

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 R 09/12/2025
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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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(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>A limited follow up survey for the Type A2 was completed on 9/12/25. This was a limited follow up survey, only 10A NCAC 27G .5601 Scope (V289) was reviewed for compliance. A deficiency was 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>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p>Agency developed a new escape plan for Mizelle group home. agency trained staff on new plan and implemented a new schedule for running drill. Agency also submitted application for new category of non-ambulatory. At this time, construction has contacted us to provide a new fire and sanitation inspection prior to him coming out. Sanitation has been completed, however, we have had two fire inspection dates that has been rescheduled by the fire inspector. The new date is now 11/5/25. After this, we will submit inspections to construction to continue with the steps needed to change category.</p>	9/12/25 and ongoing
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</p>	V 289		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

H Jones, MA, LPA, OP

TITLE

OP

(X6) DATE

10/29/25

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V 289	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate under the scope of which it was licensed affecting 2 of 2 clients (clients #1 and #2). The findings are:</p> <p>Review on 9/3/25 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 was licensed for three beds with the facility having been approved for three ambulatory beds and zero non-ambulatory beds <p>On 9/3/25, an email sent to a DHSR Mental Health Licensure and Certification Administrative Assistant revealed:</p> <ul style="list-style-type: none"> - As of 9/3/25, there was no record of request for a change in licensure having been submitted to DHSR on behalf of the facility to include the need for approval of at least two non-ambulatory beds <p>Review on 9/4/25 and on 9/12/25 of client #1'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 Hyperglyceridemia; Localized Edema; Vitamin D Deficiency, Unspecified and Essential Primary Hypertension 	V 289		

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V 289	<p>Continued From page 4</p> <p>Intellectual Disabilities and Primary Hyperlipidemia, Unspecified</p> <p>Interview on 9/11/25 with client #2 revealed:</p> <ul style="list-style-type: none"> - Did not respond to the question of what he would do during a fire or other type of emergency <p>Interview on 9/11/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Clients #1 and #2 were the only clients currently residing in the facility - She worked alone from 8 am until 8 pm during the week and on some weekends - During a fire drill or any other emergency situation, she would ensure client #2 was out of the facility first and would then get client #1 out of the facility - Due to his severe intellectual disabilities, staff would have to prompt and/or direct client #2 as to what to do in the event of an emergency as he would be unable to do what was needed on his own - During fire drills, she "yelled Fire, Fire" and told him, "Come on, let's go outside." - Although client #2 was able to walk on his own, you "have to get him moving..." - Once they got outside, client #2 would remain wherever she told him to wait until she returned outside with client #1 - If client #1 was in bed, she would have to use client #1's Hoyer Lift and transfer her from her bed to her wheelchair as client #1 could not transfer herself on her own <p>Interview on 9/11/25 with client #2's community networking staff revealed:</p> <ul style="list-style-type: none"> - Client #1 did not have the ability to evacuate the facility without staff assistance - Had practiced fire drills with client #2 and had observed his inability to respond independently to the drill 	V 289		

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V 289	<p>Continued From page 6</p> <p>ensure the safety of the consumers in your care? Agency has submitted a change application to change the license to non-ambulatory. Agency will also develop a client specific evacuation plan to ensure safety of the consumers in this home. Training on the new evacuation plan will be conducted September 19th for all RHOC (Royal House of Care) III staff. Additional safety equipment will be identified in this plan as well. Agency will require 2 simulated full drills per month for 3 months to ensure all staff are well versed on the new procedures. This will rotate on all shifts. And will be required for all new staff as well.</p> <p>- Describe your plans to make sure the above happens. QP will be responsible for ensuring that the above occur by developing the new evacuation procedures using input from the local fire department. QP will review the documented evacuation drills during each monthly visit and observe drills during supervision. Adjustments to plan will be documented as needed."</p> <p>The facility had been granted a 2025 license to serve three adults with a developmental disability and approved for three ambulatory beds and zero non-ambulatory beds. Clients (#1 and #2) 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. Due to client #1 having Spastic Diplegic Cerebral Palsy, she required the use of a wheelchair to assist in her movement within the</p>	V 289		
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