Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE S COMPLI	
				_			
		MHL041-994		B. WING		06/2	0/2018
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADD	RESS, CITY, STA	TE, ZIP CODE		
<u> </u>		4	010 HICK	ORY TREE LAI	NE .		
QUALITY	CARE III, LLC/HICKORY	TREE HOME G	REENSBO	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS			V 000			
	An annual survey was Deficiencies were cite	s completed on 6/20/18. d.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability.						
V 109	109 27G .0203 Privileging/Training Professionals			V 109			
	10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10 A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall						
		nt policies and procedure individualized supervisior					

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

(X6) DATE TITLE

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL041-994		B. WING		06	6/20/2018
	ROVIDER OR SUPPLIER CARE III, LLC/HICKORY	TREE HOME	4010 HICK	RESS, CITY, STA ORY TREE LAI ORO, NC 2740	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page plan upon hiring each (g) The associate pro supervised by a quali population served for specified in Rule .010	associate profession ofessional shall be fied professional with the period of time as	the	V 109			
	This Rule is not met Based on record revie observations the facil 1 Qualified Profession knowledge, skills and population served. The Review on 6/8/18 of the ra hire date of 1/5/15; ra job title of QP.	ew, interviews and ity failed to ensure the nal (QP) demonstrate abilities required by the findings are: the QP's record reveals.	ed the				
	Finding #1 The following is an exto evaluate client #3's relative to very specif	s history or develop g ic needs.	oals				
	Review on 6/8/18 of co- an admission date of co- a diagnosis of trauma- an admission assess dated 2/16/17 that incomplete traumatic brain injury emergency placement jail and he had no whono documentation in regarding why he was on the sex offender rerelease officer or his power and the Managed Care Officer of the Managed Care Officer of the Managed Care Officer and displayed the Managed Care Officer or his power than the complex than the comp	f 2/16/17; atic brain injury; ament completed by t cluded a diagnosis of and he was placed a at due to being releas ere to go; the admission asses incarcerated, that he egistry, that he had a post release requirem t Plan (ISP) complete	he QP is an ed from sment e was post nents; ed by				

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Division of Health Service Regulation

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		MHI 044 984	B. WING		00/00	12019
		MHL041-994	1		1 06/20	0/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
011411=	OADE III I LOUINGES	4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	GREENSE	ORO, NC 2740	06		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	2	V 109			
	1/30/18 and provided	to the facility included he				
	suffered a traumatic b	orain injury from a car				
		s younger, his dementia had				
		gotten older, he was very				
	-	re, he felt that there was				
		m and he had charges of				
		ninor therefore he was not				
	allowed to be around					
	-A treatment plan sign	ned and dated by the QP				
		i/18 that included long term				
		be able to get suppored				
	employment so he co	uld get more income, he				
	wanted to become mo	ore independent and do				
	more things for himse	elf, he wanted to complete				
	his GED (General Ed	ucation Development)				
	through IRC (The Inte	eractive Resource Center)				
	program and he want	ed to improve his overall				
	behaviors when was	upset and interacted with				
	others;					
		goals that client #3 had				
	received therapy for p					
	released from prison;					
		goals regarding being a				
	registered sex offende	er or post release				
	requirements.					
	Finding #2					
	•	cample of the QP's failure to				
	train facility staff regarding significant issues of client #3.					
	onone #0.					
	Review on 6/8/18 of s	staff #1's record revealed:				
	-a hire date of 5/30/18					
	-a title of Habilitation	-,				
	Technician/Paraprofe	ssional:				
	-no record of sex offe					
	requirements training	•				
	. 544. Smorto traniing	. S. S. S. C. C. G. G. C. P. C.				
	Review on 6/20/18 of	staff #3's record revealed:				

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-a hire date of 4/6/17;

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-994	B. WING		06/20/2018	
NAME OF P	ROVIDER OR SUPPLIER	•	T ADDRESS, CITY, STA	TE ZIP CODE	1 00/20/2010	
TO AME OF TH	TO VIDER OR OUT FIER		HICKORY TREE LA			
QUALITY	CARE III, LLC/HICKORY	TREE HOME	NSBORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPI	LETE
V 109	Continued From page	e 3	V 109			
	 a title of Habilitation Technician/Paraprofe 	essional:				
	-no record of sex offe					
	requirements training	•				
	Review on 6/20/18 of	f the Owner's record				
	revealed: -a hire date of 10/23/	·10·				
	-a title of Owner/Para	•				
	-no record of sex offe	•				
	requirements training	g relative to client #3.				
	-he did not know the					
		view, he explained he knew es but not their last names;				
		f what his job title was;				
	-he had been shadov	wing staff #4 for the last week				
		st day working by himself;				
	_	taking care of the clients, the, making sure they eat,				
		eir goals, and trying to help				
	them improve a little	bit;"				
		lient #3 had just been				
	he was in jail.	6/7/18 but wasn't sure why				
	•					
		with staff #3 revealed:				
		med him earlier in the month en charged with being a				
	pedophile;	on onargod with being a				
		s and I didn't ask questions				
	because it makes me	e uncomfortable;"				
		at the client was a registered				
	had a post release of	t time but was aware that he				
		f the requirements that went				
		being a registered sex				
		release requirements.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION N		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
				7 50.25 10.			
		MHL041-994		B. WING		06	6/20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STAT	E, ZIP CODE		
			4010 HICK	ORY TREE LAN	IE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	GREENSB	ORO, NC 2740	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	09 Continued From page 4		V 109				
	Finding #3 The following is an example of the QP's lack of appropriate decision-making skills.						
	Observation and interrevealed: -according the to the statement of the clien administered 1,000 m according to the MAR Record) the client sho 500 milligrams of the the QP was made as client #3 had been accorded incorrect so the QP be said he would fix that the prescribing physiconsulted prior to his it was determined or provided a physician' been receiving the consulted cons	medication bottle a at, the client had be nilligrams of vitamin a (Medication Admirould have been adrivitamin; ware the vitamin do diministered may ha roke the vitamins ir; ician nor the pharm actions; a 6/20/18 after the client at the client in the client at the client action in t	and the en a D3 and nistration ministered use that ve been a half and hacy were owner ent had				
	Interviews on 6/8/18 a revealed: -it was his responsibite plans for the client batility was his responsibite trained and he had mappropriately trained; -the Owner made the to attend the IRC (a patent of the consider the charch unsupervised; -he didn't consider the church unsupervised addressed in client #3 -he didn't consider client may be addressed in his to be ad	lity to complete treatised on input from the ised on input from the ised on input from the input from the client at a ning his GED) and the client attending the as a need or goal the input frelease and the services of the input frelease and the services of the input from the input frelease and the services of the input frelease and	atment the MCO; vere aff were dient #3 attended church are IRC or to be the				

