

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G101		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/20/2024	
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	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) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000			
W 331	<p>A complaint and follow-up survey was conducted on 11/20/24 for intake #NC00222865. All previous deficiencies cited on 9/24/24 have been corrected; however a deficiency was cited during the complaint survey on 11/20/24.</p> <p>NURSING SERVICES CFR(s): 483.460(c)</p> <p>The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interviews, the nurse failed to ensure emergency dental services were available for 1 of 3 audit clients (#2) with a change in condition. The finding is.</p> <p>Review on 11/20/24 of Progress Notes of the Qualified Intellectual Disabilities Professional (QIDP) dated 9/29/24 revealed group home staff notified her mid-morning that client #2 had swelling at the surgical site from last week's tooth extraction. The notes revealed, the QIDP called the nurse and asked the nurse to go by the home to examine client #2; and the guardian was notified as well.</p> <p>Review on 11/20/24 of Nurse's Notes dated 9/29/24 revealed she arrived at the home around 1:00pm and examined client #2. The nurse took client #2's vitals and she did not have a fever. The nurse observed swelling on her face and at the surgical site, and was aware client #2 had a pre-planned surgical follow-up appointment on 9/30/24. The note revealed the nurse decided not to contact the dentist, since client #2 did not complain of pain, have trouble eating and maintained her regular activities.</p>			W 331			

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

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.

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W 331	Continued From page 1 Interview on 11/20/24 with the QIDP revealed the guardian took client #2 to see her personal dentist on 9/29/24, who prescribed an anti-biotic after examining her tooth. Interview on 11/20/24 with the nurse revealed she did not seek emergency dental care for client #2 on 9/29/24 since she already had an appointment for the following day. The nurse also confirmed the second dentist prescribed an additional anti-biotic medication for the tooth.	W 331			