

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL069-001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PAMLICO COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>554 HIGHWAY 306 NORTH</b> <b>GRANTSBORO, NC 28529</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on January 25, 2023. A deficiency cited.</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 5 and has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 139	<p><b>27G .0404 (F-L) Operations During Licensed Period</b></p> <p><b>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</b></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 the following changes:</p> <p>(1) Change in ownership including any change in partnership; or</p>	V 139		

Division of Health Service Regulation  
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>(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 review and interview, the facility failed to provide 30 days advance written notice to the Division of Health Service Regulation (DHSR) of plans to temporarily discontinue a licensed service. The findings are:</p> <p>Review on 1/25/23 of the DHSR Enterprise electronic licensure system revealed no documented notice of discontinuation a licensed</p>	V 139		

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V 139	<p>Continued From page 2</p> <p>service at the facility location.</p> <p>Review on 1/25/23 of facility documentation revealed:</p> <ul style="list-style-type: none"> <li>-A completed emergency relocation of clients form.</li> <li>-Clients were relocated 12/19/22 - 12/20/22 to a hotel in a nearby city.</li> <li>-Clients were relocated due to a heating, ventilation and air conditioning failure at te facility.</li> <li>-Clients returned to the facility on 12/20/22.</li> <li>-No evidence the Division of Health Service Regulation (DHSR) Mental Health Licensure Certification had been notified of the emergency relocation.</li> </ul> <p>During interviews on 1/25/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-The clients were relocated 12/19/22 - 12/20/22 because the facility had no heat.</li> <li>-She informed guardians and her supervisor of the relocation.</li> <li>-She had completed the emergency relocation form.</li> <li>-She filed it with the facility's documentation.</li> <li>-She did not know it had to be submitted to DHSR, Mental Health Licensure Certification as soon as possible after the evacuation.</li> </ul>	V 139		