Division of Health Service Regulation

STATE FORM 6899 MHFS11 If continuation sheet 5 of 37

NAME OF PROVIDER OR SUPPLIER MILDING. MILDING. MILDING. MINITORY TREE LANG GREENSBORD, No. 27466 PROVIDER'S PROVIDER'S PLAN OF CORRECTION MINITORY TREE LANG GREENSBORD, No. 27466 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DISTANCE V 109 Continued From page 5 -client #3" "did have a goal where we were going to let him be unsupervised 30 minutes but he did a little something and messed that up." "He's no probation and he's not supposed to come in contact with small children and he came in contact with a girl." "He was going to the IRC but he got into trouble;" "He's was four attending therapy because the MCO and the Owner had never mentioned it; if was his responsibility to complete assessments when clients were admitted. "He Owner decided which clients were going to be admitted and then "I complete the paperwork based on the information that I have." "I've been doing this for 3 years and I know what I'm doing." "You need to be asking me questions and not [the Owner," Interviews on 6/18/18 and 6/20/18 with the Owner revealed: "He was supprised that the QP failed to clarify the vitamin order with the pharmacy or physician before breaking the medication in half; If was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission assessment for clients: It was the responsibility of the QP to complete the preadmission ass		OF DEFICIENCIES	(X1) PROVIDER/S		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANG GREENSBORD, NC 27406 CALL D	AND PLAN (OF CORRECTION	IDENTIFICATI	ION NUMBER:	A. BUILDING: _		COMPL	EIED
QUALITY CARE III, LLC/HICKORY TREE HOME GREENSBORO, NC 27406			MHL041-	-994	B. WING		06/2	20/2018
CAST DEPTICE CAST	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CALID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PREFI	OHALITY	CARE III I I C/IIICKORY	TREE HOME	4010 HICK	ORY TREE LA	NE		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 109 Continued From page 5 -client #3 "did have a goal where we were going to let him be unsupervised 30 minutes but he did a little something and messed that up;" -"He's on probation and he's not supposed to come in contact with small children and he came in contact with small children and he came in contact with a girt," -"He was going to the IRC but he got into trouble;" -"He just got out of jail yesterday;" -client #3 was not attending therapy because the MCO and the Owner had never mentioned it; -it was his responsibility to complete assessments when clients were admittedthe Owner decided which clients were going to be admitted and then "I complete the paperwork based on the information that I have;" -"I've been doing this for 3 years and I know what I'm doing;" -"You need to be asking me questions and not [the Owner]." Interviews on 6/18/18 and 6/20/18 with the Owner revealed: -he was surprised that the QP failed to clarify the vitamin order with the pharmacy or physician before breaking the medication in half; -it was the responsibility of the QP to complete the preadmission assessment for clients; -it was the responsibility of the QP to work with the MCO case manager to create the treatment goals for clients; -it was the responsibility of the QP to nesure that all staff were not specifically trained regarding	QUALITY	CARE III, LLC/HICKORY	I REE HOME	GREENSB	ORO, NC 2740	06		
-client #3 "did have a goal where we were going to let him be unsupervised 30 minutes but he did a little something and messed that up." -"He's on probation and he's not supposed to come in contact with small children and he came in contact with a girl;" -"He was going to the IRC but he got into trouble;" -"He just got out of jail yesterday;" -client #3 was not attending therapy because the MCO and the Owner had never mentioned it; -it was his responsibility to complete assessments when clients were admitted. -the Owner decided which clients were going to be admitted and then "I complete the paperwork based on the information that I have;" -"I've been doing this for 3 years and I know what I'm doing;" -"You need to be asking me questions and not [the Owner]." Interviews on 6/18/18 and 6/20/18 with the Owner revealed: -he was surprised that the QP failed to clarify the vitamin order with the pharmacy or physician before breaking the medication in half; -it was the responsibility of the QP to complete the preadmission assessment for clients; -it was the responsibility of the QP to complete the preadmission assessment for clients; -it was the responsibility of the QP to ensure that all staff were appropriately trained; -"We're on top of our training;" -staff were not specifically trained regarding	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEI	DED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
the client was not in prison the 2nd time because of that, he was in prison because he violated his post release requirements. Refer to V112 for details.	V 109	-client #3 "did have a to let him be unsuper a little something and -"He's on probation a come in contact with in contact with a girl;" -"He was going to the -"He just got out of ja -client #3 was not atte MCO and the Owner -it was his responsibi when clients were ad -the Owner decided vbe admitted and then based on the informa -"I've been doing this I'm doing;" -"You need to be aski [the Owner]." Interviews on 6/18/18 revealed: -he was surprised that vitamin order with the before breaking the nit was the responsibilithe preadmission assit was the responsibilithe MCO case managoals for clients; -it was the responsibilithe MCO case managoals for clients;	goal where we vised 30 minute messed that up the desired process of the process o	es but he did p;" posed to and he came t into trouble;" because the ationed it; assessments ere going to e paperwork ;" d I know what as and not with the Owner to clarify the chysician alf; o complete ents; o work with e treatment o ensure that garding ry because ime because	V 109			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	
		MHL041-994	B. WING		06/	20/2018
	ROVIDER OR SUPPLIER CARE III, LLC/HICKORY	TREE HOME	REET ADDRESS, CITY, STAT 10 HICKORY TREE LAN REENSBORO, NC 2740	IE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 109	Continued From page	e 6	V 109			
	NCAC 27G .5601 Sco	ss referenced into 10A ope (V289) for a Type A1 st be corrected within 23				
V 110	110 27G .0204 Training/Supervision Paraprofessionals		V 110			
	SUPERVISION OF P. (a) There shall be not paraprofessionals. (b) Paraprofessionals associate professional professional as specifications associate professional professional associate professionals knowledge, skills and population served. (d) At such time as a employment system in the qualified professionals shall deceived by the competence shall exhibiting core skills in technical knowled (2) cultural awarened (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication served.	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking cionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; sss; lls; ekills; and dy for each facility shall ent policies and procedures e individualized supervision	g,			

