PRINTED: 09/27/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G101 B			C 09/24/2024			
	PROVIDER OR SUPPLIER GROVE GROUP HOI			673	REET ADDRESS, CITY, STATE, ZIP CODE 2 MYRTLE GROVE ROAD LMINGTON, NC 28409	1 031.	24/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE	
W 000	INITIAL COMMEN	ГS	W 0	000				
W 124		CLIENTS RIGHTS	W 1	24				
	Therefore the facility parent (if the client of the client's medicand behavioral state treatment, and of the This STANDARD is Based on record refacility failed to hon	rsure the rights of all clients. ty must inform each client, is a minor), or legal guardian, cal condition, developmental tus, attendant risks of ne right to refuse treatment. s not met as evidenced by: eview and interviews, the or the guardian's right to nded dental extraction for 1 of The finding is:						
	revealed on 7/9/24, client #2's dental apa recommendation consultation was so Dentist C. The guarabout having Client requested time to the	2/24/24 of Nurse A's notes the guardian was informed of oppointment with Dentist A and to extract tooth #31. A cheduled on 8/15/24 with rdian expressed concerns #2's tooth extracted and hink about it as she would acility on how to proceed.						
	dated 7/29/24 from Guardian revealed consultation with D	the Social Worker to the a reminder for the 8/15/24 entist C; and noted Client #2 aints of discomfort and was ion.						
L ABODATON	dated 7/30/24 from	0/24/24 of a text message the Social Worker to the	MATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED C	
		34G101	B. WING _		09	/24/2024	
NAME OF PROVIDER OR SUPPLIER MYRTLE GROVE GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409	, ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 124	Guardian revealed tooth pain; if the Gropinion or option or needed to make an needed to be receis contact Departmer Record review on 97/30/24 from the Growever, she would provide consent be recommendations. Record review on 97/30/24 from the Srecommendations. Record review on 97/30/24 from the Srecommendations. Record review on 97/30/24 from the Srecommendations. Record review on 97/30/24 from the Growever, she would provide consent be recommendations. Record review on 97/30/24 from the Growever, she would provide consent be recommendations. Record review on 98/1/24 from the Growever, she would provide consent be reconsulted in case Dentist C with during the consultation guardian did not should be reconsulted the growever of the grow	the following: Client #2 had uardian wanted a second ther than extraction, she trangements; the consent wed by 8/2/24 or they would not of Social Services (DSS). 8/24/24 of an email dated are form had not been redian affirmed the consent was consultation appointment; doe in attendance and would used on Dentist C's 8/24/24, of an emailed dated ocial Worker revealed she dian the consent needed to be dline) for the following reasons: wanted to extract the tooth wition, and in the event the now, causing unwanted delays. Further informed the facility are licensure survey, and "while he Guardians input, they were ble for making sure clients ceived appropriate and timely 8/24/24, of an email dated ardian to Nurse A, questioned is unwilling to accept that she second opinion on whether or	W 12	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		34G101	B. WING		_	C / 24/2024
NAME OF PROVIDER OR SUPPLIER MYRTLE GROVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6732 MYRTLE GROVE ROAD WILMINGTON, NC 28409			72472024
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W 124	agreed to pay for a 8/6/24. The appoint additional cavities we Social Worker, Nur #2 were present at Interview on 9/24/2 Dentist A found dee #31 and recommer would need to refer since anesthesia we the Guardian convertat client #2's tootly a second opinion would a second opinion would a second opinion would a second opinion would there was no may be a second opinion would there was no may be a second opinion would there was no may be a second opinion would	secondary dental consult for the the the set of the set	W 1	24		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	COM	E SURVEY MPLETED
		34G101	B. WING_			C 24/2024
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W 124	felt the facility impe second opinion by to sign a consent fo of choice, and they	rdian on 9/24/24, revealed she ded her ability to seek a pressuring her with a deadline or extraction with their Dentist further threatened to call as able to get secure a second	W 1:	24		
W 143	COMMUNICATION & CFR(s): 483.420(c) The facility must pr (if the client is a min process of providin unless their particip inappropriate. This STANDARD i Based on record refacility threatened to (#2) from residentia Department of Soc guardian exploring treatment; as well a against the wishes Record review on 97/9/24 from Nurse of facility scheduled a 8/15/24 for an extra Client #2 and found Record review on 94 dated 7/30/24 from Guardian revealed tooth pain; if the Guardian is a second review on 94 dated 7/30/24 from Guardian revealed tooth pain; if the Guardian is a second review on 95 dated 7/30/24 from Guardian revealed tooth pain; if the Guardian revealed tooth second review on 95 dated 7/30/24 from Guardian revealed tooth pain; if the G	omote participation of parents nor) and legal guardians in the g active treatment to a client pation is unobtainable or some some some some some some some some	W 14	43		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION			E SURVEY PLETED
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W 143	needed to make a needed to be rece contact DSS. Record review on the Guardian reve getting pressured consent to authori: #2 before she had opinion with Dentis Guardian informed Worker of an appoand specifically refacility be in attendable. Record review on 8/5/24 from Nurse responded to the 0/8/6/24 dental example copy of the example facility was aware exercise her right without interference they were not goin Worker advised the Executive Director discharge process. During the interview Worker she acknown to file a report with the Guardian did retooth extraction by	arrangements; the consent ived by 8/2/24 or they would 9/24/24 of an 8/1/24 email from aled she perceived she was from the facility to sign a ze the tooth extraction for client the chance to secure a second at B. In addition, on 8/5/24, the d Nurse A and the Social bintment for client #2 on 8/6/24 quested that no one from the lance. 9/24/24, of an email dated A and the Social Worker Guardian, they would be at the n to be sure they received a report. The email confirmed the the Guardian wanted to to seek a second opinion, he and informed the Guardian g to debate her. The Social e Guardian to contact the second they would start the	W 1				
	acknowledged she appointment on 8/ against the wishes	e attended the dental 6/24 along with Nurse B, of the Guardian, because they					

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W 143	and be sure there of Guardian did not slacknowledge, the rould have allowed consultation report attendance. The Scacknowledged that #2's meeting regula when they call her, out for client 2's be advised that idle the get the guardians a linterview on 9/24/2 lintellectual Disability revealed she was rextraction planning they wanted the cocertain day, and the signing it. She furth Director felt the guardian refused the with placement will Director. The QIDF given the opportuni without a hassle. Interview on 9/24/2 that Nurse A demanthere at the second because it was the Guardian revealed discharge notice, a because she requere-examine client # extraction. The Guardian to the tooth because the tooth tooth the tooth the tooth the tooth the tooth the tooth tootho	was representation in case the now up. The Social Worker did elease signed by the Guardian d them to get a copy of the without them being in ocial Worker also the Guardian attends Client early, is responsive to them and she advocates and looks st interest. The Social Worker reats are sometimes used to	W 14	3			

NAME OF PROVIDER OR SUPPLIER WYRTLE GROVE GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 6732 MYRTLE GROVE ROAD WILLMINGTON, NC 28409			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 143 Continued From page 6 W 143	NAME OF PROVIDER OR SUPPLIER			,	67	732 MYRTLE GROVE ROAD	,	
	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
	W 143			W	143			