

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EXODUS HOUSE

**3951 EASTLAND AVENUE
GREENSBORO, NC 27401**

(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	INITIAL COMMENTS An annual survey was completed on 5/25/2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Review on 5/24/2022 of the facility's fire and disaster drill log revealed:	V 114	27G .0207 Emergency Plans and Supplies. (a)(b) Exodus House will develop area wide disaster plan and written fire plan that all staff will be trained to follow and it will be approved by proper authorities. All plans, evacuation procedures and routes will be made available to staff and posted in the facility. Exodus House QP will monitor the posting of the plans monthly and review with staff its purpose and execution. (c) Exodus house will follow	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alan Pinner 4/15/22

owner

STATE FORM

6899

OERC11

If continuation sheet 1 of 13

RECEIVED

JUN 22 2022

DHSR-MH Licensure Sect

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V 114	Continued From page 1 - No documentation of fire drills during the following shifts and quarters: - January-March 2022: 2nd shift; - No documentation of disaster drills during the following shifts and quarters: - January-March 2022: 1st & 3rd shifts; October-December 2021: 1st & 3rd shifts; July-September 2021: 2nd & 3rd shifts; and April-June 2021: 1st shift fire, 1st & 3rd shifts. Interview on 5/24/2022 with Staff #1 revealed: - His understanding was that fire drills had to be completed on each shift every quarter and disaster drills only had to be completed once per quarter. Interview on 5/24/2022 with the Qualified Professional revealed: - The fire and disaster drills were run by Staff #1. Interview on 5/24/2022 with the Owner revealed: - Staff #1 kept up with fire and disaster drills. - Documentation of all drills should have been present in the fire and disaster drill logbook.	V 114	<i>appropriate procedures for fire and disaster drills. They will be held quarterly and shall be repeated each shift. Drills will be conducted under conditions that simulate fire emergencies. Exodus House GP and Able Care supervisor will monitor and check fire and disaster log on a monthly basis to ensure it is done appropriately. (d) Exodus House will keep a fully stocked first aid kit that will be accessible for use. In compliance 6/1/22 for V114 deficiencies.</i>	
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.	V 139	<i>27G.0404 (F-L) Operations During Licensed Period. Exodus House in plans of closing it facility and transferring consumers to another facility will follow DHSR protocol. (i) Exodus House will let DHSR know of plans to discontinue services at the facility within 30 days.</i>	

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V 139	Continued From page 2 (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.	V 139	(2) Exodus will work with managing entity to complete application for change of location, ownership or notice to discontinue service. (3) Exodus House will indicate to each consumer involved with documentation the plan of discontinuing services at the facility. (4) Exodus House owner will communicate to all staff a minimum of 30 days of a move or discontinuing of its facility. (5) Exodus owners and managing entity will follow all proper protocol going forth to ensure that the transition and moving of clients, license, etc. in compliance 6/11/22.	

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V 139	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide at least 30 days advance notice to all affected clients, legally responsible persons, or DHSR of plans to discontinue services at the facility location. The findings are:</p> <p>Review on 5/23/2022 of the DHSR Enterprise electronic licensure system revealed</p> <ul style="list-style-type: none"> - There were no applications for change of location, change of ownership, or notice to discontinue services at the facility location. <p>Review on 5/24/2022 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 1/1/2009 - Diagnoses: Oppositional Defiant Disorder; Attention Deficit-Hyperactivity Disorder - NOS; Psychotic Disorder; Severe Intellectual Disability; Urinary Incontinence; High Cholesterol - No documentation of notice that the facility planned to discontinue services at the facility's location or planned to move him to another licensed facility. <p>Review on 5/24/2022 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 6/12/2020 - Diagnoses: Moderate Intellectual Disabilities; Intermittent Explosive Disorder; Essential Primary Hypertension; Obesity, unspecified; Type 2 Diabetes mellitus with hyperglycemia; Gouty Arthritis; Seborrhea - No documentation of notice that the facility planned to discontinue services at the facility's 	V 139		