Division of Health Service Regulation

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MRED.	FIPLE CONSTRUCTION NG:	(X3) DATE S COMPL	
		MHL041-994	B. WING		06/2	0/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY	, STATE, ZIP CODE		
OHALITY	CARE III, LLC/HICKORY	TREE HOME	4010 HICKORY TREE	LANE		
QUALITI	CARE III, ELO/HICKOKT	TREE HOME	GREENSBORO, NC	27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL PREFI	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION EACTION SHOULD BE TO THE APPROPRIATE EIENCY)	(X5) COMPLETE DATE
V 110	Continued From pag	e 7	V 110			
	paraprofessionals (the demonstrate knowledge)	iew and interviews, 1	s			
	of the IRC (Interactiv program the client at earning his General I	/10;	vith ent)			
	-he had been with the was released from ja -he couldn't rememb the IRC the previous	er whether he had be	ince he en at			
	revealed: -client #3 had been v being released from been to the IRC; -"We decided that pr -he had been droppii	8 and 6/20/18 with the with him every day sin jail on 6/7/18 and had ogram was no good fong him off at the IRC and the day until he was	ce I not or him;" and			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUR			CONSTRUCTION	(X3) DATE S	
74157 2747	or connection	IBENTI IO, WIO	THOMBER.	A. BUILDING: _		001111	
		MHL041-99	94	B. WING		06/2	20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME		ORY TREE LAI ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIE Y MUST BE PRECEDE LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 110	Continued From page	e 8		V 110			
	Finding 2: Interview on 6/8/18 w Professional revealed -"He's (client #3) on p supposed to come in and he came in conta child);" -"He just got out of ja -the Owner and the c into letting him out; -the judge released th that his sister become Owner ensured that h hours a day. Interview on 6/18/18 a revealed: -he was not allowed t front of the judge; -he did promise to su day if the judge released to return to the facility -"the judge released I we supervised him ar time."	d: probation and he's contact with sma act with a girl (a 9 ill yesterday;" lient's sister talke the client on the color his legal guardia the would be supe and 6/20/18 with the o appear with the pervise the client sed him and he w trigonium under the cor	Il children year old d the judge onditions an and the rvised 24 the Owner e client in 24 hours a was allowed				
	Finding 3: Interview on 6/18/18 -he had worked for the at the current facility: January 2018; the owner "told me the	e company for 3 since they opened	years and d in				
	-the owner "told me the offender but was allow time and we weren't the "he was allowed 30 marking time and he was at the program (I	wed to have unsure o interfere with the minutes of unsup- was unsupervised	ipervised nat;" ervised d during the				
	Interviews on 6/18/18	and 6/20/18 with	the Owner				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER			COMPLETED
	A. BUILDING:		COMPLETED
MHL041-994	B. WING		06/20/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE,	ZIP CODE	
OHALITY CARE III LLOWINGKORY TREE HOME	4010 HICKORY TREE LANE		
QUALITY CARE III, LLC/HICKORY TREE HOME	GREENSBORO, NC 27406		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FI TAG REGULATORY OR LSC IDENTIFYING INFORMAT	LINELIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
revealed: -the "IRC is a shelter place where he took of for GED (General Education Development); -"he had a lot of free time there between cla -"he started having unsupervised time after because he's his own guardian;" -the MCO (Managed Care Organization) de he was able to have unsupervised time by retelling the QP any different; -he thought since client #3 had no guardian unless the MCO specified not to allow him unsupervised time then it was appropriate to allow unsupervised time; -"he (client #3) knew he was on probation and had a very good understanding of his guidelene was not aware that the client had been to vulgar about women to the staff; -"if that was the case, they should have said something to me;" -"men are men and they talk about women to don't think he was saying anything that bad; -the incidents had occurred while the client the IRC and church not at the facility so the had done nothing wrong. Finding 4: Interview on 6/8/18 with the Qualified Professional revealed: -the Owner managed all medications; -he was not aware that client #1 was being administered 6 medications without orders; -the owner admitted the client and was responsible for obtaining medications and medication orders and ensuring the medication were administered correctly; -the owner was a really good guy and tried to people out but didn't always get everything to needed. Interviews on 6/18/18 and 6/20/18 with the Outers of the content of t	asses;" 1 year cided not then ond he lines;" talking d but I " was at staff tions to help he		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL041-994		B. WING		06/20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE	1 00/20/2010
	CARE III, LLC/HICKORY	TREE HOME	4010 HICK	ORY TREE LAI	NE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 110	Continued From page revealed: -he was responsible from the was aware that madministered to client emedicines;" -he was not aware that client was being adminated a year ago; -"We have to get old suphysician so we are withose for us." This deficiency is cross NCAC 27G .5601 Scorule violation and mustical emedicines."	or managing medical edications were being #1 without an order us to administer the eat 1 of the medication istered expired most excripts from the primal validing on his parent page (V289) for a Type (V289) for a Type edications were being and the primal experies as referenced into 10 ppe (V289) for a Type (V289) for a Type edications were being as the primal experies as the primal edication and the primal edication an	ng ons the ore than hary s to get	V 110		
V 112	27G .0205 (C-D) Assessment/Treatme 10A NCAC 27G .0205 TREATMENT/HABILI PLAN (c) The plan shall be assessment, and in plegally responsible per of admission for client receive services beyond (d) The plan shall incomplete to the plan shall incomplete to the projected date of aching the plan shall incomplete to the projected date of aching the projected date of ac	developed based or artnership with the corson or both, within its who are expected and 30 days. Itude: I that are anticipated of the service and a evement; View of the plan at least on with the client or both;	n the client or 30 days I to I to be a east legally	V 112		

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL041-994		B. WING		06	/20/2018
	ROVIDER OR SUPPLIER	TREE HOME	4010 HICK	ORESS, CITY, STA	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 112	outcome achievemer (6) written consent of responsible party, or provider stating why sobtained.	nt; and or agreement by the of a written statement b such consent could r	y the	V 112			
	-Purpose of Admission placement individual had no where to goNeeds and Strength: inappropriate Behavior people pleaser very represent ConditionsCurrent Mental issues, But is no three Legal Status: hee Medical Status: DFamily Support:	ew and interviews the implement strategies lient, affecting 1 of 3 gs are: client #3's record reversed f 2/16/17; atic brain injury; sment completed by all (QP) dated 2/16/17 umatic Brain Injury; on: this was an Emergy was released from jaces to monitoring for ors, and anger issues neat and clean. On: he was homeless Status: he has some at. e is his own guardian current medication Versions and strategies of the contract of t	s based clients ealed: the that gency iil and s, anger //itamin				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DA CO			JRVEY ETED	
		MHL041-994		B. WING		06/2	0/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			4010 HICK	ORY TREE LAI	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	GREENSB	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 112	-no documentation re incarcerated, that he registry, that he had a post release requirem -An Individual Suppor MCO (Managed Care 1/30/18 and provided -"suffered a traur accident when he was -"as he has gotte increased;" -"can be very ma -"he feels that the him;" -"has charges of therefore cannot be a -"where ever he i playground in the are: -"he is also regist -"he can become to the point where the -"can get angry o -"I can become a -"when I become language towards oth -No specific goals we provided by the MCO -A treatment plan sign and the client on 4/25 -"Long Range Outcom able to continue to be to get supported emp income. He also wants independent and don [Client # 3] also wants (General Education D (The Interactive Reso [Client #3] also wants	garding why he was was on the sex offer a post release officer tents. It Plan completed by Organization) dated to the facility include natic brain injury from some syounger;" In older his dementian injulative by nature the reasonable is nothing wrong sexual assault on a round children;" It is located there can overly friendly with any may feel uncomfor upset if I don't get ggressive towards of upset I will use vulgers." In included in the IS and and dated by the complete is nothing wrong the included in the IS are: [Client #3] wants happy. He wants to loyment so he can get to become more things more for him is to complete his GE evelopment) through urce Center) prograte to improve his over	nder r or his r the d ed: m a car a has ;" with minor t be a der;" females rtable;" my way;" others;" gar P e QP s to be o be able get more self. ED h IRC im. all	V 112	DEFICIENCY)		
	behaviors when he be with others.	comes upset and it	iiciacis				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL041-994		B. WING		06/20/2018	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OHALITY	CARE III LI C/UICKORY	TREE HOME	4010 HICK	ORY TREE LAI	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	GREENSB	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B .SC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL	LETE
V 112	-Where am I now in the outcome? [Client #3] coordinating and getti ensuring that he takes overall managing of he past [Client #3] has he but due to the improve with the direct care medecreased. Without the services and prompting would decline." -the first 3 goals -"Goal 4 [Client # own laundry.	ne process of achie- needs assistance wang to doctor appoints is his medication and is health and safety and some issues with the ement of his behaviors nose continued moral [Client #3's] behaviors were blank; [3] will independently a similar walk. [Client #3] will at least 30 minutes walk. [Client #3] will inform state want to do. When [a must walk the path for him and sign in the returning. Staff want to day staff and on particular day staff and on particular day staff and on the grid, and grid the grid in the community at the IRC (Interaction of his capabiline in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the community at the IRC (Interaction of the grid in the IRC (Interaction of the IRC (Interaction of the IRC (Interaction of the	with Introduction Interview Introduction Interview Introduction Introduction Introduction Introduction Introd	V 112			

