

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>POSITIVE CONNECTION CARE DD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1413 GRACEWOOD DRIVE GREENSBORO, NC 27408</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 15, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 clients.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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:  <b>MHL041-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>POSITIVE CONNECTION CARE DD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1413 GRACEWOOD DRIVE GREENSBORO, NC 27408</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 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>POSITIVE CONNECTION CARE DD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1413 GRACEWOOD DRIVE GREENSBORO, NC 27408</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 289	<p>Continued From page 2</p> <p>failed to operate under the scope for which it is licensed affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 2/15/24 of the facility's Division of Health Service Regulation's license revealed: -The facility was licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. -The facility was not licensed to provide services under another service category.</p> <p>Review on 2/15/24 of Client #3's record revealed: -An admission date of 2/11/24. -Diagnoses of Severe Intellectual Developmental Disability, Schizophrenia, and Downs Syndrome. -An updated Individual Support Plan (ISP) dated 2/11/24 stated Client #3 needed out of home respite for 30 days with an estimated time in respite care at the facility from 2/11/24 through 3/10/24.</p> <p>Interview on 2/15/24 with the Executive Director revealed: -Client #3 was receiving respite services at the facility with a plan to return to the care of his mother. -She did not realize she could have added respite services to the facility's license. -She was going to add the service to the facility's license.</p>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>POSITIVE CONNECTION CARE DD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1413 GRACEWOOD DRIVE GREENSBORO, NC 27408</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 736	<p>Continued From page 3</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe manner. The findings are:</p> <p>Observation on 2/15/24 between 1:56 pm and 2:30 pm during a facility walk-through revealed: -Clients # 1 and #3 each had their own bedrooms. Both had 2 windows in each of their rooms that faced toward the front of the facility. -Client #1's right window did not open when the Executive Director (ED) attempted to open this window. -Client #3's left window did not open when the ED attempted to open this window.</p> <p>Interview on 2/15/24 with the ED revealed: -Clients #1 and #3's windows must have "swelled shut." -She would place this on her list for maintenance to ensure these windows opened.</p>	V 736		