAG CROSS-REFERENCED TO THE APPROPRIATE	
DEFICIENCY)	(X5) COMPLETE DATE
This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure restriction of clients access to personal property was reasonable and related to clients' treatment or habilitation needs and was documented as required for 1 of 3 audited clients (#3). The findings are: Review on 12/9/21 of Client #3's record revealed: -59 year old male admitted to the facility on 7/27/94Diagnoses included Intellectual Developmental Disability- Profound; Anxiety Disorder by History; Depressive Disorder by History; Epliepsy; Incontinence; Constipation; Cerebral Palsy; Microcephaly; Aphasia; Drooling Saliva; Allergic Rhinitis; Hypertension; High Cholesterol and Dry EyeNo documentation regarding the removal of some of Client #3's bedroom. No written statement detailing the reason for the removal of Client #3's clothing and shoes and no documented evaluation every 7 days of the continued need for the restriction conducted by the Qualified Professional (QP)No documentation of notification of Client #1's Guardian of the restriction conducted by the Qualified Professional (QP)No documentation of notification of Client #1's Guardian of the restriction conducted by the Qualified Professional (QP)No documentation of notification of Client #1's Guardian of the restriction conducted by the Qualified Professional (QP)No documentation of notification of Client #1's Guardian of the restriction conducted by the Qualified Professional (QP)No documentation of notification of Client #1's Guardian of the restriction of the client's access to his clothing or personal belongings. Observation on 12/9/21 at approximately 3:30 pm of Client #3's bedroom revealed: -3 pairs of shoes, a belt and a shoe box on the rack in his closetBath towel and wash cloth hanging on the closet door.	

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL089-003 B. WING 12/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH LIGHT STREET** TYRRELL COUNTY GROUP HOME COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 364 Continued From page 10 V 364 Observation 12/9/21 at approximately 3:35 pm of a vacant bedroom revealed: -The vacant bedroom was beside Client #3's bedroom. -Client #3's hygiene kit with toothbrush, soap and deodorant. -Client #3's dirty clothes hamper with clothing inside. -A 3 drawer double sided dresser with mirror with various clothing belonging to Client #3 in the drawers. -A 3 drawer chest with Client #3's underwear in the first drawer, shirts in the second drawer and socks in the bottom drawer. Unable to interview client #3 on 12/9/21 and 12/10/21 due to communication deficits. Interview on 12/10/21 with Client #3's Guardian was unsuccessful due to no return call to the

During interviews on 12/9/21 and 12/10/21 the Qualified Professional stated:

- -Some of Client #3's clothing and shoes had been placed in the vacant bedroom as safety measure. -Client #3 had been moving furniture and taking clothing and shoes from the closet and dresser
- drawers during sleep hours. -She had been trying to prevent Client #3 from tripping over shoes or clothes on the floor or the
- furniture falling on him. -Client #3 had moved his dresser with mirror beside his bed and had thrown shoes can clothes on his bedroom floor.
- -Client #3 does not go in the vacant bedroom.
- -The vacant bedroom had never been kept locked.
- -Client #3's guardian had been notified of the removal of some of his shoes and clothing and

surveyor.

PRINTED: 01/03/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ MHL089-003 B. WING 12/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH LIGHT STREET** TYRRELL COUNTY GROUP HOME COLUMBIA, NC 27925 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 364 Continued From page 11 V 364 was in agreement. -There was no documented evaluation every 7 days of the continued need for the restriction of Client #3's belongings. -Client #3's care coordinator had not been informed of the restriction of his belongings.

Division of Health Service Regulation

STATE FORM

ROANOKE DEVELOPMENTAL CENTER, INC. PO BOX 967 – 607 ADAMS STREET PLYMOUTH, NORTH CAROLINA 27962 TELEPHONE: 252 793-5077

FAX: 252 793-9144

January 12, 2022

Ms. Latisha Grant
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re:

Annual Survey completed 12/10/2021

Tyrrell County Group Home 601 North Light Street Columbia, NC 27925 MHL #089-003

Dear Ms. Grant

Enclosed you will find the plan of correction for the cited deficiencies during the Annual Survey of 12/10/2021. Thank you for your input to enhance our quality of service. If you have any questions please contact me.

Sincerely,

eledee Taylor

Director

DHSR - Mental Health

JAN 2 0 2021

Lic. & Cert. Section