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
		MHL041-994	B. WING		06/2	20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	KORY TREE LA			
			BORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page 14		V 112			
	offender; -no information or gor release requirements -no documentation or	goals that client #3 had pedophilia since being				
	Correction Officer rev-client #3 will be on poffender registry until he was convicted of attempted 1st degree liberty with a minor - 2/19/07 and was inca-all convictions were he was released from the was convicted of on 11/18/16 and was he was released from because he was a rewas not allowed to vistrequently congregate property, fairs, carniv pools or amusement to live within 1,000 fe the was recently arrerequirements of post the was recently arrereduced to was recently arrereduced to the was recently arrereduced to was recently arrereduced to was recently arresequenced to was recently a	at least 12/15/19; attempted 1st degree rape, e sex offense, and indecent sex arousal with a child on incerated; related to a 5 year old; in prison on 12/16/14; post release partial revoke incarcerated; in prison on 2/16/17; egistered sex offender, he sit places where children e such as parks, school als, libraries, swimming parks and was not allowed et of a school or daycare; sted for violating his release on 6/4/18; is he said he walked to a with her;" In her previously at church; inedical problems, he is quite that throws people off and				
	Interviews on 6/8/18 revealed:	and 6/20/18 with the QP				

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MHL041-994 B. WING
NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/HICKORY TREE HOME (X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK (X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK (EACH DEFICIENCY) V 112 Continued From page 15 -it was his responsibility to complete assessments based on information provided by the owner; -the owner was a really good person and wanted to help others so he sometimes accepted clients without all the appropriate information; -he didn't always have all the information upfront about clients to put on the assessment; -it was his responsibility to complete treatment plans for the client based on input from the MCO; -the Owner made the decision to allow client #3 to attend the IRC where he could obtain his GED and church unsupervised; -he didn't consider the client attending the IRC or church unsupervised or abiding by the requirements of post release and the sex offender registry to be goals; -"I've updated the treatment plan to reflect no unsupervised time but I haven't gotten him to sign it yet;" -"he does a lot of stuff independent;" -"personal care, he gets up in the morning and does all that,"
QUALITY CARE III, LLC/HICKORY TREE HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 15 -it was his responsibility to complete assessments based on information provided by the owner; -the owner was a really good person and wanted to help others so he sometimes accepted clients without all the appropriate information; -he didn't always have all the information upfront about clients to put on the assessment; -it was his responsibility to complete treatment plans for the client based on input from the MCO; -the Owner made the decision to allow client #3 to attend the IRC where he could obtain his GED and church unsupervised; -he didn't consider the client attending the IRC or church unsupervised; -he didn't consider the client attending the IRC or church unsupervised or abiding by the requirements of post release and the sex offender registry to be goals; -"I've updated the treatment plan to reflect no unsupervised time but I haven't gotten him to sign it yet;" -"he does a lot of stuff independent;" -"personal care, he gets up in the morning and does all that,"
CAJ D SUMMARY STATEMENT OF DEFICIENCY BY A PROVIDER'S PLAN OF CORRECTION CAS
(X4) ID PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 15 -it was his responsibility to complete assessments based on information provided by the owner; -the owner was a really good person and wanted to help others so he sometimes accepted clients without all the appropriate information; -he didn't always have all the information upfront about clients to put on the assessment; -it was his responsibility to complete treatment plans for the client based on input from the MCO; -the Owner made the decision to allow client #3 to attend the IRC where he could obtain his GED and church unsupervised; -he didn't consider the client attending the IRC or church unsupervised or abiding by the requirements of post release and the sex offender registry to be goals; -"I've updated the treatment plan to reflect no unsupervised time but I haven't gotten him to sign it yet;" -"he does a lot of stuff independent;" -"personal care, he gets up in the morning and does all that;"
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 112 Continued From page 15
-it was his responsibility to complete assessments based on information provided by the owner; -the owner was a really good person and wanted to help others so he sometimes accepted clients without all the appropriate information; -he didn't always have all the information upfront about clients to put on the assessment; -it was his responsibility to complete treatment plans for the client based on input from the MCO; -the Owner made the decision to allow client #3 to attend the IRC where he could obtain his GED and church unsupervised; -he didn't consider the client attending the IRC or church unsupervised or abiding by the requirements of post release and the sex offender registry to be goals; -"I've updated the treatment plan to reflect no unsupervised time but I haven't gotten him to sign it yet;" -"he does a lot of stuff independent;" -"personal care, he gets up in the morning and does all that;"
based on information provided by the owner; -the owner was a really good person and wanted to help others so he sometimes accepted clients without all the appropriate information; -he didn't always have all the information upfront about clients to put on the assessment; -it was his responsibility to complete treatment plans for the client based on input from the MCO; -the Owner made the decision to allow client #3 to attend the IRC where he could obtain his GED and church unsupervised; -he didn't consider the client attending the IRC or church unsupervised or abiding by the requirements of post release and the sex offender registry to be goals; -"I've updated the treatment plan to reflect no unsupervised time but I haven't gotten him to sign it yet;" -"he does a lot of stuff independent;" -"personal care, he gets up in the morning and does all that;"
-"sometimes he gets kind of upset so I had to come up with a communication goal to help him with his communication skills." Interviews on 6/18/18 and 6/20/18 with the Owner revealed: -he had not considered that client #3 would benefit from therapy for his history of pedophilia; -"I didn't have no explanation from the MCO or his doctor that he needed that;" -"I took him to his doctor and they said he was fine and just needed to take his Vitamin D;" -"he started having unsupervised time after 1 year because he's his own guardian;" -the MCO decided he was able to have unsupervised time by not telling the QP any

