

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2019
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NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 23, 2019. The complaint was substantiated (Intake #NC00150357). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUN 27 2019</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115	<p>When client's exhibit behavioral challenges or peer to peer aggression occurs the team will have a mini team meeting to debrief incidents. The meetings will include looking at trends of incidents, any medical issues, environment changes, or needed revisions of the Behavior Support Plan. The Qualified Professional will document findings of the meeting and in-service staff of any changes. The Administrator will monitor all Incident Reports as they occurred to ensure team meetings occur and interventions are implemented. In the future the Qualified Professional will ensure space and supervision are in place to ensure the safety and welfare of clients in the home.</p>	7-22-19

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

John Canithes

TITLE

Administrator

(X6) DATE

6/20/19



June 20, 2019

Ms. Kem Roberts
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
952 Old US Highway 70
Black Mountain, NC 28711

DHSR - Mental Health

JUN 27 2019

Lic. & Cert. Section

Dear Kem,

Please find the enclosed Plan of Correction for the Hillpark Group Home Complaint Survey (5-23-19) with RHA Health Services.

If you have any questions feel free to contact me at john.carithers@rhanet.org or call me at 828-817-9565.

It was great to meet you and I look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "John".

John Carithers, MS/QP
Administrator

RECEIVED

JUN 24 2019

DHSR NH L & C
Black Mountain / WRO

RHA Health Services, NC, LLC
Hendersonville/Fletcher Office
145 Cane Creek Ind Park Road, Suite 250
Fletcher, NC 28732