

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/22/2025
NAME OF PROVIDER OR SUPPLIER DOGWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580		
(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 July 22, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291		

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

TITLE

(X6) DATE

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#2). The findings are:</p> <p>Review on 7/22/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 2/16/16. - Diagnoses of Autism, Agitation, Intellectual Developmental Disability, Bizarre Behavior, Seizures, Tremor, Prader Willi Syndrome - Physician's Visit Form dated 1/25/23- "Progress Notes/Findings: PT (Patient) has heavy build up. Will need to have deep cleaning...Being referred out... for dental treatment." - A completed referral form with a partial "scanned 1/23 stamp on it "for client #2 to a hospital dental clinic in a neighboring city. "...Please indicate the patients qualifying medical condition: Intellectual/Developmental Disabilities..." - No documented follow up or appointments for dental treatment. <p>Interview on 7/22/25 client #2 would not answer questions when asked.</p> <p>Interview on 7/22/25 the Starter stated:</p> <ul style="list-style-type: none"> - He worked 1:1 with client #2 and client #2 had not complained about his oral hygiene. 	V 291		

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V 291	Continued From page 2 Interview on 7/22/25 client #2's dentist representative stated: - Client #2 needed scaling and root planning for his teeth and he would not allow treatment in the office on 1/25/23 so he was referred out. - Client #2 had not been to the office since the last appointment on 1/25/23. Interview on 7/22/25 Qualified Professional stated: - He was not aware of client #2's referral to a hospital dental clinic. - "The previous medical coordinator would have handled the referral and that position has been filled three times since then." - "He would inform the current medical coordinator and track the information himself to ensure that protocols are happening."	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 7/22/25 at approximately 11:37am revealed: - The kitchen cabinet at the boot left of the sink had no door. - The right side of the refrigerator had several rust	V 736		

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V 736	<p>Continued From page 3</p> <p>and black colored, various shapes spots on it.</p> <ul style="list-style-type: none"> - The freezer handle was missing. - Client #3 had a 9 drawer dresser- 1 right side drawer was without 2 knobs, 1 right side drawer was without 1 knob. The left side 2nd drawer was without 2 knobs and the top left drawer was without 1 knob. - An approximately 3 inch hole in the hallway above the fire extinguisher. <p>Interview on 7/24/25 the Director/Qualified Professional stated:</p> <ul style="list-style-type: none"> - The kitchen cabinet is being rebuilt. - He would ensure all issues were taken cared of. 	V 736		