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN C	OF CORRECTION	IDENTIFICATION NU	MBER:	A. BUILDING: _		COMP	PLETED
		MHL041-994		B. WING		06	/20/2018
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME		ORO, NC 2740			
(V4) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIE		1	PROVIDER'S PLAN OF COR	RECTION	(VE)
(X4) ID PREFIX		CY MUST BE PRECEDED BY		ID PREFIX	(EACH CORRECTIVE ACTION		(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORM	ATION)	TAG	CROSS-REFERENCED TO THE A	PPROPRIATE	DATE
				1	DEFICIENCY)		
V 112	Continued From page	e 16		V 112			
	he thought that if the	a aliant didn't have a					
	 -he thought that if the guardian then the MO 		2				
	whether the client wa		1				
		as capable of flavilly					
	unsupervised time; -"he (client #3) knew he was on probation and he had a very good understanding of his guidelines;" -the QP was responsible for completing treatment goals with input from the MCO; -he felt that the client understood the requirements of being a registered sex offender and the post release requirements so the QP						
	didn't need to add the						
	-he was aware that the		-				
	church but was not a		/ing				
	direct contact with ch						
	-he had no direct con						
	after the client had at	ttempted to visit a chi	Id.				
	This deficiency is cro	oss referenced into 10	1 Δ				
	NCAC 27G .5601 Sc						
	rule violation and mu						
	days.	or bo compoted within	. 20				
	,						
V 118	27G .0209 (C) Medic	ation Requirements		V 118			
	10A NCAC 27G .020	9 MEDICATION					
	REQUIREMENTS						
	(c) Medication admin						
	(1) Prescription or no						
	only be administered						
	order of a person aut	monzed by law to pre	scribe				
	drugs. (2) Medications shall	he calf administered	by				
	clients only when aut		•				
	client's physician.	monzed in writing by	u i C				
	(3) Medications, inclu	iding injections, shall	he				
	administered only by						
	unlicensed persons t						
	pharmacist or other le						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY
		MHL041-994	B. WING		06	/20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	KORY TREE LAN BORO, NC 2740			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETE DATE
V 118	Continued From page	e 17	V 118			
	(4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recor	vafter administration. The following:				
	facility failed to admin written order of a phy medications administ affecting one of three findings are: Review on 06/8/18 of -an admission date of -diagnoses of Autistic Intellectual Developm Schizophrenia; -physician orders date be administered: -Fluoxetine Hydridepression) 20 milligrimouth daily;	ews and interviews, the hister medications on the sician and failed to ensure ered had not expired clients (client #1). The client #1's record revealed: f 5/15/18; E Disorder, Moderate				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED	
		MHL041-994		B. WING		0(6/20/2018
	ROVIDER OR SUPPLIER CARE III, LLC/HICKORY	TREE HOME	4010 HICK	DRESS, CITY, STATE ORY TREE LAN	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	milligrams, take 1 tab -the MAR for the mor -in addition to the 2 m orders for, there were been routinely admini -Motelukast (use milligrams, take 1 tab -Omeprazole (us milligrams, take 1 cap -Melatonin (used milligrams, take 1 by -Olanzapine (use milligrams, take 1 tab (as needed); -Olanzapine was from June 1st - June -Ammonium Lact 12%, apply cream two -Ammonium Lact	let by mouth at bedt ath of June 2018 rev hedications the facilit e other medications to istered; d to treat allergies) let by mouth daily; ed to treat heartburn besule by mouth daily to regulate sleep) mouth at bedtime; ed to treat Schizophi let by mouth at bedt administered every 7th; tate (used to relieve ice a day to hands; tate expired on 4/12 mmies, take 1 in the ith the Qualified realed: at client #1 was bein eat 1 of the medication reat; he client and had be ns; lly good guy and trie always get everythin client was only goin client was only goin ith the Owner revea he dications were bei eat 1 without an order ith the Owner revea he dications were bei eat 1 without an order	realed: ty had that had 10 n) 40 renia) 20 time prn r night itching) /17; morning res; ons had een ed to help ng he ng to be s for. alled: ng r;	V 118			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-994	B. WING		06/20/2018
	ROVIDER OR SUPPLIER CARE III, LLC/HICKORY	TREE HOME 4010	EET ADDRESS, CITY, STA D HICKORY TREE LAI EENSBORO, NC 2740	NE	•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
V 118	-he was not aware that client was being admit a year ago; -"We have to get old suphysician so we are withose for us." This deficiency is cross NCAC 27G .5601 Scc	at 1 of the medications the nistered expired more than scripts from the primary vaiting on his parents to get as referenced into 10A ope (V289) for a Type A1 at be corrected within 23	V 118		
V 289	provides residential sichome environment with these services is the crehabilitation of individualisms, a development or a substance abuse supervision when in the facility serves eith (1) one or more (2) two or more Minor and adult client same facility. (c) Each supervised licensed to serve a specific designated below: (1) "A" designated serves adults whose illness but may also here."	is a 24-hour facility which ervices to individuals in a here the primary purpose of care, habilitation or duals who have a mental tal disability or disabilities, disorder, and who require he residence. If facility shall be licensed if er: I minor clients; or adult clients. Is shall not reside in the living facility shall be hecific population as			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S		, ,	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION	ON NOWBER.	A. BUILDING: _		COMP	LETED
		MHL041-	994	B. WING		06/	/20/2018
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	4010 HICK	ORY TREE LA	NE		
			GREENSB	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECED LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 289	Continued From page 20		V 289				
	(3) "C" designal serves adults whose developmental disabilidiagnoses; (4) "D" designal serves minors whose substance abuse depother diagnoses; (5) "E" designal serves adults whose substance abuse depother diagnoses; or	ation means a far primary diagnos lity but may also ation means a far primary diagnos pendency but may ation means a far primary diagnos pendency but may ation means a far primary diagnos pendency but may diagnoses in a far ich serves no may ose primary diagnoses in a far ich serves no may ose primary diagnoses in a far ich serves no may allive with a familiar but a familiar but may allive with a familiar but may all but may allive with a familiar but may all but may all but may allive with a familiar but may all but may	sis is a b have other cility which sis is ay also have cility which sis is ay also have cility in a nore than gnoses is er aree minor so have y and the lity shall be a NCAC 27G (; (7) (15); (16); a),(d),(g)(1) c 27G .0205 10A NCAC (209[(c)(1) - ()(2),(4); (e) 27G .0304 e known as				
	This Rule is not met Based on interview, r observations, the fac	ecord review, ai	nd				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	MHL041-994	B. WING		06	6/20/2018
NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/HICKOR	Y TREE HOME	DORESS, CITY, STATE KORY TREE LANE BORO, NC 27406	Ē		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
the clients affecting and #3). The finding and #3). The finding Cross Reference: 10 Competencies of Quassociate Profession review, interviews a failed to ensure that (QP) demonstrated required by the popular competencies and paraprofessionals (paraprofessionals (paraprofessional	designed to meet the needs of two of three clients (clients #1 is are: DA NCAC 27G .0203 Jualified Professionals and nals (V109). Based on record nd observations the facility 1 of 1 Qualified Professional knowledge, skills and abilities Juation served. DA NCAC 27G .0204 Supervision of V110). Based on record of the Owner failed to edge, skills and abilities Juation served. DA NCAC 27G .0209 Jualified Professional knowledge, skills and abilities Juation served. DA NCAC 27G .0209 Jualified to develop and seased on record review and y failed to develop and seased on the needs of the 3 clients (client #3). DA NCAC 27G .0209 Jualified Professionals and abilities Juation served. DA NCAC 27G .0209 Jualified Professionals and abilities Juation served. DA NCAC 27G .0209 Jualified Professionals and abilities Juation served.	V 289			