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V 139	<p>Continued From page 4</p> <p>location or planned to move him to another licensed facility.</p> <p>Review on 5/24/2022 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 1/1/2009 - Diagnoses: Moderate Intellectual Disability; Hypertension; Sickle Cell traits; Obesity - No documentation of notice that the facility planned to discontinue services at the facility's location or planned to move him to another licensed facility. <p>Interview on 5/24/2022 with Client #1 revealed:</p> <ul style="list-style-type: none"> - He was unable to answer questions about when he learned that he would have to move out of the facility. <p>Interview on 5/24/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> - He had not been informed that he would have to move out of the facility. <p>Interview on 5/24/2022 with Client #3 revealed:</p> <ul style="list-style-type: none"> - His speech was difficult to understand at time. - He had learned that he would have to move out of the facility "yesterday." <p>Interview on 5/24/2022 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - He had been hearing rumors about the facility licensee switching to the Management Company from the current Owner/Licensee. - He had not received confirmation about clients moving out of the facility until last Friday (5/20/2022). - The facility's clients would be moved to new residential placements today. - Once facility clients were moved, the current facility staff would continue to work with them at their new residential locations. - He would continue to have daily contact with 	V 139			

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V 139	<p>Continued From page 5</p> <p>each client at their new residential placements until they could be moved back together at a facility that is in the process of getting licensed.</p> <p>Interview on 5/24/2022 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She worked as the QP through the Management Company. - One of the Licensees had retired from active involvement with the facility within the past year following an illness. - The Management Company knew that the clients would need to be moved to a new facility at some point, but did not have a definite timeline from the current Licensee's. - She found out on 5/23/2022 that the move needed to happen immediately. - She worked on contacting Care Coordinators and Guardians yesterday about needing to move clients. - The current Licensees were supposed to complete the notification to DHSR of the plan to change ownership and location, but they had not done so. <p>Interviews on 5/23/2022, 5/24/2022 and 5/25/2022 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> - He was the Clinical Director at the Management Company, but the Owner/Licensee and the Co-Licensee were in charge of the operations at the facility at the time of this survey. - There had been informal discussions about the Management Company purchasing the facility's license. - He had just found out over the past weekend that the Licensees were willing to sign over the facility's license. - An alternate location had been identified as the eventual group home, but the Management Company was still in the process of obtaining 	V 139			

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V 139	<p>Continued From page 6</p> <p>zoning approval.</p> <ul style="list-style-type: none"> - The Owner/Licensee owned the building the facility was currently located in. - The Owner/Licensee was closing on the sale of the house on 5/25/2022. - He had hoped to rent the facility from the new owners in order to allow time to transition the clients out smoothly, but the new owners were not interested in renting. - He and the QP had been working on finding alternate residential placement for Clients #1, #2 and #3 since they found out about the sale. - Client's #1, #2 and #3 would be admitted to three separate licensed facilities operated by the Management Company until the new location could be licensed. <p>Interviews on 5/23/2022, 5/24/2022 and 5/25/2022 with the Owner/Licensee revealed:</p> <ul style="list-style-type: none"> - He was in the process of changing the Licensee and location of the facility because he is selling the property. - He had been making plans for the sale for approximately two months. - The closing date for the sale of the facility was 5/25/2022. - The Management Company would be the new Licensee. - He and his Co-Licensee would no longer be involved with the facility once the license is changed. - The Clinical Director was handling the license change process. - He thought that the clients would be moved to other residential facilities that were operated by the Management Company. - Clients #1, #2 and #3 were moved out of the facility and admitted to alternate placements on 5/24/2022. 	V 139		

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V 368	Continued From page 7	V 368		
V 368	<p>G.S. 122C-63 Assurance for continuity of care</p> <p>§ 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION</p> <p>(a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.</p> <p>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed;</p> <p>whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency</p>	V 368	<p>G.S. 122C-63 Assurance for continuity of care for individuals with mental retardation</p> <p>(1) Exodus House owners will notify the area authorities serving the clients counties of origin and intent when deciding to close the facility, at least 60 days prior to closing.</p> <p>(2) Exodus house will inform local management Entity/Manage Care Organization (LME/MCO) of plans to discharge any client who resides in the facility. Proper documentation will of notice will be done for each client.</p> <p>(3) Exodus House is in compliance with deficiency 6/11/22.</p> <p>(4) Exodus House owners and</p>	

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V 368	Continued From page 8 placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice. (c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if: (1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or (2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement. (d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.	V 368	managing entity will work together to comply with all procedures in process of transferring clients to another facility and the closing down of the previous facility.	

