

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2022
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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 107 RIDGEWOOD DRIVE LEXINGTON, NC 27292
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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 and follow up survey was attempted on May 31, 2022. According to the Regional Director of Services there are no clients being served at the facility. The last time clients were served at the facility was February 28, 2022.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 0. The survey sample consisted of audits of 1 former client.</p> <p>Observation on 5/31/22, at 9:31am, of the facility revealed: -No staff or clients present.</p> <p>Interview on 5/31/22 with Regional Director of Services/Qualified Professional (RDS/QP) revealed: -There were no current clients residing at the residence. -The last client (Former Client #1 (FC #1)) was discharged in February 2022. -There are no staff that work at the facility -Would contact the Division of Health Service Regulation if clients are admitted to the facility in the future.</p> <p>Review on 5/31/22 of FC #1's record revealed: -An admission date of 1/28/16 -Diagnoses of Intellectual Developmental Disability, Moderate, Schizoaffective Disorder, Bipolar Type, Nicotine Dependence, Unspecified and Uncomplicated, Chronic Obstructive Pulmonary Disease (COPD), Unspecified, Obstructive Sleep Apnea, Hearing Loss, Unspecified Ear, Lower Back Pain, Acute</p>	V 000		

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

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V 000	<p>Continued From page 1</p> <p>Bronchitis, Unspecified, Edema, Unspecified, Hyperlipidemia, Unspecified and Hypothyroidism, Unspecified.</p> <p>-Discharge date of 2/28/22</p> <p>-An assessment dated 1/28/16 noted "ambulatory, sister has passed and he was with her, is a smoker and uses a CPAP, has no family, is verbal, friendly and helpful, has difficulty breathing and has loss of hearing, needs assistance with many independent living skills, history of unsuccessful placements, history of psychiatric hospital admissions, wears a hearing aid, full IQ of 53, needs to be taught new skills as his abilities allow based on his identified deficits, needs activities to teach him similarities and differences, needs learning/vocational curriculums, needs to practice describing things and events in greater detail and memory practice, was attending day program and needs to engage in the community."</p> <p>-A treatment plan dated 2/1/22 noted "will live as independently as possible with support in order to strengthen his daily living skills will support, needs to increase his personal care routine, to ensure and maintain proper hygiene/personal cleanliness, needs the required support with improving and retaining skills in self-help and health and safety skills, will chose and participate in a physical activity with 100% accuracy, will express his feelings to staff when he is upset, will refrain from putting too much food in his mouth, will remain in an approved area when upset, and will independently use safe practices during transportation by buckling himself into the van with 100% accuracy.."</p> <p>-A behavior support plan dated 9/15/21 noted "has disruptive behaviors such as hitting, choking, shoving and similar behaviors directed towards harming others, will make and exaggerate false statements concerning falling, having seizures</p>	V 000		

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V 000	Continued From page 2 and injuries and/or illness." -A discharge summary dated 2/28/22 noted "needs 24-hour supervision and supports to remain safe in living environment ...will receive AFL services through Ambleside. He will continue with his current day programming ...was very excited at discharge and was excited to be moving into an AFL (RDS/QP will be the provider) ..."	V 000		