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/S	SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATI	ION NUMBER:	A. BUILDING: _		COME	PLETED
		MHL041-	994	B. WING		06	/20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OUAL ITY	0.4 DE 111 1 1 0/1 110/4 0 DV	TDEE HOME	4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	GREENSB	ORO, NC 2740	06		
(V4) ID	SUMMARY ST	TATEMENT OF DEFIC	CIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
(X4) ID PREFIX		Y MUST BE PRECEI		PREFIX	(EACH CORRECTIVE ACTION		COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING IN	NFORMATION)	TAG	CROSS-REFERENCED TO THE	APPROPRIATE	DATE
					DEFICIENCY)		
V 289	Continued From page	e 22		V 289			
	Daview en 0/20/40 et	f the Diese of De	tastian sinn				
	Review on 6/20/18 of		_				
	by the Owner and da						
	-"What immediate ac						
	ensure the safety of t		•				
	24 hours supervision						
	community He getting	•	•				
	for TBI (traumatic brain injury) All order will be						
	place in each consumers Information Book at all						
	times to be Administered. If unsupervised time is approved in will reflect in the consumer's plan.						
			•				
	-"Describe your plans happens.	s to make sure t	ine above				
		o Boyicod and	otoff watch				
	His plan is going to b						
	him 24-7 also Owner Friday 22th of June 2		•				
	changes, Also as of						
	III, LLC has add a Ne		•				
	III, LEO Has add a IVC	w member to ti	ic Qi (caiii.				
	Client #3 was admitte	ed to the facility	on 2/16/17				
	with a diagnosis of tra						
	was the result of an a	automobile acci	dent in the				
	1990's. He was conv	icted on 2/19/07	7 of				
	attempting to rape a	5 year old child	and was				
	incarcerated until 12/	16/14 when he	was released				
	on post release. He v	iolated his post	release				
	requirements and wa	is incarcerated	again on				
	11/18/16. He was rele	eased on 2/16/1	I7 and was				
	admitted to the facilit	y. The Owner a	nd QP failed				
	to address the need	for the client to	receive				
	therapy for his pedop	hilia sexual ten	dencies. The				
	staff had not been pr	operly informed	or trained				
	regarding the client b						
	offender and on post	release. The st	aff had taken				
	the client to a public						
	his restrictions as a r	egistered sex of	ffender. The				
	client's treatment pla	n did not identif	y any				
	reasons as to why he						
	unsupervised time. H	le was allowed	to have				
	unsupervised time to	walk for exercis	se, to attend				

