

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2024
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NAME OF PROVIDER OR SUPPLIER SUMMERWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5316 SUMMERWOOD DRIVE GREENSBORO, NC 27455
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 13, 2024. Deficiencies were 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>The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 clients.</p>	V 000		
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 odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to be maintained in a safe manner. The findings are:</p> <p>Observation of the facility on 3/11/24 between 5:45 pm to 6:15 pm revealed: -Client #1 and Client #2 had separate bedrooms with 2 windows in each of their rooms. -Client #1's bedroom windows could not be opened by the Qualified Professional (QP). -Client #1's pathway to his right bedroom window was blocked by a dresser that was approximately 2 1/2-3 feet in length and about 3 feet in height with a TV on top of the dresser. -Client #2's bedroom windows could not be opened by the QP. -Client #2's pathway to both his bedroom windows was blocked by a dresser that was</p>	V 736	<p>Tag V 736 Summary: 27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G.0303 Location and Exterior Requirements.</p> <p>Summary/Findings:</p> <ul style="list-style-type: none"> At the time of the survey it was observed that client #1 and Client #2 has separate bedrooms with 2 windows. Client #1's bedroom windows could not be opened. - Client #1's pathway to his right bedroom window was blocked by a dresser. Client #2's bedroom window could not be opened. Also, Client #2's pathway to both of his bedroom windows were blocked by a dresser. <p style="text-align: center;">RECEIVED APR 10 2024 DHSR-MH Licensure Sect</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Chief Clinical Director* (X6) DATE: *4/3/24*

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V 736	<p>Continued From page 1</p> <p>approximately 4-5 feet in length and about 3 ½- 4 feet in height.</p> <p>Review on 3/11/24 of the North Carolina Residential Building Code Section 310.2.1 revealed: -"Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minim dimension of 16")."</p> <p>Interview on 3/11/24 with Client #1 about whether he could open his bedroom window revealed: "I don't know how to open it, so someone (staff) will have to open it."</p> <p>Interview on 3/11/24 with Client #2 about whether he could open his bedroom window revealed: -"I don't know how (to open the window)."</p> <p>Interviews on 3/11/24 and 3/12/24 with the QP regarding Clients #1 and #2's bedroom windows not opening revealed: -"Nah, I can't open it. I don't know why." -The landlord was replacing all the windows because of issues with the front siding on the facility. -The replacement of the facility's windows and siding began mid-February 2024 and was completed the first week of March 2024.</p>	V 736	<p>Plan of Correction:</p> <ul style="list-style-type: none"> o Plan of Correction: <ul style="list-style-type: none"> • The Provider agency immediately contacted the Landlord for the property who in turn immediately dispatched maintenance to the home to resolve the issue. Maintenance arrived at the home at 6:40 p.m. prior to the surveyor leaving to ensure all windows in the home opened. Maintenance also explained that this issue was most likely caused by the (siding being installed on the home which affected the windows). This home project update began in mid-February. The provider agency also notes that the Group Home received its annual Fire inspection conducted by Greensboro Fire Department on 02/27/2024 at which windows were fully operable. • The Provider will continue to ensure monthly environmental assessments are completed (which include ensuring windows are operable) by the Residential Director or someone designated by the Clinical Director. The environmental assessment will be submitted and reviewed by management staff. In the event of a deficiency noted on the checklist, the deficiency will be immediately communicated to the management team to access and resolve the issue. The provider will also implement a plan to have office support staff (assigned by Clinical Director) visit and inspect the home weekly to ensure that the windows are fully operable and there are no barriers blocking the window. For the next 90 days. (Provider will also ensure that there is at least 1 window free to egress in the event of an emergency). 	
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V 736	<p>Continued From page 2</p> <p>-He initially stated he would have the windows opened by the next day (3/12/24); he later stated he notified the landlord about the windows and a maintenance staff was coming to the facility this evening (3/11/24) to ensure the clients' bedroom windows open.</p> <p>-He would have the clients' dressers removed from in front of their bedroom windows this evening.</p> <p>Interview on 3/12/24 with Staff #2 revealed: -He was a former Residential Director (RD) at the facility; he was familiar with the facility and clients. -He understood from a maintenance staff that glue from the outdoor siding might have gotten on the clients' bedroom windows as the reason the windows did not open.</p> <p>Review on 3/11/24 of a Plan of Protection dated 3/11/24 and signed by the QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? " Staff (QP) contacted Landlord of the home (facility). Landlord maintenance staff arrived at the home at 6:40 pm to open all the windows in the home. QP remained onsite until Maintenance Team was able to open all windows.</p> <p>Describe your plans to make sure the above happens. "QP was on site at the time of Maintenance staff arrival to ensure that all windows at the home (facility) open. QP will ensure staff is aware of findings and to be alert/wake to ensure client safety throughout the night."</p> <p>Two adult clients at this facility had diagnoses of Moderate and Severe IDD, Autism Spectrum Disorder, Bipolar Disorder and Oppositional Defiant Disorder. Clients #1 and #2 each had 2</p>	V 736	<ul style="list-style-type: none"> • Provider agency will incorporate training or ensure that the resident's in the home know how to open window and close their windows in the event of an emergency. • The President and Clinical director will provide ongoing monitoring to ensure compliance <p>Timeline for Completion: Effective immediately- 04.03.24</p>	
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V 736	<p>Continued From page 3</p> <p>windows in their bedrooms that were unable to be opened. Client #1 had a dresser with a TV on top that blocked his pathway to the right bedroom window that could have impeded his evacuation from the facility in the event of an emergency. Client #2 had a dresser that blocked his pathway to both his bedroom windows that would have impeded his evacuation from the facility in the event of an emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 736		
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