Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL024064		B. WING		11/0	11/06/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
HONEY H	HILL RESIDENTIAL		AND CIRCL			
		HALLSBO	PRO, NC 284	442		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	6, 2020. The compl (intake #NC001709	was completed on November aint was unsubstantiated 42). A deficiency was cited.				
	category: 10A NCA	C 27G .5600C Supervised h Developmental Disabilities.				
V 110	27G .0204 Training. Paraprofessionals	/Supervision	V 110			
	Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS  (a) There shall be no privileging requirements for paraprofessionals.  (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.  (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.  (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.  (e) Competence shall be demonstrated by exhibiting core skills including:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.  (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL024064			B. WING			11/06/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HONEY	HILL RESIDENTIAL		AND CIRCL				
IIONEI I	TIEE REGIDENTIAL	HALLSBO	PRO, NC 284	142			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 110	Continued From pa	ge 1	V 110				
	four current staff (#knowledge, skills ar population served.  Review on 11/02/20 - 45 year old male.  - Admission date of - Diagnoses of Mod Developmental Disa Chronic Schizophre - Client #2's sister v guardian since 03/1  Review on 11/2/20 of Support Plan dated - "What Others Nee MeIt's important to middle aged man the Waiver through Cornel He lives in a reside house mates. He alduring the week. It's had a psychological 2018. It confirmed to diagnosis of intelled moderate, insomniato know that [Client guardian and make [Client #2] can make	views and interviews one of 3) failed to demonstrate the nd abilities required by the The findings are:  of client #2's record revealed:  o7/11/06. erate Intellectual ability (IDD), Seizure Disorder, and Hypertension. was his established legal 1/03.  of client #2's Individual 07/01/20 revealed: ot To Know To Best Support to know that [Client #2] is a neat receives Innovations munity innovations Agency. Intial group home and has 2 so attends day program important to know that he is evaluation completed in that [Client #2] has a clinical stual developmental disability and seizures. It is important #2's] sister is his legal sall decision on his behalf. e simple input on likes,					
	to know that [Client guardian and make [Client #2] can mak dislikes and prefere	#2's] sister is his legal s all decision on his behalf. e simple input on likes,					

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Division	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL024064	B. WING		11/0	6/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HONEY	III I DECIDENTIAL	24 LAKEL	AND CIRCL	E		
HUNETI	HILL RESIDENTIAL	HALLSBO	RO, NC 284	142		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
				DEFICIENCY)		
V 110	Continued From pa	ge 2	V 110			
	confirmed that infor	mation continues to be				
		] enjoys his group home and				
		good to [Client #2]The home				
		Manager] is important to him.				
		naIt is important to [Client				
		to the community"				
		ıl (per team report)He has				
		ills. He is able to identify basic				
		dentification. He has been				
		name. There are times that				
		th this but not consistentlyIt				
		at [Client #2] receives				
	individual supports to redirect him as needed and for overall safety and monitoring."					
		per team report) It is important				
		is communicated through				
	verbal communicati	•				
		ral (per team report) It				
		ent #2] has a clinical diagnosis				
		opmental disability moderate,				
	insomnia, and seizu	ures. It's important to know				
		seizures at least 1 time per				
		y shake and he may drool.				
		and will last all day long. The				
	colzaroo aro mila ai	nd he is disoriented. He				
		is day as normal when they				
		pad, staff takes him home and He has a Vagus Nerve				
		argically implanted in his				
		a magnet in front of his chest				
		ure in the morning and at night				
	during taking his me					
	Review on 11/02/20 of staff #3's personnel record					
	revealed:	1/00				
	- Date of hire: 06/2					
	- Job Description: L					
	- Training in Client's Rights 07/08/20.					

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Review on 11/02/20 of a local newspaper article

