

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2022
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NAME OF PROVIDER OR SUPPLIER WINBURN	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WINBURN AVENUE DURHAM, NC 27704
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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 October 25, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups (Residential.)</p> <p>This facility is licensed for 4 (3 for .5600C and 1 for .5100) and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 272	<p>27G .5101 Community Respite - Scope</p> <p>10A NCAC 27G .5101 SCOPE (a) Community respite is a service which provides periodic relief for a family or family substitute on a temporary basis. While overnight care is available, community respite services may be provided for periods of less than 24 hours on a day or evening basis. Respite care may be provided by the following models: (1) Center-based respite - the individual is served at a designated facility. While an overnight capacity is generally a part of this service, a respite center may provide respite services to individuals for periods of less than 24 hours on a day or evening basis. (2) Private home respite - the individual is served in the provider's home on an hourly or overnight basis. (b) Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when: (1) more than two individuals are served</p>	V 272		

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

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V 272	<p>Continued From page 1</p> <p>concurrently; or (2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to meet the scope of respite requirements. The findings are:</p> <p>Review on 10/25/22 of the facility's license for 2022 revealed that it was licensed for the following services: -27G .5600C Supervised Living for Adults with Developmental Disabilities for 3 beds. -27G .5100 Community Respite Services for Individuals of all Disability Groups (Residential) for 1 bed.</p> <p>Review on 10/25/22 of client #1's records revealed: -Admission date of 12/8/98. -Diagnoses of Mild Intellectual or Developmental Disability; Schizoaffective Disorder; Nephrogenic Diabetes Insipidus; Behavior Issues and Safety Concerns.</p> <p>Review on 10/25/22 of client #2's record revealed: -Admission date of 3/19/97. -Diagnoses of Schizophrenia, Disorganized Type; Mild Intellectual or Developmental Disability; Deaf Non-Speaking, Not elsewhere Classified; Sarcoidosis; Asthma.</p> <p>Review on 10/25/22 of client #3's record revealed: -Admission date of 12/8/98.</p>	V 272		

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V 272	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Diagnoses of Moderate Intellectual or Developmental Disability; Hypertension; Hyperlipidemia; Gout; Chronic Kidney Disease-Stage 3; Keratoconus. <p>Review on 10/25/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/19/15 (to agency.) -Diagnoses of Autism Spectrum Disorder; Disruptive Behavior Disorder; ADHD; Disorder of Childhood; Insomnia. <p>Interview on 10/25/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Executive Director was aware that services were being provided out of scope at facility. -She was waiting to renew Licensing paperwork to submit request to change services or to put in for a waiver, but had not done so. -Last client at the house to be registered was Client #4. -Client #4 had been at the house for about a year. He had transferred from a sister facility. -Initial plans were for Client #4 to be temporarily at the house, but things had gotten complicated and plans changed. It was then decided that he could remain at the house. -Facility was not servicing any clients for respite services and was not maintaining a bed open for respite care. -She acknowledged that facility was not meeting scope requirements for respite services for individuals. 	V 272		