

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/29/2024
NAME OF PROVIDER OR SUPPLIER BLACKWELL HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 10/29/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness This facility is licensed for 4 and has a current census of 1. The survey sample consisted of audits of 1 current client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	Regarding 10A NCAC 27g.0207 the Blackwell House has created and trained staff on a new form to document scheduled fire and disaster drills. The form will ensure that staff can keep up with the required time, date and the proper shift requirements.	

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: MHL041-997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/29/2024
NAME OF PROVIDER OR SUPPLIER BLACKWELL HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405		
(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 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete disaster drills and fire drills quarterly and on each shift. The findings are:</p> <p>Review on 10/29/24 of the facility's fire and disaster drills from October 2023 to October 2024 revealed:</p> <ul style="list-style-type: none"> - No fire nor disaster drills were conducted on 1st and 3rd shifts in the first quarter. - No fire nor disaster drills were conducted on 1st, 2nd, and 3rd shifts in the second quarter. - No fire nor disaster drills were conducted on 1st and 2nd shifts in the third quarter. - No fire nor disaster drills were conducted on 2nd and 3rd shifts in the fourth quarter. <p>Interview on 10/29/24 with the Licensee/staff #1 revealed:</p> <ul style="list-style-type: none"> - The facility had 3 shifts when fire and disaster drills were to be completed each quarter. - He had conducted one fire and one disaster drill each quarter. - "I just did one (fire and disaster drill) a quarter. This is the least amount of times I have done fire drills." <p>Interview on 10/29/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The facility had 3 shifts when fire and disaster drills were to be completed each quarter. - "We try to do 2 (fire drills) each quarter but we at least do 1 each quarter." - The facility did "one each quarter for disaster drills." <p>This deficiency has been cited 3 times since the original cite on December 21, 2021, and must be corrected within 30 days.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/29/2024
NAME OF PROVIDER OR SUPPLIER BLACKWELL HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405		
(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	Continued From page 2	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</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 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>	V 289	Regarding 27G.5601, the Blackwell House is presently speaking with case workers and local agencies along with interviewing potential placements to address the scope of the facility. The Blackwell House management is also looking to interview for future weekend and weekly staffing needs.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/29/2024
NAME OF PROVIDER OR SUPPLIER BLACKWELL HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405		
(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 3</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)&(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 interviews, the facility failed to operate under the scope for which it is licensed. This affected one of one client (#1). The findings are:</p> <p>Review on 10/29/24 of facility's license revealed: - The program code and description: 5600A Supervised Living for Adults with Mental Illness</p> <p>Review on 10/29/24 of client #1's record revealed: - Admission date: 8/4/11</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-997	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/29/2024
NAME OF PROVIDER OR SUPPLIER BLACKWELL HOUSE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405		
(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 4</p> <ul style="list-style-type: none"> - Diagnoses: Bipolar Affective Disorder; Seizure Disorder; Traumatic Brain Injury; and Schizophrenia <p>Interview on 10/29/24 with the Licensee/staff #1 revealed:</p> <ul style="list-style-type: none"> - Client #1 had been the only client who had lived in the facility since 2021. - Since 2021 he had been the only staff who worked in the facility. - He lived in the facility and was the only staff who worked because he was unable to afford additional staff. <p>Interview on 10/29/24 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The Licensee/staff #1 had been the only staff who had worked in the home for the past 2 years. - "Yes, [Licensee/staff #1] lives in the group home twenty-four/seven (24 hours a day/7 days a week)." 	V 289		