	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		MHL008-045	B. WING			C 13/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		1	
HILLCRE	ST PLACE	WINDSO	R, NC 27983			
(X4) ID		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
V 000	INITIAL COMMENT	ſS	V 000			
	2019. The complai	was completed on August 13, nts were unsubstantiated 28 & NC00153587. A d.				
	category: 10A NCA	ed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provid 90 days prior to the responsible for the services are provid becoming aware of be submitted on a f Secretary. The rep in person, facsimile means. The report information: (1) reporting identification inform (2) client ider (3) type of ind (4) descriptio (5) status of t	UIREMENTS FOR B PROVIDERS B providers shall report all accept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients er rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; htification information; cident; n of incident; the effort to determine the nt; and				
	or responding.	viduals or authorities notified B providers shall explain any				
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG	,	TITLE		(X6) DATE

Division	of Health Service Re	aulation				APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL008-045	B. WING		08/1) 3/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
HILLCRE	ST PLACE		REST DRIVI	E		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
V 367	Continued From pa	ge 1	V 367			
	shall submit an upd report recipients by day whenever: (1) the provide erroneous, misleadi (2) the provid required on the incide unavailable. (c) Category A and upon request by the obtained regarding (1) hospital re- information; (2) reports by (3) the provid (d) Category A and of all level III incider Mental Health, Deve Substance Abuse S becoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within s or restraint, the prov- immediately, as req .0300 and 10A NCA (e) Category A and report quarterly to th catchment area whe The report shall be by the Secretary via include summary in (1) medication	ete information. The provider ated report to all required the end of the next business er has reason to believe that d in the report may be ing or otherwise unreliable; or er obtains information dent form that was previously B providers shall submit, e LME, other information the incident, including: ecords including confidential r other authorities; and er's response to the incident. B providers shall send a copy of reports to the Division of elopmental Disabilities and ervices within 72 hours of the incident. Category A d a copy of all level III a client death to the Division of ulation within 72 hours of the incident. In cases of even days of use of seclusion vider shall report the death uired by 10A NCAC 26C AC 27E .0104(e)(18). B providers shall send a ne LME responsible for the ere services are provided. submitted on a form provided n electronic means and shall formation as follows: n errors that do not meet the II or level III incident; interventions that do not meet				

	of Health Service Re		1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL008-045	B. WING			C 13/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
	EST PLACE		CREST DRIVE			
	I		R, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From pa	ige 2	V 367			
	 (3) searches (4) seizures of the possession of a (5) the total minimized incidents that occur (6) a statement been no reportable incidents have occur meet any of the critical statement of th	number of level II and level III rred; and ent indicating that there have incidents whenever no urred during the quarter that eria as set forth in Paragraphs Rule and Subparagraphs (1)				
	failed to ensure a c Il incident report wa	view and interview the facility onsistent description of a level as submitted to the MCO/LME anization/local management				
	dated 6/25/19 for cl	aced fracture of the fourth				
	6/25/19 revealed: ". occurring our agene (QP) began gatheri incidentone staff noise coming from #2] leaning against bedroom. At our pro active from excitent wheelchair during the	of an incident report dated as a result of this incident cy's Qualified Professional ng details of the cause of the member reported hearing a his bedroom she found [client the door frame of his om (6/21/19) he was very nent, he wheeled himself in his he evening. Considering this suspected his finger was				