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL024064		B. WING		11/06/2020		
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 1170	0/2020
HONEY	HILL RESIDENTIAL		AND CIRCL			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	dated 10/23/20 reve- The local Board of whether a group ho voting in the electio The individuals idearticle were client # Review on 11/02/20 Response Improver revealed: Date of incident: 0-Facility investigate against staff #3. Internal investigate attempted to engage The right to vote ha advocacy and self of staff #3 was asked to vote, she contact was instructed to all vote at another local client #2 would nee voting she determininvolved. Conclusion - "The violation was unsubted. Review on 10/29/20 from the North Card revealed: "Facility workers powners, managers hospitals, clinics, not ("facilities") are legal their patients or response Assistance includes absentee ballot, servoter, marking the vassisting the voter in the contact of the contact	ealed: f Elections was investigating me staff had kept a client from n. entified in the newspaper 2 and staff #3.  of the North Carolina Incident ment System (IRIS) website  Client #2 - 10/26/20. ed an allegation of abuse  ion revealed staff #3 had be client #2 in his right to vote. Id been a focus at self governance meetings. When to leave client #2 unattended ted her supervisors. Staff #3 low client #2 an opportunity to ation. Once she determined d additional assistance with hed the guardian should be allegation of a client's rights	V 110			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BOLDING.				
MHL024064		B. WING		11/0	11/06/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
HONEY	HILL RESIDENTIAL		AND CIRCL			
	OLIMANA DV. OTA		PRO, NC 284		OTION.	0.4-0
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ige 4	V 110			
	Violation of this law 163-226.3]."	is a Class I felony [N.C.G.S. §				
	facility He was unable to most recent electio to vote Client #2 is unable	recall if he had voted in the nor who may have taken him to engage in an in-depth limited cognitive level of				
	<ul> <li>She had worked at the facility for a total of two years.</li> <li>She had training in client's rights.</li> <li>She was the one to one worker for client #2.</li> <li>She had been notified by the Program Manager to take client #2 to vote.</li> <li>She took client #2 to a local curbside voting place.</li> </ul>					
	client #2 to vote. W between 2 items he worker asked client a Republican or a I he wanted to regist - "When a poll work [client #2] to vote th the car." - "[Client #2] has he comfortable with lead - She contacted the she suggested to a town She drove client # another town.	ser brought out the ballot for ney requested for me to leave ealth problems and I was not aving him in the car alone." Program Manager in which tempt to vote in another local				
		ame over and she explained ered at a previous polling site.				

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MALO24064  MALO24068	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  HONEY HILL RESIDENTIAL    X4   ID   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   LEAST COMPANY OR LESS (IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LESS (IDENTIFYING INFORMATION)   TAG   PREFIX   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   PREFIX   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPANY OR LESS (IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE   CAST   CAST   CROSS-REFERENCED TO THE APPROPRIATE   CAST   CAST   CAST							
ALLSBORD, NC 28442   SUMMARY STATEMENT OF DEFICIENCES   FACULATORY OR USE DEPRECED BY FULL   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCES   CECH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX TAG   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PRECULATORY OR USE IDENTIFYING INFORMATION)   DeFICIENCY   DEFICIENCY   DATE    V 110   Continued From page 5   V 110   CROSS-REFERENCE TO THE APPROPRIATE   DATE   DATE   DEFICIENCY    V 110   Continued From page 5   V 110   V 110    - The poll worker went inside to check and said client #2 would have to register again The poll worker provided the registration paperwork and staff #35 filled it out with the same information client #2 indicated at the previous site The poll worker at the second site allowed staff #3 to remain in the car The poll worker went down the ballot and said "Trump" livide. Client #2 repeated the last name the poll worker said "I told the poll worker laws not comfortable with the process and requested to leave and have [client #2] guardian to assist." - She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She was not made to leave the car at the second polling area. Attempted interview on 10/29/20 and 11/4/20 with the local Board of Elections Supervisor identified in the newspaper article revealed she did not return detailed messages requesting a call back.    Attempted interview on 10/29/20, 10/30/20 and 11/4/20 with client #2's legal guardian revealed she did not return detailed messages requesting a call back.    Interview on 11/06/20 the Regional Manager stated she understood group home staff could not assist clients with the completion of voter			MHL024064	B. WING 11/0			6/2020
CX4   ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAYS	NAME OF F	PROVIDER OR SUPPLIER					
PRÉEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 110  Continued From page 5  - The poll worker went inside to check and said client #2 would have to register again The poll worker provided the registration paperwork and satif #3 filled if tout with the same information client #2 indicated at the previous site The poll worker went down the ballot and said "Trump" twice. Client #2 repeated the last name the poll worker said "I told the poll worker I was not comfortable with the process and requested to leave and have [client #2] guardian to assist." - She would never do anything to hurt client #2 She would never do anything to hurt client #2 She would never do anything to hurt client #2 She was not made to leave the car at the second polling area.  Attempted interview on 10/29/20 and 11/4/20 with the local Board of Elections Supervisor identified in the newspaper article revealed she did not return detailed messages requesting a call back.  Interview on 11/06/20 the Regional Manager stated she understood group home staff could not assist clients with the completion of voter	HONEY I	HILL RESIDENTIAL					
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	V 110	- The poll worker we client #2 would have - The poll worker propaperwork and staff information client #3 site The poll worker at #3 to remain in the - The poll worker we "Trump" twice. Client the poll worker said - "I told the poll worker said - "I told the poll worker follower the process and received process and recei	ent inside to check and said e to register again. rovided the registration f #3 filled it out with the same 2 indicated at the previous  I the second site allowed staff car. ent down the ballot and said int #2 repeated the last name l. ker I was not comfortable with quested to leave and have in to assist." do anything to hurt client #2. voter registration to ensure it us document after the poll er. e to leave the car at the l.  y on 10/29/20 and 11/4/20 with elections Supervisor identified rticle revealed she did not sages requesting a call back. y on 10/29/20, 10/30/20 and f2's legal guardian revealed letailed messages requesting  20 the Regional Manager and group home staff could not	V 110			

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