

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2022
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NAME OF PROVIDER OR SUPPLIER LARKWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 801 LARKWOOD DRIVE GREENSBORO, NC 27410
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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 completed on 4/28/2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation of the facility and its grounds from approximately 12:33PM on 4/26/2022 revealed:</p> <ul style="list-style-type: none"> - There were broken slats in the window blinds in 3 clients' bedrooms; - The wing-back chair in th living room had stains on the upholstered seat; - A ceiling-mounted light fixture in the carport/garage had what appeared to be a bird next inside the fixture; - In bathroom #1: 	V 736	<p>DHSR - Mental Health</p> <p>MAY 13 2022</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **5/12/22**

STATE FORM 6899 3X9ET If continuation sheet 1 of 4

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - The walk-in shower had brown and black stains on the tile floor and wall; - A toilet plunger was on the shower floor; - The ceiling-mounted vent was covered in dust; - In bathroom #2: <ul style="list-style-type: none"> - The tub surround had brown and black stains wall tiles and top of tub; - The control knob for the shower head could not be disengaged; and - The ceiling-mounted vent was covered in dust. <p>Interview on 4/28/2022 with Client #1 revealed:</p> <ul style="list-style-type: none"> - Repairs that were needed in the facility included a crooked door and loose shelves in the kitchen cabinets - The toilet plunger in the shower in bathroom #1 was used to unclog the shower drain. - She had tried spraying cleaning solutions on the black stains in the shower, but it did not work to remove the stains. - She did not like seeing the stains when she took a shower. - Her bedroom blind needed to be replaced. <p>Interview on 4/27/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> - Repairs needed in the facility included fixing the loose toilet seat in bathroom #1. - She believed that a new stove, refrigerator and dishwasher had been ordered for the facility. - She cleaned bathroom #1 regularly, but the black stains would not come out. - "I guess it's mold on the bottom" (of the shower). - She had not paid attention to how long the stains were in the shower. <p>Interview on 4/28/2022 with Client #3 revealed:</p> <ul style="list-style-type: none"> - She was not able to clearly answer questions about the condition or cleanliness of the facility. 	V 736	<p>V736</p> <p>The Qualified Professional will ensure the facility is maintained in a safe, clean and attractive manner at all times. This will be monitored by the Qualified Professional via weekly checks and monthly via environmental assessments by the clinical team members.</p> <p>A)The Maintenance Coordinator will ensure all blinds are replaced in the bedrooms.</p> <p>B) The home Manager will ensure wing-back chair is replaced in the Living Room.</p> <p>C) The Maintenance Coordinator will ensure bird nest is remove from ceiling mount light fixture in the carport/garage.</p> <p>D) The QP will in-services the Residential Team Leader and staff on ensuring the walk-in the shower is clean at all times and free from brown and black stains on tile floor and wall.</p> <p>E) The Residential Team Leader will in-service all staff on not leaving the toilet plunger on the shower floor.</p>	
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V 736	<p>Continued From page 2</p> <p>Interview on 4/26/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Facility clients cleaned the bathrooms, but facility staff checked behind them to ensure they were clean. - She had just returned from a 6-week leave of absence approximately one week ago. - The brown and black stains had not been in the bathrooms when she had originally left on her leave of absence. - Multiple different cleaning products had been used to clean the tub and shower in the bathrooms without success. - "Environmental" inspections were completed by management staff every month. - She had not been present for the most recent environmental inspection. - There was a need to replace some of the window blinds in clients' bedrooms due to wear and tear. <p>Interview on 4/28/2022 with the House Manager (HM) revealed:</p> <ul style="list-style-type: none"> - The Licensee agency's Qualified Professionals (QP) completed walkthroughs at each facility regularly. - She did not know when the most recent walkthroughs had been completed at the facility. - She had not been aware that the shower drain had been backing up. - She spoke to the facility's maintenance staff about issues identified in the bathrooms. - She went to the facility on 4/27/2022 and thoroughly cleaned in the bathrooms. <p>Interview on 4/28/2022 with the QP revealed:</p> <ul style="list-style-type: none"> - She normally went to the facility to meet with clients once a week. - She was most recently at the facility on Monday, 4/25/2022, but did not inspect the bathrooms. - Client #1's hair caused the drain in the shower 	V 736	<p>F) The Residential Team Leader will in-services all staff on cleaning ceiling mounted vent.</p> <p>G) The Qualified Professional will in-service the Residential Team Leader and staff on ensuring the tub surround is clean and free from brown and black stains wall on top of tub.</p> <p>H) The Maintenance Coordinator will repair control knobs for the shower head.</p> <p>I) The Maintenance Coordinator will repair crooked door and loose shelves in the kitchen cabinets.</p> <p>J) The Residential Team leader will in-service all staff on not leaving toilet plunger in the tub and submit work orders for needed repairs.</p> <p>K) The Maintenance Coordinator will repair the loose toilet seat. In the future, the Qualified Professional will ensure the Home is maintained in safe and clean manner as well as ensure the Maintenance Coordinator completes all repairs and work orders</p> <p>By: 6/27/22</p>	
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V 736	<p>Continued From page 3</p> <p>to clog.</p> <ul style="list-style-type: none"> - She would ensure that something was obtained to use over the drain to catch hair. - The HM completed environmental walkthroughs regularly. - The HM informed her that she (the HM) had thoroughly cleaned the tub and shower on 4/27/2022. - She had spoken to the facility's maintenance staff and they would provide an industrial cleaner to use to remove the stains in the tub and shower. - She was waiting to get an MSDS (material safety data sheet) for the industrial cleaning solution before they could use it at the facility. 	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 2, 2022

DHSR - Mental Health

Shelia Shaw, Regional Administrator
RHA Health Services NC, LLC
1701 Westchester Drive, Ste. 940
High Point, NC 27262

MAY 13 2022

Lic. & Cert. Section

Re: Annual Survey Completed April 28, 2022
Larkwood Group Home, 801 Larkwood Drive, Greensboro, NC 27410
MHL# 041-609
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual survey completed April 28, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 27, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR Letters@sandhillscenter.org
Pam Pridgen, Administrative Supervisor