

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1290 MARK EDWARDS ROAD GOLDSBORO, NC 27534</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 23, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>	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 review, observation and interviews, the facility failed to maintain coordination between the facility operator and the professionals responsible for the clients treatment affecting 1 of 3 clients (#2). The findings are:</p> <p>Review on 1/22/26 of client #2's record revealed: - Admission date of 8/26/19 - Diagnoses of Bipolar Disorder, Pervasive Developmental Disorder, Intellectual Developmental Disability-Mild.</p> <p>- Physician's Visit Form dated 6/26/25- "Reason for Appointment: Bi-Annual Cleaning and Check Up...Progress Notes/Findings: Highly rec. (recommend) getting him a night guard. Pt (Patient) is grinding his teeth and has a lot of wear. Tx (treatment) needed #2 extraction-tooth is fractured...Please call to schedule extraction."</p> <p>- Physician's Visit Form dated 8/4/25- "Reason for Appointment: tooth pain on right side..." attached oral surgery form -"comments- Please ext (extract) #2- diagram of teeth marks #2 on the right side.</p> <p>- Physician' Visit Form dated 1/12/26- "Reason for Appointment: Bi-Annual Cleaning and Check Up...Progress Notes/Findings: Evaluate patient for acid reflux...pt should see oral surgeon for the ulceration on palate and extraction of #2..."</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>attached oral surgery form= "comments Please EXT #2 and evaluate palatal ulceration..."</p> <p>Interview on 1/22/26 client #2 stated:</p> <ul style="list-style-type: none"> <li>- He could not remember the last time he went to the dentist</li> <li>- He was supposed get a tooth pulled.</li> <li>- He was unsure when he would have the tooth pulled.</li> <li>- His mouth, gums and teeth did not hurt.</li> </ul> <p>Interview on 1/23/26 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- No clients have complained about a tooth ache or asked for medication for pain for tooth ache.</li> </ul> <p>Interview on 1/23/26 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- He had not recalled any reports of client #2 having pain related to a toothache.</li> <li>- He only checked to ensure clients had a routine dental visit.</li> <li>- They were waiting for a referral to oral surgeon to get tooth pulled.</li> <li>- "The medical coordinator would usually do this but I stay abreast of what goes on."</li> </ul> <p>Interview on 1/23/26 the Director of Operations stated:</p> <ul style="list-style-type: none"> <li>- Client #2 had not had the dental treatment that was recommended yet.</li> <li>- He was "currently acting as Medical Coordinator since 12/8/25- setting appointments, following through on referrals..." He was "currently trying to find a provider to accept client #2's insurance. He thought the previous Medical Coordinator dropped the ball when looking for referrals."</li> </ul>	V 291		