	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
		MHL041-994	B. WING			/28/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	CARE III, LLC/HICKOR		CKORY TREE LANE	E		
UALITY		GREEN	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS	5	V 000			
	on 8/28/2019. The c	ow up survey was completed omplaint was substantiated . Deficiencies were cited.				
	category: 10A NCAC	ed for the following service 27G .5600C Supervised Developmental Disabilities.				
V 118	27G .0209 (C) Medie	cation Requirements	V 118			
	only be administered order of a person au drugs. (2) Medications shal					
	administered only by unlicensed persons pharmacist or other privileged to prepare (4) A Medication Adr all drugs administere current. Medications	uding injections, shall be r licensed persons, or by trained by a registered nurse, legally qualified person and and administer medications. ninistration Record (MAR) of ed to each client must be kept administered shall be y after administration. The e following:				
	 (A) client's name; (B) name, strength, a (C) instructions for a (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorded. 	and quantity of the drug; dministering the drug; e drug is administered; and of person administering the or medication changes or rded and kept with the MAR opointment or consultation				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R-C B. WING MHL041-994 08/28/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4010 HICKORY TREE LANE** QUALITY CARE III, LLC/HICKORY TREE HOME GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer medications as ordered by an authorized person and ensure the MAR was kept current affecting 1 of 3 clients (#1). The findings are: Reviews on 8/23/2019 and 8/28/2019 of client #1's record revealed: - Admission date: 2/17/2017 - Diagnoses: Traumatic Brain Injury; Dementia; High Blood Pressure: Hyperlipidemia; Onychomycosis, toenails; Cerumen impaction; - Documentation of a fall while walking downstairs on 7/6/2019 resulting in a splint being applied to left hand: - Physician's orders for the following medications: - Vitamin D3, 2000 international units (IU), 1 tablet daily (QD), dated 5/30/2019; - Acetaminophen-codeine (a narcotic pain reliever) #3, 1 tablet every 4 hours PRN (as needed) up to 5 days for moderate pain, dated 8/10/2019; - There were no physician's orders for calcium citrate; - There were no physician's orders for acetaminophen-codeine #3 to be administered beyond the 5th day specified on the 8/10/2019 order. (An annual survey was completed on 6/13/2019. A standard level deficiency was cited in 10A NCAC 27G .0209 Medication Requirements (V118) at that time. The correction period for the Division of Health Service Regulation

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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		MHL041-994	B. WING			B/28/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
QUALITY	CARE III, LLC/HICKORY	TREE HOME	CKORY TREE LANE	E		
	,,	GREEN	SBORO, NC 27406			
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V 118	Continued From page	e 2	V 118			
	 6/13/2019 citation ended on 8/12/2019. Only medication administration information from 8/12/2019 forward was included in deficiency determination decisions.) Review on 8/23/2019 of client #1's MAR dated 8/1/2019 to 8/23/2019 revealed: Administration instructions for calcium citrate 2000 mg (milligrams), 2 tablets QD, was listed and signed for daily; Vitamin D3 was not listed on the MAR; Administration instructions for acetaminophen 500mg, 1 tablet every 4 hours PRN for up to 5 days was listed; Facility staff initials/signatures were present indicating that acetaminophen 500 mg had been administered daily from 8/10/2019 to 8/17/2019, and from 8/19/2019 to 8/22/2019 for a total of 12 days; Acetaminophen-codeine #3 was not listed on the MAR. 					
	 A bottle of over the D3, 2000 IU, was pre A bottle of acetamin with 30 tablets on 8/1 The administration i acetaminophen-code 	AM on 8/23/2019 revealed: counter Nature Made vitamin sent; ophen-codeine #3 was filled 0/2019;				
	 His medications were staff at 8:00AM and 8 He could not list the He believed that he 	19 with client #1 revealed: re administered by facility 3:00PM; names of his medications; was getting his medications works, especially the pain				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
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		MHL041-994	B. WING			R-C 3/28/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	CARE III, LLC/HICKOR	Y TREE HOME	CKORY TREE LANE	E		
	, -	GREEN	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	ge 3	V 118			
	- Staff #1 did not thin	019 with staff #1 revealed: nk that there had been any nedication administration ty.				
	- Staff #3 had never MARs or medication	019 with staff #3 revealed: seen any issues with the bottles; ays good with the meds."				
	revealed: - There had not bee MARs or medication - MARs and medica	019 with the Supervisor n any problems with the hs; tions were checked at least ure there were no problems				
	Professional (QP) re - The QP was not aw MARs; - The QP did not kno MAR had calcium ci D3; - He was not aware administered acetar	019 with the Qualified evealed: ware of any problems with the ow why client #1's August itrate listed instead of vitamin of client #1 having been ninophen-codeine #3 longer cified by the physician's order.				
	 The Owner though client #1's MAR was The Owner tried to purchase by getting calcium citrate that of previously; The previous bottle with vitamin D3; 	019 with the Owner revealed: at that calcium citrate listed on a the same as vitamin D3; b simplify the medication the same strength (2000 IU) client #3 had been taking es had been calcium citrate ed that client #1 was getting				

