STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL034-296	B. WING			R 21/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
IOME C	ARE SOLUTIONS AT	HEATHER VIEW	ATHER VIEW L				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	completed on Sept Complaint was sub	int and Follow-Up Survey was ember 21, 2021. The stantiated (intake A deficiency was cited.					
	This facility is licens category:	sed for the following service					
		7G .5600C: Supervised Living elopmental Disabilities	3				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110				
	<ul> <li>SUPERVISION OF</li> <li>(a) There shall be paraprofessionals.</li> <li>(b) Paraprofession associate profession professional as spe Subchapter.</li> <li>(c) Paraprofession</li> </ul>	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for pals shall be supervised by an ponal or by a qualified pecified in Rule .0104 of this pals shall demonstrate nd abilities required by the	r				
	<ul> <li>(d) At such time as employment system then qualified profe professionals shall</li> <li>(e) Competence sl exhibiting core skill</li> </ul>		,				
	<ol> <li>technical know</li> <li>cultural awaren</li> <li>analytical skills</li> <li>decision-makin</li> <li>interpersonal s</li> <li>communication</li> </ol>	ness; ; ig; kills;					
	(7) clinical skills.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-296	B. WING			R 21/2021
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
OME C	ARE SOLUTIONS AT	HEATHER VIEW	ATHER VIEW L			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pa	age 1	V 110			
	develop and impler for the initiation of t	body for each facility shall ment policies and procedures the individualized supervision ach paraprofessional.				
	Based on interview #2) of two paraprof	et as evidenced by: and record review, one (staff ressional staff surveyed, failed knowledge, skills and abilities pulation served.				
	record revealed: - hired 3-23-12	ar shifts at the facility				
	former client #3 an - event on 5-3- - former client ; discomfort around - client ' s moth - mother asked rectum, and send if - staff #2, "adm uncomfortable doir - the picture wa Director/Licensee war	ner/legal guardian was called I staff to take a picture of her t to her nitted that they felt ng so but did it anyway" as also sent to the facility ' s				

530111

Division	of Health Service Re	equiation			FURM	APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY IPLETED	
		MHL034-296	B. WING	R 09/2′		२ <b>!1/2021</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
HOME C	ARE SOLUTIONS AT	HEATHER VIEW	ATHER VIEW				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 110	Continued From pa	ge 2	V 110				
	<ul> <li>former client # hospital</li> <li>client 's moth for her to go to the l appointment w</li> <li>appointment w</li> <li>primary care physica</li> </ul> Interview on 9-21-2 <ul> <li>she worked w</li> <li>good relationship w</li> <li>on 5-3-21 whe</li> <li>hemorrhoid, she wa</li> <li>and wanted to go to</li> <li>reported client</li> <li>the time</li> <li>mother was in</li> <li>calling her was a gr</li> <li>mother request</li> <li>and sent to her</li> <li>staff #2 relucts</li> <li>to her facility Directs</li> <li>Registered Nuse</li> <li>"When her motion back and said, 'that"</li> <li>"She told [form shower and use her</li> <li>"I told [Directot take the picture, I d</li> <li>we aren 't suppose</li> <li>staff #2 called</li> <li>arrived with 2 male</li> <li>(EMS) staff</li> <li>neither EMS s</li> <li>but did inform her the time time</li> </ul>	43 requested to go to a er stated it was not necessary hospital vas made with client ' s tian instead 1 with staff #2 revealed: ith former client #3 and had a ith her en former client #3 had a as crying, said she was in pain o a hospital t ' s mother was on vacation at a different time zone, and eat inconvenience sted the picture to be taken antly agreed, and also sent it or/Licensee, who is a other got the picture she called at ' s just a damn hemorrhoid ' mer client #3] to go take a r finger to push it back in" w/Licensee] I didn ' t want to idn ' t want to get fired, I know od to do that" 911 and an ambulance Emergency Medical Services staff examined former client #3 hat the hospital would likely					

If continuation sheet 3 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL034-296		B. WING		R 09/21/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	ARE SOLUTIONS AT	115 ATUED VIEW 3816 HE	ATHER VIEW L	ANE		
	ARE SOLUTIONS AT	WINSTO	N SALEM, NC	27127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pa	nge 3	V 110			
	Interview on 9-21-21 with the Qualified Professional (QP) revealed: - reported former client #3 's mother and father felt she wasn 't getting the attention she wanted - "[former client #3] would exaggerate issues with her parents, then over-dramatize issues to manipulate situations - regarding the incident where former client #3 wanted staff #2 to take her to the hospital for a hemorrhoid, a photo was taken that should not have been - staff #2 used her personal phone to take the picture - there was nothing in the photo that would identify former client #3, but it still should not have been done - that is not an acceptable practice, even though the client 's mother/guardian requested it		9			
	revealed: - she is a Regis - she remember client #3 having a h a picture of it with h - staff #2 was s the client ' s hemor - If this had beer is to call 911, which was not an emerger - "Her primary f [former client #3] w [staff #2] just wanter client) was okay, and up by what she saw	ered the incident with former nemorrhoid and staff #2 taking her personal phone startled by the appearance of rhoid en an emergency, the protocol a staff #2 did, even though it ency focus was on making sure ras okay and taken care of. ed to make sure she (the nd (staff #2) was a little shaker v" hing in the picture that could				

530111

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:				
		MHL034-296	B. WING			R <b>21/2021</b>	
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
IOME C	ARE SOLUTIONS AT	HEATHER VIEW	THER VIEW L				
(X4) ID	SUMMARY ST		N SALEM, NC	PROVIDER'S PLAN OF C		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLET DATE	
V 110	Continued From pa	age 4	V 110				
	and did so as soon see her doctor - her doctor pro- cream - the expectation use their personal phone for things lik - after the incid	nges all medical appointments, a as possible for the client to escribed an over-the-counter on for staff is that they don ' t phones or anyone else ' s te this lent, "we did some client ' s addressed the issue further in					