

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 09/18/2020
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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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 9/18/20. The complaint was substantiated (Intake #NC00167324). Deficiencies were 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		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109	<p>The Director of Operations, Regional Vice President of Operations, or Quality Assurance Specialist will provide weekly supervision of the Administrator and QP/Program Specialist. The supervision is documented weekly and includes:</p> <p>Needs of people supported in the home (Behavioral, Adaptive Equipment and Medical), guardian contacts (issues or concerns), staffing and ensuring appropriate staff ratio, and any other operational needs for the home.</p> <p>Supervision of the Administrator and QP/Program Specialist will be completed weekly for the next 60 days through weekly Supervision Meetings and then on a routine basis through Corporate QA Assessments, review of Discipline Sign In sheets to ensure presence in the home, routine chart reviews, and observations conducted by the Director of Operations, Regional Vice President of Operations, or Quality Assurance Specialist. In the future Operations will ensure Qualified Professionals have the skill, knowledge and competencies to complete all required job responsibilities.</p> <p>By: 10-10-20</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

7FN711

If continuation sheet 1 of 81

John Cantel

Administrator

10/30/20