STATE FORM

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If continuation sheet 4 of 10

TATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
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IAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	CARE III, LLC/HICKORY	TREE HOME 4010 HIG	KORY TREE LANE	E		
20ALIIII		GREEN	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 4	V 118			
	the correct vitamin D - Client #3's acetamin continued to be admin days ordered because - The 5-day limit for th #3 was confusing bec filled the bottle with 30 be more than a 5-day - The Owner would en corrected.	dose every day; nophen-codeine #3 nistered longer than the 5 e he continued to have pain; ne acetaminophen-codeine cause the pharmacy had 0 tablets, which seemed to o supply nsure client #1's MAR was				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a positi applicant to fill a positi applicant to have an of conditioned on conse criminal history record the applicant has bee less than five years, to is conditioned on conse criminal history record national criminal history include a check of the the applicant has bee	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a ler this Chapter to an tion that does not require the occupational license is ent to a State and national d check of the applicant. If en a resident of this State for then the offer of employment sent to a State and national d check of the applicant. The				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-994	B. WING			२-C / 28/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	CARE III, LLC/HICKORY	4010 HIC	KORY TREE LANE			
		GREENS	SBORO, NC 27406			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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V 133	Continued From page	e 5	V 133			
	on consent to a State	criminal history record				
		t. A provider shall not				
		who refuses to consent to a				
	1 2 11	d check required by this				
		herwise provided in this				
	subsection, within five business days of making					
	the conditional offer of employment, a provider					
	shall submit a request to the Department of					
	Justice under G.S. 114-19.10 to conduct a					
	-	d check required by this				
	section or shall submit a request to a private					
	entity to conduct a State criminal history record					
	check required by this section. Notwithstanding					
	G.S. 114-19.10, the Department of Justice shall					
	return the results of national criminal history record checks for employment positions not					
	covered by Public La					
	-	and Human Services,				
	Criminal Records Che					
	business days of rece	eipt of the national criminal				
	history of the person, the Department of Health					
	and Human Services	, Criminal Records Check				
		provider as to whether the				
		may affect the employability				
		case shall the results of the				
		bry record check be shared				
	-	viders shall make available				
		tion that a criminal history pleted on any staff covered				
	-	inty that has adopted an				
	-	nance and has access to				
		al Information data bank				
		alf of a provider a State				
		d check required by this				
		ovider having to submit a				
	-	ment of Justice. In such a				
		I commence with the State				
		d check required by this				
	section within five bus		1			1