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V 368	Continued From page 9 (e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility. (f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period. (g) The area authority's financial responsibility, through local and allocated State resources, is limited to: (1) Costs relating to the identification and coordination of alternative placements; (2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and (3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release. (h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c.	V 368		

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V 368	<p>Continued From page 10 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the area authority serving the clients' counties of origin of the intent to close a facility or discharge a client in need of continuing care at least 60 days prior to the closing or discharge. The Findings are:</p> <p>Review on 5/24/2022 of Client #1's record revealed: - Admission date: 1/1/2009 - Diagnoses: Oppositional Defiant Disorder; Attention Deficit-Hyperactivity Disorder - NOS; Psychotic Disorder; Sever Intellectual Disability; Urinary Incontinence; High Cholesterol - No documentation of notice to Client #1's Local Management Entity/Managed Care Organization (LME/MCO) of plans to discharge him from the facility.</p> <p>Review on 5/24/2022 of Client #2's record revealed: - Admission date: 6/12/2020 - Diagnoses: Moderate Intellectual Disabilities; Intermittent Explosive Disorder; Essential Primary Hypertension; Obesity, unspecified; Type 2 Diabetes mellitus with hyperglycemia; Gouty Arthritis; Seborrhea - No documentation of notice to Client #2's LME/MCO of plans to discharge him from the facility.</p>	V 368		

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V 368	<p>Continued From page 11</p> <p>Review on 5/24/2022 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 1/1/2009 - Diagnoses: Moderate Intellectual Disability; Hypertension; Sickle Cell traits; Obesity - No documentation of notice to Client #3's LME/MCO of plans to discharge him from the facility. <p>Interview on 5/24/2022 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She worked as the QP through the Management Company. - The Management Company knew that the clients would need to be moved to a new facility at some point, but did not have a definite timeline from the current Licensee's. - She found out on 5/23/2022 that the move needed to happen immediately. - She worked on contacting Care Coordinators at Clients #1, #2 and #3 LME/MCO's yesterday about needing to move clients. <p>Interviews on 5/23/2022, 5/24/2022 and 5/25/2022 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> - He was the Clinical Director at the Management Company, but the Owner/Licensee and the Co-Licensee were in charge of the operations at the facility at the time of this survey. - There had been informal discussions about the Management Company purchasing the facility's license. - He had just found out over the past weekend that the Licensees were willing to sign over the facility's license. - An alternate location had been identified as the eventual group home, but the Management Company was still in the process of obtaining zoning approval. 	V 368		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EXODUS HOUSE

**3951 EASTLAND AVENUE
GREENSBORO, NC 27401**

(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 368	<p>Continued From page 12</p> <ul style="list-style-type: none"> - The Owner/Licensee owned the building the facility was currently located in. - The Owner/Licensee was closing on the sale of the house on 5/25/2022. - He had hoped to rent the facility from the new owners in order to allow time to transition the clients out smoothly, but the new owners were not interested in renting. - He and the QP had begun contacting Care Coordinators at the LME/MCO's on Monday, 5/2/2022 in order to notify them of the need for immediate discharge from the facility and admission to alternate facilities. <p>Interviews on 5/23/2022, 5/24/2022 and 5/25/2022 with the Owner/Licensee revealed:</p> <ul style="list-style-type: none"> - He had been making plans for the sale of the facility for approximately two months. - The closing date for the sale of the facility was 5/25/2022. - The Management Company would be the new Licensee. - The Clinical Director was handling notifying the LME/MCO's of the need to move clients to other locations. - He thought that the clients would be moved to other residential facilities that were operated by the Management Company. - Clients #1, #2 and #3 were moved out of the facility and admitted to alternate placements on 5/24/2022. 	V 368		