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED
		MHL041-994	B. WING		06	5/20/2018
NAME OF PI	ROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY, STAT	E, ZIP CODE		
OUALITY	04 DE 111 1 1 0/11101/0DV	4010	HICKORY TREE LAN	IE		
QUALITY	CARE III, LLC/HICKORY	GRE GRE	ENSBORO, NC 2740	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 289	Continued From page	e 23	V 289			
. 200	IRC where he had be GED and to attend che During a church dinneyear old child and lea was supposed to be a young girl's home to school but her family he leave and never reclient was again arrest release requirements by a judge after the osupervise him 24 hou failed to ensure medias ordered. Client #1 on 5/15/18 with diagr Moderate Intellectual and Schizophrenia. Here was a characteristic of the service of th	een attempting to obtain his nurch and church activities. er, the client sat with a 9 arned her address. While he at the IRC, he walked to the visit with her. The girl was at was there and demanded eturn to their home. The sted for violating his post at the was released from jail owner of the facility agreed to urs a day. The facility also cations were administered was admitted to the facility noses of Autistic Disorder, Developmental Disability the was administered 6 obysician orders with 1 of the spired more than a year.				
V 290	penalty amount of \$2 violation is not correct additional administrated ay will be imposed from the following of compliance beyond 27G .5602 Supervises 10A NCAC 27G .5602 (a) Staff-client ratios numbers specified in of this Rule shall be cenable staff to responseds. (b) A minimum of one	neglect and must be ays. An administrative ,000.00 is imposed. If the sted within 23 days, and tive penalty of \$500.00 per or each day the facility is out d the 23rd day. and Living - Staff 2 STAFF	V 290			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-994	B. WING		06/20/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	ORY TREE LAI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 290	habilitation plan docu capable of remaining without supervision. as needed but not less the client continues to the home or commun specified periods of ti (c) Staff shall be presided periods of ti (c) Staff shall be presided or adolescent of (1) children or abuse disorders shall of one staff present for clients present. How present during sleepi emergency back-up put the governing body; (2) children or adevelopmental disabi one staff present for present and two staff more clients present. need be present during specified by the emergency back-up put the governing body; (2) children or adevelopmental disabi one staff present for present and two staff more clients present. need be present during specified by the emerged by the go (d) In facilities which diagnosis is substant (1) at least one duty shall be trained in withdrawal symptoms secondary complicating addiction; and	en the client's treatment or ments that the client is in the home or community. The plan shall be reviewed as than annually to ensure to be capable of remaining in a lity without supervision for me. Sent in a facility in the atios when more than one ient is present: adolescents with substance to be served with a minimum for every five or fewer minor every, only one staff need be not	V 290			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				_			
		MHL041-994		B. WING		0(6/20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME		ORO, NC 2740			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIEN	CIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 290	Continued From page	25		V 290			
	This Rule is not met Based on record revier facility failed to ensur their ability to be in the periods of time without of three clients (client Review on 6/8/18 of can admission date or a diagnosis of trauman admission assess Qualified Professional included a diagnosis and documentation or regarding why he was on the sex offender regarding why he was increase has he had manipulative by nature wrong with him and he assault on a minor that to be around children. A treatment plan sign and the client on 4/25 wanted to be able to wanted	as evidenced by: ews and interviews e clients were asse e community for sp ut supervision affect #3). The findings client #3's record re f 2/16/17; atic brain injury; sment completed b ul (QP) dated 2/16/ of traumatic brain in the admission as as incarcerated, that egistry, or that he re fficer; t Plan completed b e Organization) dat to the facility inclu orain injury from a complete of gotten older, he was e, he felt there was e had charges of se erefore he was not continue to be hap get supported emp	essed of pecified citing one are: evealed: by the 17 that injury; sessment the was had a post edded he car hentia had as very sonothing sexual erallowed the QP goals of he py, he eloyment				
	so he could get more income, he wanted to become more independent and do more things for himself, and he wanted to complete his GED (General Education Development) through the IRC (Interactive Resource Center) program; -Further review revealed no documentation or goals related to client #3's capability to have unsupervised time in the community, to attend						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUI 044 004	B. WING		06/20/	2040
		MHL041-994			06/20/2	2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	(ORY TREE LA BORO, NC 274(
0/0.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	ON	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 290	Continued From page	e 26	V 290			
	IRC independently, cloutside of the facility.	hurch or any other activity				
	Interviews on 6/8/18 a revealed:	and 6/20/18 with client #3				
	-until a couple of wee allowed to go anywhe unsupervised; -the staff used to take					
	didn't anymore and he he met a woman that					
		er where he met the woman; ding church by riding the				
	church van about 3 m					
		t with him for going to visit				
		er address and told him that				
	•	sit her; rogram and walked to her				
	home; -she wasn't at home b	out her family was;				
	-he didn't understand upset because he jus	why everyone had gotten so t wanted to talk to his friend;				
	release him from jail a	e only way he was going to and not send him back to				
	him all the time at the	ity staff agreed to supervise facility.				
	Interview on 6/19/18 v	with client #3's pastor				
	-client #3 met a female church member on the					
	public bus and invited him to attend church; -he called and arranged a ride on the church van;					
		uple of Sundays then asked				
	-he'd been attending	for approximately 3 months; n prison and was on a rape				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATIO	N NUMBER:	A. BUILDING: _		COMP	LETED
		MHL041-9	94	B. WING		06/	20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OHALITY	CARE III LI C/UICKORY	TREE HOME	4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	I REE HOME	GREENSB	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICION MUST BE PRECEDON LSC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETE DATE
					DEFICIENCY)		
V 290	Continued From page	e 27		V 290			
	-during a church dinn		with a 0 year				
			willi a 9 yeai				
	old child who gave him her address; -he left the IRC and walked to the child's home to						
	visit her;						
	-the child was in scho	ool but her family	was at the				
	home; -the child's aunt who	also attended the	e church				
	called the pastor to te		•				
	attempted to visit her		iaa				
	-"the aunt said he wa		oreathing				
	hard and asking to sp	_	-				
	-she called him a cab						
	the home and not retu	urn;					
	-"my wife and I went t	to the facility and	I talked with				
	him on the front porch	า;"					
	-"he apologized and s to her;"	said he only wan	ted to speak				
	-"I told him it don't sit	well him showing	g up at her				
	house like that;"	Wen min onewing	g up ut noi				
	-he had never seen o	r spoken with sta	aff or the				
	owner until almost a	-					
	the owner called him	to ask if somethi	ng had				
	happened;						
	-"I was relieved to ge what happened;"	t to talk to some	one about				
	-the Owner told him a	bout the client's	criminal				
	history;						
	-he had also been co	ntacted by the cl	ient's post				
	release Correction Of						
	-the post release Cor	rection Officer in	formed him				
	of the client's previou						
	-according to the pos						
	the facility staff were not allowed to make the						
	decision of where the client was allowed to go						
	without consulting him	n.					
	Interview on 6/14/18	with client #3's n	ost release				
	Correction Officer rev		331 1010430				
	-client #3 will be on t		ntil				
	12/15/19;						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '			(X3) DATE SURVEY COMPLETED		
ANDIEAN	or contribution	IDENTIFICATION NO	OMBEIX.	A. BUILDING: _		COIVII	
		MHL041-994		B. WING		06/	20/2018
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OHALITY	CARE III I I C/IIICKORY	TREE HOME	4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	I REE HOME	GREENSBO	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 290	Continued From page	e 28		V 290			
	-he was convicted of attempted 1st degree liberty with a minor - \$2/19/07 and was inca-all convictions were the was released on the was convicted of requirements on 11/1 he was released on the was not allowed to visit frequently congregate property, fairs, carnivity pools or amusement to live within 1,000 fethe was recently arrerequirements of post the was recently arrerequirements.	e sex offense and income sex arousal with a clarcerated; related to a 5 year of 12/16/14; violating his post related to a 5 year of 12/16/14; violating his post related to a sex offenders of the sex of the s	decent hild on lid lease cerated; er, he ldren lool hing allowed ycare; to a hurch;" e is quite off and m to a				
	of the IRC revealed: -they were not aware						
	registered sex offend	er;					
	-he was dropped off a						
	usually around 9:00ai 12:00pm;	m and was picked u	p around				
	-he had signed in and	d out of the program	today,				
	the 8th;						
	-the client wasn't sup- come and go as he w		e to				
	-there was no way to		nes the				
	client left and returne signing in and out.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED		
				A. BUILDING: _			
		MHL041-99	4	B. WING		00	6/20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STAT	E, ZIP CODE		
			4010 HICK	ORY TREE LAN	IE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME		ORO, NC 2740			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIEN	NCIES	ID	PROVIDER'S PLAN O	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE
V 290	Continued From page	e 29		V 290			
	Interview on 6/11/18 with staff #3 revealed: -the owner had informed him earlier in the month that client #3 had been charged with being a pedophile; -"he (the owner) didn't give details and I didn't ask questions because it makes me uncomfortable;" -was not aware that the client was a registered sex offender until that time but was aware that he had a post release officer; -was informed that the client had attempted to contact a minor that he met at church; -"the pastor picks him up in the van;" -"one time I took him to the park and we had to leave because he was about to get into a fight;" -was not aware that the client wasn't supposed to be in a public park; -he had reported the incident to the owner after it happened.						
	Interview on 6/18/18 -had worked for the of the current facility sin 2018; -the owner told him th offender but was allow time and they weren't -"He was allowed 30 he was unsupervised program (IRC); -"He's also unsupervi -"The church van pick -"Of course when he kept my eyes on him any children;" -"He has exhibited ar but never got out of h -"He talks about wom -"He got mad this we money in the mail and	company for 3 year ace they opened in that client #3 was a wed to have unsup to interfere with to minutes of walking during the day at sed at church;" ks him up;" (client #3) was with and didn't let him and ger and he throws hand;" hen a little too muce ekend because he	rs and at I January I sex Dervised Hat; I time and I the I me, I I get around Is his fits I got some				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL041-994		B. WING		06/2	0/2018
	ROVIDER OR SUPPLIER CARE III, LLC/HICKORY	TREE HOME	4010 HICK	RESS, CITY, STA DRY TREE LAI DRO, NC 2740	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI / MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 290	Continued From page a date;" -"I knew something w sudden, he refused to church so I asked (the the client had tried to church; -he wasn't sure if he rat church. Interview on 6/8/18 w the decisions for clientime for walking, to at #3 to attend the IRC in owner's. Interview on 6/20/18 v the treatment plans; -client #3 had unsuperunsupervised time at time at church until he the was not aware the apublic park which hapost release requirem the QP was working plan to reflect no unsuand it would be composed the did not realize that needed to be assessed treatment plan. Refer to V112 for deta This deficiency is cross NCAC 27G .5601 Scorule violation and mustays.	as wrong because a go to bible study a e Owner) to call the pastor and found or visit a child that he net her on the church that he net her on the church and for ndependently were with the Owner reversity of the QP to commissed walking time the IRC and unsuper e got into trouble; at staff had taken clied caused violation the updated treat upervised time for clieted by 6/22/18; at all unsupervised time for clieted by 6/22/18; at all unsupervised time for clieted by 6/22/18; and added to the fails.	pastor;" ut that met at ch van or eervised client the ealed: nplete , ervised ient #3 to of his utment lient #3 ime	V 290			

