

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD 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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 7/1/25. The complaint was unsubstantiated (intake #NC00231846). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with a Developmental Disability.</p> <p>The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 discharged client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

TITLE

(X6) DATE

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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 ensure fire and disaster drills were held each quarter and repeated for each shift. The findings are:</p> <p>Review on 6/25/25 and on 7/1/25 of the facility's fire drill log from 4/6/24-6/22/25 revealed:</p> <ul style="list-style-type: none"> - No documentation a drill was held on 1st or 3rd shift during the 3rd quarter of 2024 (July - September) - No documentation a drill was held on 2nd shift during the 4th quarter of 2024 (October - December) - No documentation a drill was held on 2nd or 3rd shift during the 1st quarter of 2025 (January - March) - No documentation a drill was held on 1st shift during the 2nd quarter of 2025 (April - June) <p>Review on 6/25/25 and on 7/1/25 of the facility's disaster drill log from 5/15/24-6/11/25 revealed:</p> <ul style="list-style-type: none"> - No documentation a drill was held on 1st shift during the 2nd quarter of 2024 (April - June) - No documentation a drill was held on 2nd shift during the 3rd quarter of 2024 (July - September) - No documentation a drill was held on 1st shift during the 4th quarter of 2024 (October - December) - No documentation a drill was held on 2nd shift during the 1st quarter of 2025 (January - March) - No documentation a drill was held on 1st shift during the 2nd quarter of 2025 (April - June) <p>Interview on 6/26/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She worked first shift during the week and some weekend shifts 	V 114		

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V 114	Continued From page 2 - Drills were held "every two months, we try to do them within a 60 day period." - Once a drill was completed the documentation of that drill was sent to the facility's management company Interview on 6/30/25 with staff #2 revealed: - She worked third shift Monday through Friday - Had not recently conducted any fire or disaster drills during her shift Interview on 7/1/25 with the Qualified Professional revealed: - Initially, the facility operated three shifts but now only operated two 12 hour shifts (8 am - 8 pm) and (8 pm - 8 am) - Had spoken with staff and even developed a schedule for staff to follow to ensure fire and disaster drills were held as required - Would address this issue again with staff to ensure drills were held as they should be	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to the date of hire for 3 of 4 audited staff (House Manager and staff #1 and #2). The findings are:</p> <p>Review on 6/25/25 and on 7/1/25 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/2/20 - The HCPR was accessed on behalf of the House Manager on 3/4/25 <p>Review on 6/25/25 and on 7/1/25 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/2020 - The HCPR was accessed on behalf of staff #1 on 6/5/23 <p>Review on 6/25/25 and on 7/1/25 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/2020 - The HCPR was accessed on behalf of staff #2 on 6/14/24 <p>Interview on 7/1/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The initial HCPR checks had been purged from the staff's records approximately "six to seven months ago" and were no longer available for review - Had not realized the initial HCPR checks should have been kept in the staff's records - Her agency had now developed a system to ensure the initial HCPR checks remained in the staff's records 	V 131		
V 133	G.S. 122C-80 Criminal History Record Check	V 133		

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V 133	Continued From page 4 G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not	V 133		

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V 133	Continued From page 5 covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime.	V 133		

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V 133	<p>Continued From page 6</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of</p>	V 133		

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V 133	Continued From page 7 persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes,	V 133		

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V 133	<p>Continued From page 8</p> <p>supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a criminal history record check was completed within five business days of a conditional offer of employment for 3 of 4 audited staff (House Manager and staff #1 and #2). The findings are:</p> <p>Review on 6/25/25 and on 7/1/25 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/2/20 - A criminal history record check was completed on behalf of the House Manager on 4/3/25 	V 133		

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V 133	Continued From page 9 Review on 6/25/25 and on 7/1/25 of staff #1's record revealed: - A hire date of 11/2020 - A criminal history record check was completed on behalf of staff #1 on 10/14/23 and 12/14/23 Review on 6/25/25 and on 7/1/25 of staff #2's record revealed: - A hire date of 11/2020 - A criminal history record check was completed on behalf of staff #2 on 12/14/23 and 6/14/24 Interview on 7/1/25 with the Qualified Professional revealed: - The initial criminal history record checks had been purged from the staff records approximately "six to seven months ago" and were no longer available for review - Had not realized the initial criminal history record checks should have been kept in the staff's records - Her agency had now developed a system to ensure the initial criminal history checks remained in staff's records	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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.	V 289		

