		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		MHL100-024	B. WING		10/	02/2018
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, S			
HAWTHC	RNE HOUSE		ELER HILLS F LLE, NC 287			
(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) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	2018. The compla	was completed on October 2, int was substantiated (intake deficiency was cited.				
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.				
V 540	27F .0103 Client R Grooming	ights - Health, Hygiene And	V 540			
	dignity, privacy and of personal health, Such rights shall in to the: (1) opportuni daily, or more ofter (2) opportuni (3) opportuni barber or a beautic (4) provision paper and soap for individual personal indigent client. Suc not limited to toothy napkins, tampons, utensil. (b) Bathtubs or sha individual privacy s (c) Adequate toilet	all be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited ty for a shower or tub bath as needed; ty to shave at least daily; ty to obtain the services of a ian; and of linens and towels, toilet each client and other hygiene articles for each h other articles include but are paste, toothbrush, sanitary shaving cream and shaving owers and toilets which ensure hall be available. s, lavatory and bath facilities y a client with a mobility				
	This Rule is not mealth Service Regulation	et as evidenced by:				

9BZR11

	of Health Service Re		1			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER MHL100-024		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL100-024				C 02/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		281 WHE	ELER HILLS F	ROAD		
	ORNE HOUSE	BURNSV	LLE, NC 287	14		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID		VIDER'S PLAN OF CORRECTION	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 540	Continued From pa	ge 1	V 540			
	facility failed to ensu and humane care in	view and interviews, the ure the right to dignity, privacy in the provision of personal d grooming care for 1 of 3 . The findings are:				
	Record review on 10/2/18 for Client #1 revealed: -Admitted on 11/22/14 with diagnoses of White Matter Disease, Intellectual Disability, Attention Deficit Disorder, Explosive Mood Disorder, Anxiety Disorder, Gastro esophageal Reflux Disorder, obesity, gastro paresis, and Leukemia in remission. -Personal care documented daily as provided.					
	-She had lived at th -Staff helped her sh her with her bath. -She took a bath da	any help with her toileting and				
	#1 revealed: -Client #1 came hou- Client #1 had an our reminded the staff that she bathed thou- -She had also talked depends with her work cycle and about maddressed appropriated -Client #1 had been recently for a weeked Client #1 had never -She had talked to that (QP) four times about	d to the staff about using then she had her menstrual aking sure that she was ely. n picked up by her aunt end visit and indicated that smelled that bad. the Qualified Professional but her concerns.				
		P had now addressed the aff and did not have ongoing				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA					
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL100-024	B. WING			C 10/02/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	ORNE HOUSE	281 WHE	ELER HILLS F	ROAD			
		BURNSV	ILLE, NC 287	14		1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE	
V 540	Continued From pa	ige 2	V 540				
	concerns. -She saw Client #1 yesterday and Client #1 looked very good.						
	Interview on 10/1/18 with Staff #1 revealed: -"[Client #1] can do more than she lets on." -When Client #1 took showers they checked in after the shower to make sure she washed her hair. -Sometimes the staff had to help clean her when she had her menstrual cycle. -Client #1 did not need assistance with toileting. She indicated that Client #1 could complete that task on her own.						
	-Staff checked behi bathed thoroughly a -Client #1 sweated Sometimes she ref	et independently. If Client #1					
	Manager revealed: -Approximately one Client #1 was very care and hygiene a more attention. -An in-service was protocols about per clients. -A couple of weeks aunt for a visit. The indicated when she had a very strong o	18 and 10/2/18 with the House e month ago the Guardian for concerned about her personal nd requested that staff pay conducted with staff to review rsonal care assistance for ago Client #1 went with her e aunt was very upset and got home with Client #1 she dor and that her underwear					
	immediately bathed aunt addressed her	s very sweaty and had to be d upon her arrival home. The r concerns with the staff. on the day Client #1 left with					

9BZR11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COM	C 10/02/2018	
	MHL100-024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
	ORNE HOUSE	281 WHE	ELER HILLS F	ROAD			
	DRNE HOUSE	BURNSV	ILLE, NC 287	14			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 540	Continued From pa	age 3	V 540				
	been at the worksh -The QP then assig specific clients that care for. -Staff were to doub dressed to ensure f and sent back if no Interview on 10/2/1 revealed: -It has become mo not be as independ they had thought. -The guardian of C concern about how This was addresse -She was aware of went home with her care was not up to been an isolated in had addressed this the time of the incid -She had created p each client and ass client. The staff we needed and docum completed. -The House Manag	and each staff member they were to provide personal de check each client once they are properly showered t clean and properly dressed. 8 with the QP/Director re evident that Client #1 may lent with her personal care as lient #1 had expressed ther laundry was managed. d with staff involved. the weekend that Client #1 r aunt and that her personal par. She felt that this had cident. The House Manager issue with the staff on site at	3				

9BZR11