STATEMENT OF DEFICIENC AND PLAN OF CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		NTH ICATION NOMBER.	A. BUILDING:	A. BUILDING:		
	м	HL008-045	B. WING			C 13/2019
NAME OF PROVIDER OR SU	JPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HILLCREST PLACE						
			DR, NC 27983			()(5)
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V 367 Continued F	rom page 3		V 367			
interviewed communicat indicate yes fell and he m staff abuse a conclude "fa no witnesse Review on 7 6/24/19 reve on 6/24/19 reve stated client # stated client # stated client # stated client # stated client # stated client # witrash out, sh bedroomir check on clii door frame of client #2 with QP she was the next day on 6/24/19 that she was Observation - client #2 the waist - last two - he was During an af #2: - he smile	[client #2]alth ie words, he wi or nothe QP odded yes. Ag as a cause of in ill" as a cause; s to confirm the 7/23/19 of the Q ealed: "[staff # and informed he asked staff #2 y bruising and s ind. There was QP interviewe #2 had fallen du #2 had not fall as gathering th he heard a nois formed QP that ent #2 he was he of his bedroom h sitting down in the kitchen y and did not he client #1 did not s not sure what on 7/19/19 at 2 in a wheelchat fingers on left nonverbal	e trash to take the e from client #2's at when she went to go eaning against the staff #1 assisted .staff #7 informed the preparing lunches for ar or see client #2 fall of see client #2 fall and happened" 1:32pm revealed: ir with gait belt around hand bandaged few on 7/19/19 client	t d s d 1 b d			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER SUPPLIER DENTIFICATION MHL008-045 (X2) MALTIPLE CONSTRUCTION A BUILDING: 	Division	of Health Service Re	aulation			FORM	APPROVED
MHL008-045 B. WING Odd/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 HILLCREST PLACE 110 HILLCREST DRIVE (PAU) ID PREFIX ISSUMMARY STATEMENT OF DEFICIENCIES (EACH OFCINCTOX WILS THE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PIC PROVIDER'S PLAN OF CORRECTION BE (CACH OFCINCTION SHOULD BE (CACH OFCINCTION SH	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,		COM	PLETED
HILLCREST DRIVE WINDSOR, NC 27983 PROVIDER'S PLAN OF CORRECTION (RECH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) (98) (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) (98) (EACH			MHL008-045	B. WING			
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WILDSOR, NC 27933 PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREE/X TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (9) V 367 Continued From page 4 V 367 During interview on 7/19/19 client #1 reported: - she was in the living room on the day of the incident (6/24/19) V 367 - client #2 came out of his bedroom with his walker - when she looked again he was on the floor in the hallway - staff #1 & #7 were there - when asked what happened to client #2's hand "fell" - when asked what happened to client #2's hand "fell" - when asked who helped him up "[staff #1]" During interview on 7/19/19 & 8/13/19 staff #1 reported: - she picked the clients up in the morning to take to day support and then dropped them off in the afternoon - she ran the groups at day support - on the morning of 8/24/19 she was in the laundry room & staff #7 was in the kitchenshe walked past client #2's befroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staffs assistence. Client #2's bacroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staffs assistence. Client #2's balance was unstable and staff assistence int #2's balance was unstable and staff assistence int #2's balance was			110 HILLO	CREST DRIVE	E		
PHÈERX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PHÈERX TAG (EACH DEFICIENCY ACTION SHOULD BE CROSS-REFERENCE TO THE APROPRIATE DEFICIENCY) COMPLETE DEFICIENCY V 367 Continued From page 4 V 367 During interview on 7/19/19 client #1 reported: - she was in the living room on the day of the incident (6/24/19) V 367 - client #2 came out of his bedroom with his walker - when she looked again he was on the floor in the hallway - staff #1 & #7 were there - he went to the doctor the next day During interview on 8/13/19 client #3 reported: - when asked what happened to client #2's hand "fell" - when asked who helped him up "[staff #1]" During interview on 7/19/19 & 8/13/19 staff #1 reported: - she picked the clients up in the morning to take to day support and then dropped them off in the afternoon - she ran the groups at day support - on the morning of 6/24/19 she was in the laundry room & staff #7 was in the kitcheshe walked past client #2's bedroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staff's assistance. Client #2's bedroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staff's assistance. Client #2's bedroom and said "come on we getting ready to go"normally when she say that he knew kedthat morning he got up and attempted to walk cut the bedroom without	HILLORE	ST PLACE	WINDSOF	R, NC 27983			