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V 289	Continued From page 10 (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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)	V 289		

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V 289	<p>Continued From page 11</p> <p>(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, observation and interview, the facility failed to operate under the scope of which it was licensed affecting 2 of 2 clients (clients #2 and #3). The findings are:</p> <p>Review on 6/25/25 of the facility's 2025 license with the Division of Health Service Regulation (DHSR) revealed:</p> <ul style="list-style-type: none"> - Under the "Current Facility Information" section on the license "Ambulatory" was defined as "A person who can evacuate the building without physical or verbal assistance during a fire or other emergency ..." - The facility had been licensed for three beds with the facility being approved for three ambulatory beds and zero non-ambulatory beds <p>Review on 6/25/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/15/24 - Diagnoses of Spastic Diplegic Cerebral Palsy; Generalized Anxiety Disorder (D/O); Major Depressive D/O, Single Episode, In Full Remission; Mild Intellectual Disabilities; Pure 	V 289		

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V 289	<p>Continued From page 12</p> <p>Hyperglyceridemia; Localized Edema; Vitamin D Deficiency, Unspecified and Essential Primary Hypertension</p> <p>Review on 7/1/25 of client #2's treatment plan completed by her Care Manager with a Local Management Entity/Managed Care Organization (LME/MCO) and dated 6/1/25 revealed:</p> <ul style="list-style-type: none"> - "...Supports Needed...She stated that she is aware that she has a 'bright mind, but her body is very disabled.' [Client #2] has cerebral palsy which significantly limits her ability to care for herself. She requires full physical assistance with transfers and daily living activities. [Client #2] has very limited mobility and she is not able to bear weight during transitions. Staff should utilize manual lift to get her to and from the bathroom, wheelchair and bed" - "...My other needs related to planning for Natural Disasters or Emergencies: In the event of a fire, [client #2] would need partial/full assistance to evacuate the home or building. When safe to do so, 911 should be contacted to inform of fire and location. During a house fire, Staff should take [client #2] out front and across the street for safety..." <p>Observation on 6/26/25 of client #2 at 2:15 pm revealed:</p> <ul style="list-style-type: none"> - Client #2 sat in a motorized wheelchair - She was unable to move about the facility without the use of the wheelchair <p>Review on 6/25/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/3/24 - Diagnoses of Intermittent Explosive D/O; Conduct D/O; Unspecified; Other Developmental Disorders of Speech and Language, Severe Intellectual Disabilities and Primary Hyperlipidemia, Unspecified 	V 289		

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NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD 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 13</p> <p>Interview on 6/25/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - When asked what he would do if there were a fire, client #3 responded "[the name of a fast food restaurant]." - Repeated responses to additional questions posed to him were "[the name of a fast food restaurant]" and "What is your name?" <p>Interview on 6/25/25 and on 6/26/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She worked alone from 8 am until 8 pm during the week and worked alone when she worked weekends - When client #2 needed to be transferred to or from a resting place to her wheelchair, she used a Hoyer Lift to move her as client #2 was unable to transfer herself on her own - In the event of an emergency, she would transfer client #2 to her wheelchair via the use of a Hoyer Lift and then evacuate from the facility or go to a safer space inside the facility - Once client #2 was in her wheelchair, "staff would have to assist her" if they wanted to get out of the facility quickly - Although client #2 knew how to navigate her wheelchair throughout the facility, there had been times when she had run into wall while in her wheelchair - Due to his severe intellectual disabilities, staff would have to prompt and/or direct client #3 as to what to do in the event of an emergency as he would be unable to do what was needed on his own <p>Interview on 6/30/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> - She worked alone from 8 pm until 8 am Monday through Friday - In the event of a fire, she would have to assist both clients (#2 and #3) in getting out of the 	V 289		

