

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLO41-057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: DHSR - Mental Health B. WING: AUG 30 2018	(X3) DATE SURVEY COMPLETED 08/10/2018
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NAME OF PROVIDER OR SUPPLIER HILLCREST HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 WEST FRIENDLY AVENUE Greensboro, NC 27403	Lic. & Cert. Section
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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	INITIAL COMMENTS An annual survey was completed on 8-10-2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	<p>All services (including programming and medication administration) for 2 former consumers has been discontinued at the residential facility. The programming is now taking place in the community (including the dwellings of the 2 former consumers). Their records, incident reports and medication administration records are no longer at the residential facility but are on the premises of the 2 former consumers.</p> <p>The Program Director and Assistant Director are responsible for ensuring this change takes place and continues.</p>	9/1/18
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which	V 289		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE C Carol McKeim	TITLE Program Director	(X6) DATE 8/28/18
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STATE FORM 6699 6T40(1) If continuation sheet 1 of 4

Division of Health Service Regulation

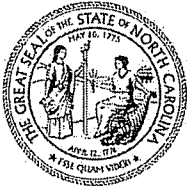
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2018
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V 289	<p>Continued From page 1</p> <p>serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide supervised living in a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental</p>	V 289	

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V 289	<p>Continued From page 2</p> <p>disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence affecting 2 of 2 former clients (FC #1 and FC #2). The findings are:</p> <p>Review on 8/8/2018 of the incident reports for the facility from 5/1/2018-8/8/2018 revealed:</p> <ul style="list-style-type: none"> - An incident report dated 7/28/2018 for FC #2 was found in facility incident report notebook. - 7/28/2018 incident report was signed by staff #2. - "[FC #2] ran out of her Azelastine HCL drops and did not have any for 7/28/18." - "The pharmacy had to order these eye drops for her so she was unable to pick them up till the 30th, two days later ..." <p>Review on 8/9/2018 of Medication Administration Records (MAR) from 8/1/2018-8/8/2018 revealed:</p> <ul style="list-style-type: none"> - Current MARS for FC #1 and FC #2 were provided by the Program Director and were located in the facility. <p>Interview on 8/9/2018 and 8/10/2018 of the Program Director revealed:</p> <ul style="list-style-type: none"> - FC #1 lived in the facility until 2006 at which time he moved to an apartment next door where he lived until 3/30/2018. - FC #1 currently receives the following services by facility staff: <ul style="list-style-type: none"> - His controlled medication is counted each morning. - "Sometime he has to leave the medications if there is something going on and I or staff count them later." - "...calls us in the morning when he takes his medications ..." - "We are here for symptom management." - All medications are counted monthly. - Money management is completed monthly. - Calendar development of appointments is 	V 289			

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V 289	Continued From page 3 completed monthly. - Privately paid to provide "supported living services" to FC #1. - Reported FC #1's MARs were kept at facility. - FC #2 lived in the facility until her discharge on 1/16/2017 at which time she moved into a condominium. - FC #2 currently receives the following services by facility staff: - She came to facility in the morning to take her medication, "just like everyone who lives here." - When medication is taken in the evening, " ... she calls us." - Attended monthly medical appointments with FC #2. - "We are here for symptom management." - Privately paid to provide "supported living services" to FC #2 - Reported FC #2's MARS were kept at facility. - Reported FC #2, " ...would fall apart because we are her support and we help maintain her living independently."	V 289			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 20, 2018

Ms. Carol Whitley
Carolina Residential Care, Inc.
1505 West Friendly Avenue
Greensboro, NC 27403

DHSR - Mental Health

AUG 30 2018

Lic. & Cert. Section

Re: Annual Survey completed August 10, 2018
Hillcrest House, 1505 West Friendly Avenue, Greensboro, NC, 27403
MHL # 041-057
E-mail Address: hillcresthousegso@att.net

Dear Ms. Whitley:

Thank you for the cooperation and courtesy extended during the annual survey completed August 10, 2018.

Enclosed you will find the deficiency cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiency found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 9, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 20, 2018
Carolina Residential Care, Inc.
Ms. Carol Whitley

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Angela C. Medlin, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
File