

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2018
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NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM, INC-HART COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070
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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>An annual survey was attempted on 8/8/18. According to the Qualified Professional (QP), there are no clients being served at the facility. The last date a client was served was on 8/31/17.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation on 8/8/18 at 11:40am revealed no one on site.</p> <p>Interview on 8/8/18 with the QP revealed: -currently no clients at the facility; -last client (former client #1/FC#1) served was discharged on 8/31/17; -FC#1 discharged back to family home; -FC#1 was admitted in 4/2017 in hopes he would attend the day program more since it was located on the same property; -FC#1 did not attend the day program anymore than when he was at home with his family, as a result, parents made decision to take him back home; -no clients since that date; -problems with funding for clients for this specific placement for Traumatic Brain Injuries; -getting referrals now and just interviewed a potential client; -hope to have clients soon.</p> <p>Review on 8/8/18 of FC #1's record revealed: -admission date of 4/23/17; -diagnoses of Mood Disorder, Traumatic Brain Injury, Attention Deficit Hyperactivity Disorder; -discharged on 8/31/17 back to his family home.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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