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STATEMENT OF DEPICENCIES AND PURSUAND PROVIDERS UPPLIERCIA IDENTIFICATION NUMBER: WHILD 41-994 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE GREENSORO, N. 27406 PAGILID PAGE III, LICHHICKORY TREE HOME SUMMARY STATEMENT OF DEPICIENCIES (PACE DEPICHENCY MICE) SEP PRECEDED BY FALL PAGE OF PROVIDERS ACTION SAME SEP PRECEDED BY FALL PAGE OF PROVIDERS ACTION SAME SEP PRECEDED BY FALL PAGE OF PROVIDERS ACTION SAME SEP PRECEDED BY FALL PAGE OF PROVIDERS SEP ACTION SAME SEP PRECEDED BY FALL PAGE OF PROVIDERS SEP ACTION SAME SEP PROVIDERS FALL OF CORRECTION SAME SEP PROVIDERS ACTION SAME SEP PROVIDERS FALL OF CORRECTION SAME SEP PROVIDERS ACTION	DIVISION	n Health Service Regu	lation			_	_
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE GREENSORO, NC 27406 GREENSORO, NC 27406 PREPTIX (ACAH DEFICIENCY MUST BE PRECIDED BY PULL TAG 10 A NCAC 27G, 0604 Incident Reporting Requirements 10 A NCAC 27G, 0604 Incident Reporting Report			, ,	(X2) MULTIPLE	CONSTRUCTION	` '	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANG GREENSORO, No. 27406 PRATE, RACH DEPRICENCY MUST BE PRECEDED BY FLLL PRECOLATION OF DEPRICIENCIES IN PREPRY IRAC UNIT OF DEPRICENCY MUST BE PRECEDED BY FLLL PRECOLATION OF DEPRICENCY MUST BE COMPACT. 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY AAND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billuble services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erronecous, misleading or otherw	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANG GREENSORO, No. 27406 PRATE, RACH DEPRICENCY MUST BE PRECEDED BY FLLL PRECOLATION OF DEPRICIENCIES IN PREPRY IRAC UNIT OF DEPRICENCY MUST BE PRECEDED BY FLLL PRECOLATION OF DEPRICENCY MUST BE COMPACT. 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY AAND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billuble services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erronecous, misleading or otherw				1		1	
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erroneous, misleading or otherwise unreliable; or							
required on the incident form that was previously							

Division of Health Service Regulation

STATE FORM 6899 MHFS11 If continuation sheet 32 of 37

Division of Health Service Regulation

DIVISION	n nealth Service Regu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPLE	TED
			7 DOILDING			
		MHL041-994	B. WING		06/20	0/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		4010 HIC	CKORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME GREENS	SBORO, NC 274	06		
	0.11.11.42.72.4.77			T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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IAG		,	170	DEFICIENCY)		
V 367	Continued From page	e 32	V 367			
	unavailable.					
	(c) Category A and B	providers shall submit,				
	upon request by the L	₋ME, other information				
	obtained regarding th	e incident, including:				
	_	ords including confidential				
	information;	3 · · · · · · · · · · · · · · · · · · ·				
	,	ther authorities; and				
	. ,	's response to the incident.				
		providers shall send a copy				
		reports to the Division of				
		opmental Disabilities and				
		rvices within 72 hours of				
	becoming aware of th	e incident. Category A				
	providers shall send a					
	· ·	client death to the Division of				
		ation within 72 hours of				
	-	ie incident. In cases of				
		ven days of use of seclusion				
		der shall report the death				
		red by 10A NCAC 26C				
	.0300 and 10A NCAC					
	. ,	providers shall send a				
	report quarterly to the	LME responsible for the				
	catchment area where	e services are provided.				
	The report shall be su	ubmitted on a form provided				
	by the Secretary via e	electronic means and shall				
	include summary info					
		errors that do not meet the				
	definition of a level II					
		•				
	\ <i>\</i>	terventions that do not meet				
	the definition of a level II or level III incident;					
	(3) searches of a client or his living area;					
		client property or property in				
	the possession of a c					
	(5) the total nur	mber of level II and level III				
	incidents that occurre	ed; and				
		indicating that there have				
	been no reportable in					
	-	ed during the quarter that				
	molucino nave occur	ca daming the qualiter that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL041-994	B. WING		06	5/20/2018
	ROVIDER OR SUPPLIER	TREE HOME	T ADDRESS, CITY, STATE HICKORY TREE LANE ENSBORO, NC 27406	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 367	V 367 Continued From page 33 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.					
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 06/8/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no incident reports had been submitted from January 2018 - June 2018.					
	Review on 6/8/18 of -an admission date of -a diagnosis of traum	•				
	owner informed him	with staff #3 revealed the around the end of May 2018 empted to contact a minor n.				
	Interview on 6/18/18 with staff #4 revealed: -the owner had informed him that client #3 was a registered sex offender; -they had discovered that he had attempted to contact a minor that he met at church.					
	during the months of -client #3 was on pro					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL041-994		B. WING		06/20/2018
	DER OR SUPPLIER	TREE HOME	4010 HICK	RESS, CITY, STA DRY TREE LAI DRO, NC 2740	NE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
cor -"h -the to t Off nea Inte -the dur -cli hor -he and -the -no "no cal -he enf -"N	Continued From page 34 contact with a young girl; -"he just got out of jail yesterday;" -the owner had taken care of reporting the issue to the MCO and to the post release Correction Officer and he didn't think an incident report needed to be completed. Interview on 6/18/18 with the Owner revealed: -there had been no incident reports completed during the months of January 2018 - June 2018; -client #3 had attempted to visit a minor at her home around the end of May 2018; -he had contacted the clients post release officer and reported the incident; -the client was arrested; -no incident report was completed because "nothing really happened and the police weren't called;" -he didn't realize that post release officers are law enforcement; -"My understanding he didn't do anything so we didn't need to do an incident report."		V 367			
Thi Ba: kee	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews, the facility staff failed to keep the facility free from insects. The findings are:		V 738			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATI	ON NUMBER:	A. BUILDING: _		COMP	LETED
		MHL041-	994	B. WING		06/	20/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OHALITY	CADE III I I C/UICKODV	TREE HOME	4010 HICK	ORY TREE LA	NE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	GREENSB	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECEI LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 738	Continued From page	e 35		V 738			
	Interview on 6/11/18 -he was aware that th -"We've had bed bug of."	with staff #3 rev	ed bugs;				
	Interview on 6/12/18 with the owner revealed: -"We've had a few bed bugs in the mattresses;" -"I don't know if the staff was bringing them in or what;" -"We treated them so they are gone now;" -"I'll have (a pest control company) come in and check." Interview on 6/18/18 with staff #4 revealed: -he was aware that the facility had bed bugs; -"We treated them twice on our own;" -"We got an estimate (from a pest control company) and they came this morning and said they were still in the curtains so they heated the whole house."						
	Interview on 6/20/18 hadn't seen any bugs						
	Interview on 6/20/18 -he was aware that the strict on a hard chair	ne facility had be	ed bugs;				
	Interview on 6/20/18 with the owner revealed: -"We had them (bed bugs) over at the other house (facility) and the landlord was supposed to have taken care of them;" -"We moved from there to here the first of the year;" -"We noticed them after we moved in and took care of them;"						
	-"Then we noticed the house;" -"I got plastic for the pesticide for them;"						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL041-994		B. WING		06/	06/20/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE GREENSBORO, NC 27406								
(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 ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETE D'THE APPROPRIATE DATE		
V 738	Continued From page -"The only way to rea treat everything so the Interview on 6/25/18 of company revealed: -they had provided set the month of June 20 -bed bugs were present facility; -the bedrooms had be	lly get rid of them is a at's what we did." with a local pest confervices to the facility 18; ent in the curtains of	trol during	V 738				

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