

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/10/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>TMR RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1335 WEST RIDGE ROAD SALISBURY, NC 28147</b>		
(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>A complaint and follow up survey was completed on January 10, 2023. The complaint was unsubstantiated (Intake #NC00196658). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(f) DHSR shall conduct inspections of facilities without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(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.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of</p>	V 139		

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

TITLE

(X6) DATE

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V 139	<p>Continued From page 1</p> <p>the following changes:</p> <p>(1) Change in ownership including any change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(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.</p> <p>(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:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(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</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide written notice to the Division of Health Service Regulation (DHSR) prior to discontinuation of services at the facility site. The findings are:</p>	V 139		

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V 139	<p>Continued From page 2</p> <p>Review on 1/9/23 of the facility's DHSR licensing system revealed: -No notice of emergency relocation of clients had been submitted to DHSR following the 12/27/22 move of the clients.</p> <p>Interview on 1/9/23 with client #1 revealed: -During the Christmas (2022) holidays, she and the other clients spent several nights at a hotel. -The facility's pipes had burst but had been repaired.</p> <p>Interview on 1/10/23 with client #2 revealed: -During the Christmas (2022) holidays, she and the other clients spent several nights at a hotel. -The facility's pipes had burst but had been repaired.</p> <p>Interview on 1/10/23 with client #3 revealed: -During the Christmas (2022) holidays, she and the other clients spent several nights at a hotel. -The facility's pipes had burst but had been repaired.</p> <p>Interview on 1/9/23 with the Associate Professional revealed: -"The pipes burst (at the facility) and then we (staff and clients) had to go to a hotel. We got 2 rooms."</p> <p>Interview on 1/9/23 with the Qualified Professional #1 revealed: -"The pipes in the well burst near Christmas (2022) and we had to relocate the clients to a hotel. We thought the pipes were just frozen. I initiated the call to the plumber and the pipes have been repaired. We were at the hotel for approximately 4 days ..." -Had not contacted DHSR to complete the emergency relocation forms</p>	V 139		

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V 139	<p>Continued From page 3</p> <p>-The Director/Qualified Professional #2 (D/QP #2) had spoken with the clients' legal guardians to make them aware of the need to relocate due to the pipes bursting.</p> <p>Interview on 1/9/23 with the D/QP #2 revealed:</p> <p>-The pipes to the well were frozen and burst</p> <p>-A plumber repaired the pipes</p> <p>-Had relocated the clients to a hotel for several days</p> <p>-Had contacted the clients' legal guardians regarding the need to relocate them while the pipes were repaired</p> <p>-Had not completed the emergency relocation forms for the clients</p> <p>-In the future, would complete the emergency relocation forms for the clients as needed.</p>	V 139		