FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL035-082 03/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 RIDGEWOOD ROAD HIGHER CAUSE RESIDENCES YOUNGSVILLE, NC 27596 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on March 7. 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability The facility is licensed for 5 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. V 768 27G .0304(d)(4) Non-Client Accommodations V 768 10A NCAC 27G .0304 FACILITY DESIGN AND **EQUIPMENT** (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms. This Rule is not met as evidenced by: Based on record review and interview the facility

Division of Health Service Regulation

#1 & client #2

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

a bedroom occupied by staff which could

failed to ensure overnight accommodations for persons other than clients were separate from

Observation on 3/7/24 at 11:02 am during the tour

2 separate client bedrooms occupied by client

client bedrooms. The findings are:

of the facility revealed:

a vacant bedroom

TITLE

RECEIVED

APR 0 2 2024

DHSR-MH Licensure Sect

(X6) DATE

PRINTED: 03/11/2024

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ MHL035-082 B. WING_ 03/07/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 RIDGEWOOD ROAD HIGHER CAUSE RESIDENCES YOUNGSVILLE, NC 27596 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 768 Continued From page 1 V 768 accommodate 2 clients During interview on 3/7/24 the Licensee reported: staff slept in the bedroom that could accommodate 2 clients may consider a change of application to reduce capacity to 3 clients

Division of Health Service Regulation

STATE FORM

Rule Violation

27G .0304(d)(4) Non-Client Accommodations 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms. This Rule is not met as evidenced by: V 768 Based on record review and interview the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms. The findings are: Observation on 3/7/24 at 11:02 am during the tour of the facility revealed: - 2 separate client bedrooms occupied by client #1 & client #2 - a vacant bedroom - a bedroom occupied by staff which could accommodate 2 clients

Plan Of Correction

<u>Corrective Action:</u> Higher Cause Residences will meet the in facilities requirements which state, overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.

Effective immediately, overnight staff accommodations are separate from all client bedrooms in order to satisfy the minimum square footage requirements. Staff's accommodations are now a lounge area located in dining room area.