

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 survey was completed on 6/28/23. One complaint was unsubstantiated (Intake #NC00202221) and the other complaint was substantiated (Intake #NC00203170). Deficiencies were 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>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap</p>	V 115		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 115	<p>Continued From page 1</p> <p>are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure supervision was provided to ensure safety of the clients affecting 1 of 1 Former Client #1 (FC). The findings are:</p> <p>Review on 6/23/23 of FC #1's record revealed: -Date of Admission: 9/20/22; -Age: 16; -Diagnoses: Oppositional Defiant Disorder, Other Trauma or Stressor Related Disorder, and Mild Intellectual Developmental Disability; -Date of Discharge: 5/30/23; -FC #1 was seen at urgent care on 5/21/23 for sore ribs and chest pain;</p> <p>Review on 6/24/23 of Internal Incident Report dated 5/21/23 revealed: -FC #1 was seen at urgent care on 5/21/23 for sore ribs and chest pain; -FC #1 was at a local community park, riding a bike for physical activity on 5/21/23. FC #1 fell off the bike rolling into the bushes and complained of problems with his chest and ribs; -FC #1 received an x-ray and had no visible</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 115	<p>Continued From page 2</p> <p>injuries.</p> <p>Attempted interview on 6/23/23 & 6/28/23 with FC #1 revealed: -Phone call was not returned on 6/28/23.</p> <p>Attempted interview on 6/23/23 with client #1 revealed: -He had refused to be interviewed without his Social Worker being present.</p> <p>Interview on 6/26/23 with FC #1's legal guardian revealed: -"[FC #1] went to the emergency room for being beaten up by his peers;" -FC #1 was afraid to tell the staff about the bike accident and had attempted before to tell staff about the bullying; -She was unsure of the exact date of the incident but believed the accident was the weekend prior to FC #1's scheduled home visit on 5/25/23; -"[FC #1] was being bullied by his peers in the group home and from what I was told this had been an ongoing thing (bullying)."</p> <p>Interview on 6/23/23 with Staff #2 revealed: -"Present at the outing (community park) was me, [Staff A1], and four clients (FC #1, FC #2, Client #1, and Client #4) from Wynmere Place. [Staff A1] was working at the [sister facility] and he had clients with him;" -She was given a flyer for a bicycle library and the clients asked if they could attend the event; -"I and [Staff A1] were sitting on a bench and there was an overview of the bike path and my vision was obstructed by the hill. [FC #1] was crying and stated, 'I fell off my bike, into the bushes, and hit a tree ...'" -All clients were out of my eyesight for about two to three minutes.</p>	V 115		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 115	<p>Continued From page 3</p> <p>Interview on 6/27/23 with Staff A1 revealed: -"I was working at the [sister facility] and I had four clients with me and he couldn't remember the client's names (Client A1, A2, A3, and A4);" -It was a little hill where he could not see the clients for two to three minutes; -"[FC #1] went up the hill and came back down the same direction saying, 'my ribs are hurting. I made a hard turn, hit a tree, fell off the bike, and into a ditch.'"</p> <p>Interview on 6/28/23 with the Executive Director revealed: -"[Client #1] admitted to knocking [FC #1] off his bike and punching him. [FC #2] did not participate in the fight but encouraged the fight." -A week after the bike accident the legal guardian called him and said, "Two of the clients from the group home knocked him (FC #1) off his bike and punched him;" -He had a hard time believing FC #1 was assaulted because (FC #1) said he "fell off his bike;" -He told the legal guardian he would investigate the allegations and return her call.</p>	V 115		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 296	<p>Continued From page 4</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 296	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure two direct care staff were present for up to four adolescents. The findings are:</p> <p>Observation on 6/23/23 at approximately 10:30 am to 11:30 am revealed: -Staff #1 was alone in the facility with four clients.</p> <p>Review on 6/23/23 of Client #3's record revealed: -Date of Admission: 6/9/23; -Age: 14; -Diagnoses: Disruptive Mood Dysregulation Disorder, Unspecified Depressive Disorder, Attention Deficit Hyperactive Disorder, and Post Traumatic Stress Disorder; -Client #1 was transitioned to level III due to safety concerns, threats to shoot up the school, multiple physical altercations, absent without permission (AWOL) 3 times within thirty days, and challenging his peers.</p> <p>Interview on 6/23/23 with Client #3 revealed: -"Staff present are usually one and new staff double up with existing staff to train on notes and medications."</p> <p>Review on 6/23/23 of Staff #2's record revealed: -Date of Hire: 5/3/23; -Paraprofessional.</p> <p>Interview on 6/23/23 with Staff #2 revealed: -"I am normally on shift by myself with four clients."</p> <p>Interview on 6/27/23 with Staff A1 revealed: -He worked mostly third shift at Wynmere Place</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WYNMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 HAMMOND DRIVE GREENSBORO, NC 27406
--	--

(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 296	<p>Continued From page 6</p> <p>...;</p> <p>- "When I worked at Wynmere Place, I worked with [staff #1] or [Executive Director] (ED) for the first week training, and then I was on my own."</p> <p>Interview on 6/23/23 and 6/28/23 with the ED revealed:</p> <p>- Surveyor had spoken with the ED over the phone at approximately 10:40 am on 6/23/23. "I'm at an appointment with my daughter in Durham;"</p> <p>- He was usually in ratio as the second staff person on duty;</p> <p>- "I thought that one staff could be alone with the clients outside of the facility."</p>	V 296		