During interview on 7/19/19 client #1 reported: - she was in the living room on the day of the incident (6/24/19) - client #2 came out of his bedroom with his walker - when she looked again he was on the floor in the hallway - staff #1 & #7 were there - he went to the doctor the next day During interview on 8/13/19 client #3 reported: - when asked what happened to client #2's hand "fell" - when asked who helped him up "[staff #1]" During interview on 7/19/19 & 8/13/19 staff #1 reported: - she picked the clients up in the morning to take to day support and then dropped them off in the afternoon - she ran the groups at day support - on the morning of 6/24/19 she was in the laundry room & staff #7 was in the kitchenshe walked past client #2's bedroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staff's assistance. Client #2's balance was unstable and staff assisted him by holding onto his gaitbet as he walkedthat morning he got up and attempted to walk out the bedroom without	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
 she was in the living room on the day of the incident (6/24/19) client #2 came out of his bedroom with his walker when she looked again he was on the floor in the hallway staff #1 & #7 were there he went to the doctor the next day During interview on 8/13/19 client #3 reported: when asked what happened to client #2's hand "fell" when asked who helped him up "[staff #1]" During interview on 7/19/19 & 8/13/19 staff #1 reported: she picked the clients up in the morning to take to day support and then dropped them off in the afternoon she ran the groups at day support on the morning of 6/24/19 she was in the laundry room & staff #7 was in the kitchenshe walked past client #2's bedroom and said "come on we getting ready to go"normally when she say that he knew to turn his television off and wait for staff assisted him by holding onto his gaitbelt as he walkedthat morning he got up and attempted to walk out the bedroom without	V 367	Continued From pa	ge 4	V 367			
staff's assistanceshe heard a loud noise while she was in the laundry room (across from client #2's bedroom)she looked and client #2 was leaned up against the side of his bedroom door with his walkerhe "never" hit the floorshe assisted him to the kitchen area and looked him overthere was no swelling or bruisingthe QP contacted her on the night of 6/24/19 around 9pm and asked if anything happened on her shift because client #2's hand was red and swollen		During interview on - she was in the incident (6/24/19) - client #2 came walker - when she looke the hallway - staff #1 & #7 we - he went to the of During interview on - when asked wh hand "fell" - when asked wh During interview on reported: - she picked the take to day support the afternoon - she ran the gro - on the morning laundry room & staff walked past client # on we getting ready say that he knew to for staff's assistanc unstable and staff a his gaitbelt as he wa and attempted to w staff's assistance she was in the laun #2's bedroom)she leaned up against th with his walkerhe assisted him to the overthere was no contacted her on th and asked if anythir	7/19/19 client #1 reported: living room on the day of the out of his bedroom with his ed again he was on the floor in ere there doctor the next day 8/13/19 client #3 reported: hat happened to client #2's to helped him up "[staff #1]" 7/19/19 & 8/13/19 staff #1 clients up in the morning to and then dropped them off in ups at day support of 6/24/19 she was in the ff #7 was in the kitchenshe to go"normally when she turn his television off and wait e. Client #2's balance was issisted him by holding onto alkedthat morning he got up alk out the bedroom without she heard a loud noise while dry room (across from client e looked and client #2 was he side of his bedroom door "never" hit the floorshe kitchen area and looked him swelling or bruisingthe QP e night of 6/24/19 around 9pm ng happened on her shift				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
						С
		MHL008-045	B. WING			13/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
HILLCRE	EST PLACE		CREST DRIVE R, NC 27983			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
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V 367	Continued From pa	ige 5	V 367			
	- on 6/24/19 she the restroom aroun nonomamah His left ring finger n swollenshe asked he said "fell" called	d client #2 what happened and "[staff #1]'s" nameshe sted the QP. She explained to				
	reported: - they were inform the hallway - staff #1 pulled a kitchen table and to - staff #1 told clie chair because he w	7/23/19 an anonymous staff med client #2 fell coming dowr a chair to client #2 from the bok it down the hallway ent #2 to pull himself up on the vas not going to hurt her back #7 assisted him up				
	 she was in the clients she did not see 	8/13/19 staff #7 reported: kitchen preparing lunch for the what happened aff #1 pick client #2 up off the				
	 the information incident report and her she was not aw #2's hand until the 	8/13/19 the QP reported: provided in the 6/25/19 investigation was reported to vare of any swelling to client morning of 6/25/19 o his primary physician at that				
	reported:	8/13/19 the Licensee I staff about the 6/24/19				

STATE FORM

R0H711

If continuation sheet 6 of 7

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL008-045	B. WING			C 13/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IILLCRE	ST PLACE		CREST DRIVE DR, NC 27983			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 367	Continued From pa	age 6	V 367			
	floor - she was unsur	ned client #2 did not fall to the e if the injury had occurred at eld a few days earlier (6/21/19))			