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUL 044 004	B. WING			R-C
		MHL041-994			08	/28/2019
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
UALITY	CARE III, LLC/HICKORY	TREE HOME	CKORY TREE LANE SBORO, NC 27406			
(X4) ID	SUMMARY ST	FCORRECTION	(X5)			
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V 133	Continued From page	e 6	V 133			
	conditional offer of er	mployment by the provider.				
		formation received by the				
	-	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. Fo	•				
	subsection, the term "private entity" means a					
	business regularly engaged in conducting					
	criminal history record checks utilizing public					
	records obtained fror					
	(c) Action If an applicant's criminal history					
	record check reveals one or more convictions of					
	a relevant offense, the provider shall consider all					
	of the following factors in determining whether to					
	hire the applicant:					
	(1) The level and seriousness of the crime.					
	(2) The date of the crime.					
	(3) The age of the pe	erson at the time of the				
	conviction.					
	(4) The circumstance					
	commission of the cr					
	(5) The nexus between the criminal conduct of					
	the person and the job duties of the position to be					
	filled.					
	(6) The prison, jail, pr					
		nployment records of the ethe crime was committed.				
	•	commission by the person of				
	a relevant offense.	commission by the person of				
		n of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		relevant factors, then the				
		e information contained in				
		ecord check that is relevant				
	-	, but may not provide a copy				
	of the criminal history					
	applicant.					
	(d) Limited Immunity.		1			1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		SURVEY		
ND PLAN C	FCORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMP			
		MHL041-994	B. WING			२-C / 28/2019		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE					
		4010 HIC	KORY TREE LANE	I				
UALITY	CARE III, LLC/HICKORY	GREENS	BORO, NC 27406					
(X4) ID		ATEMENT OF DEFICIENCIES	PROVIDER'S PLAN OF		(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE		
V 133	Continued From pag	e 7	V 133					
	or employee of a provider that, in good faith,							
		ction shall be immune from						
	civil liability for:							
	(1) The failure of the	provider to employ an						
	individual on the bas	is of information provided in						
		the criminal history record check of the individual.						
	(2) Failure to check an employee's history of							
		e employee's criminal						
		is requested and received in						
	compliance with this section.							
	(e) Relevant Offense As used in this section, "relevant offense" means a county, state, or							
	federal criminal history of conviction or pending							
	indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to							
		or the safety and well-being of						
		ntal health, developmental						
		nce abuse services. These						
	crimes include the cr	iminal offenses set forth in						
	any of the following A	Articles of Chapter 14 of the						
	General Statutes: Ar	ticle 5, Counterfeiting and						
	Issuing Monetary Su	bstitutes; Article 5A,						
		ve and Legislative Officers;						
		Article 7A, Rape and Other						
		e 8, Assaults; Article 10,						
		uction; Article 13, Malicious						
	Injury or Damage by							
	•	Material; Article 14, Burglary						
		akings; Article 15, Arson and le 16, Larceny; Article 17,						
	•	Embezzlement; Article 19,						
	False Pretenses and							
		r Services by False or						
	0,1,3	edit Device or Other Means;						
		I Transaction Card Crime						
		ls; Article 21, Forgery; Article						
	26, Offenses Against							
	-	, Adult Establishments;						

STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED			
			A. BUILDING:						
		MHL041-994	B. WING		R-C 08/28/2019				
IAME OF P	ROVIDER OR SUPPLIER	STREETA	STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE						
	CARE III, LLC/HICKORY	4010 HIC	CKORY TREE LANE	E					
QUALITY		GREENS	SBORO, NC 27406						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
V 133	Continued From page	e 8	V 133						
	Office; Article 35, Offi Peace; Article 36A, R Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Emplo employ an applicant of obtaining the results check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after th conditional employme 2001-155, s. 1; 2004-	hily; Article 59, Public cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins							

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			२- С
		MHL041-994	B. WING			/28/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
UALITY	CARE III, LLC/HICKORY	TREE HOME				
	SUMMARY ST		SBORO, NC 27406	PROVIDER'S PLAN ((YE)
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V 133	Continued From page	e 9	V 133			
	facility failed to reque history background of the conditional offer of individual who had re- within the past five ye staff (#1). The finding Review on 8/9/2019 record revealed: - Hire date: 6/3/2019 - A Pennsylvania driv 5/24/2018; - Documentation that criminal history check 6/4/2019;	ews and interviews, the est a nationwide criminal theck within 5 days of making of employment for and esided in a different state ears affecting 1 of 5 surveyed gs are: of staff # 1's employee vers licensed was issued on t a North Carolina statewide				
	Interview on 8/28/20 Professional revealed - The Owner request checks for new staff.	d: ed criminal background				
	 The Owner was the criminal background The Owner had mis 	stakenly requested a istory instead of the required				