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NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD GREENSBORO, NC 27405		
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V 289	<p>Continued From page 14</p> <p>facility</p> <ul style="list-style-type: none"> - Would use client #2's Hoyer Lift to transfer her from her bed to her non-motorized wheelchair as the non-motorized wheelchair would allow them to get out of the facility more quickly - While client #2 could not physically transfer herself to her wheelchair, she had the ability to understand what was happening and why staff needed to move her from her bed and transfer her to her wheelchair - Had worked with "Hoyer Lifts" for years and felt she could get client #2 in her wheelchair in "less than 3 minutes." - In the event of a fire, depending on what would be the safest route, she would direct client #3 to go out of the front or the back door of the facility to get outside - She was confident client #3 would remain in the yard or wherever she directed him to go until she and client #2 joined him <p>Interview on 7/1/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - When she completed the licensure application on behalf of the facility, she failed to consider whether there might eventually be clients admitted to the facility who did not meet the definition of ambulatory as noted on the application - Would submit a request for a change in licensure to DHSR and ask that the facility be approved for at least two non-ambulatory beds to account for the needs of clients #2 and #3 <p>Review on 7/1/25 of the Plan of Protection completed by the QP and dated 7/1/25 revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Agency will immediately change license to non-ambulatory and contact construction to see if 	V 289		

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NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD GREENSBORO, NC 27405		
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V 289	<p>Continued From page 15</p> <p>additional requirements are necessary."</p> <p>- "Describe your plans to make sure the above happens. Agency did not have anyone that was due to move in when licensing application was submitted and chose ambulatory and did not think to change it when a non-ambulatory individual moved in. Agency will now mark non-ambulatory on all future applications to prevent this from occurring again."</p> <p>The facility had been granted a 2025 license to serve three adults with developmental disabilities, with approval for three ambulatory beds and zero non-ambulatory beds. Clients #2 and #3 resided in the facility with the following diagnoses: Spastic Diplegic Cerebral Palsy, Generalized Anxiety Disorder, Major Depressive Disorder, Single Episode, In Full Remission, Mild Intellectual Disabilities, Pure Hyperglyceridemia, Localized Edema, Vitamin D Deficiency, Unspecified, Essential Primary Hypertension, Intermittent Explosive Disorder, Conduct Disorder, Unspecified, Other Developmental Disorders of Speech and Language and Severe Intellectual Disabilities. Having been diagnosed with Spastic Diplegic Cerebral Palsy, client #2 required the use of a wheelchair to assist in her mobility in the facility and the community. She also required hands on assistance from staff in meeting her daily living needs to include the staff to use a Hoyer Lift whenever client #2 needed to be transferred from her bed or other resting place to her wheelchair. While client #3 was able to walk without staff assistance, his severe intellectual developmental disabilities required staff to prompt and/or direct him as to what to do in the event of an emergency. Based on client #2's significant physical limitations and client #3's severe intellectual disabilities, the facility failed to operate within the scope of its license as neither client</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD GREENSBORO, NC 27405		
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V 289	Continued From page 16 would be considered ambulatory as defined on the facility's 2025 license as neither client #2 nor client #3 could leave the facility without physical and/or verbal assistance from staff in the event of a fire or other emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 289		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER ROYAL HOUSE OF CARE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3514 MIZELL ROAD GREENSBORO, NC 27405		
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V 536	Continued From page 17 by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and	V 536		

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V 536	Continued From page 18 (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.	V 536		

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STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
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V 536	Continued From page 20 interventions had expired on 6/9/25 An email received from the Office Manager from the management company which oversaw the operation of the facility revealed: - "[Staff #2] will be scheduled & (and) completed her NCI+ (National Crisis Intervention Plus) training within the week." Interview on 7/1/25 with the Qualified Professional revealed: - An acknowledgement that staff #2 was being scheduled to complete her training on alternatives to restrictive interventions as her previous training had expired	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
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V 537	Continued From page 21 (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and	V 537		

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V 537	Continued From page 22 (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the	V 537		

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V 537	Continued From page 23 course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.	V 537		

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V 537	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 staff (staff #2) completed annual refresher training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 6/25/25 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/2020 - Staff #2's training in seclusion, physical restraint and isolation time-out had expired on 6/9/25 <p>An email received from the Office Manager from the management company which oversaw the operations of the facility revealed:</p> <ul style="list-style-type: none"> - "[Staff #2] will be scheduled & (and) completed her NCI+ (National Crisis Intervention Plus) training within the week." <p>Interview on 7/1/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - An acknowledgement that staff #2 was being scheduled to complete her training in seclusion, physical restraint and isolation time-out as her previous training had expired 	V 537			