

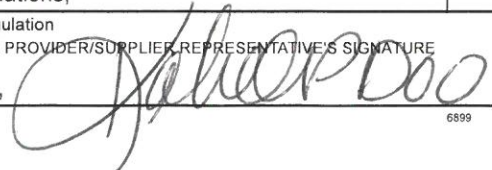
Division of Health Service Regulation

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 08/25/2021
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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
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 08/25/2021. The complaints (NC#179101 and NC#178905) were unsubstantiated. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	V 105	10/24/2021
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105	RHA has developed a new referral process to include a Referral Specialist to obtain and preview all incoming referrals for services including residential services. The Referral Specialist reviews all open beds and sends out the referral information to appropriate units for screening and admission. Each local team participates in the screening process and the IDT members make a decision together if the person is appropriate for the level of care provided at the group home. If the person exceeds the level of care provided at the group home, the referral is sent back to the Referral Specialist with justification as to why the open bed does not meet their needs. The Administrator participates in a weekly Vacant Bed Call to review each Units' open beds and progress with referrals. This process is monitored weekly by the Director of Operations and the Referral Specialist. In the future, the Administrator, Director of Operations and clinical IDT members will agree on appropriate admissions to the Hillpark Group Home. DHSR - Mental Health SEP 24 2021 Lic. & Cert. Section	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton, 	TITLE Director of Operations	(X6) DATE 9/22/2021
STATE FORM 6899	MJ6L11	If continuation sheet 1 of 12

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to implement their written policy criteria for admission for 1 of 1 audited former client, Former Client #6 (FC#6). The findings are:</p> <p>Review on 08/23/21 of the facility's written admission policies revealed:</p> <p>- "An assessment of the person's presenting diagnosis and needs will be completed to determine whether or not RHA can provide services to address the person's needs;"</p> <p>- "The elements of the assessment process shall include but are not limited to:</p> <ol style="list-style-type: none"> 1. The reason for admission, which include needs/problems; 2. strengths; 3. preferences; 4. evaluations, as appropriate, including but not limited to psychological, developmental, functional, social, physical, behavioral, economic, intellectual; 5. mental status, as appropriate; and 6. diagnosis(es);" <p>- The admission criteria stated "RHA (licensee) serves only those people for whom it has been determined by a duly constituted interdisciplinary team that placement in an RHA residence or periodic services is an appropriate placementassessments must contain information that is accurate and current."</p> <p>Review on 8/17/21 of FC#6's record revealed:</p> <p>- Admission Date: 9/5/19</p> <p>- Discharge Date: 7/12/21</p> <p>Diagnoses: Profound Intellectual and Developmental Disability (IDD), Gastrostomy, Cerebral Palsy, Partial Epilepsy, Spasticity, Cerumen Impaction, Constipation, Flexion Contractures, Dysphagia, Gastroesophageal Reflux Disease (GERD), Anxiety, Chronic Pain,</p> 	V 105		

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V 105	<p>Continued From page 3</p> <p>Encephalopathy, Legally Blind, and Diabetes; -Female; -Pre Admission History of Intermediate Care Facility (ICF) placement and skilled nursing for rehabilitation prior to admission to Hillpark Group Home; -FC#6 was admitted to the facility with a Percutaneous Endoscopic Gastrostomy (PEG) tube (feeding tube) and required complete care for dressing, eating, hygiene, and was wheelchair/bed bound; -FC#6's most recent treatment plan dated 6/24/21 included goals surrounding showing preferences for beverages by shaking her head, holding an item for 30 seconds, and attempting to push her arm through a sleeve while being dressed.</p> <p>Review on 8/18/21 of FC#6's pre-admission "selection review interview" to the facility revealed: -a document that was not signed or dated by RHA staff, despite having multiple signature lines noted as selection committee; -there was no diagnosis information documented, only preferences of client noted.</p> <p>Review on 08/18/21 of FC#6's new admission medical screening dated 6/3/19, prior to the facility admission revealed: -no diagnosis information other than grand mal seizures listed; -no documentation of signature of RHA medical staff;</p> <p>Review on 08/18/21 of FC#6's discharge paperwork from the (sending) nursing rehabilitation facility to the Hillpark Group Home revealed: -the receiving facility, Hillpark Group Home, was listed as an Intermediate Care Facility (ICF) on</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>the paperwork; -diagnosis information and dietary orders were not documented; -functional mobility and self-care needs including feeding, dressing, moving up and down, hygiene, and meal preparation were listed as total care.</p> <p>Interview on 08/11/21 with FC#6's guardian revealed: -FC#6 was currently at a nursing home; -they believed the facility kicked FC#6 out and "wouldn't allow her to come back because her care level had changed ...and nothing has changed;" -the doctors and team at the hospital made the recommendation for FC#6 change in level of care; -when FC#6 first went to the facility "it was great ...then the house manager left and COVID hit and it went downhill after;" -"We've seen differences in [FC#6] since she's been at the new facility "totally different now ...she's happier."</p> <p>Interview on 8/12/21 with Staff #1 and Staff#2 revealed: -FC#6 was total care and often took two people for everything; -staff were medication administration trained with CPR and First Aid training; -"nurses were available on-call, came to the facility to check medications ...and were available at the office if needed for a sick client."</p> <p>Interview on 8/20/21 with the former Qualified Professional (QP#1) revealed: -it was herself and a former house manager that screened and admitted [FC#6]; -"the former behavior specialist's mother was [FC#6]'s roommate at a nursing rehabilitation</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>facility and met the family ...that's how [FC#6] was referred;"</p> <p>-When FC#6 was admitted"things were less rigid ...and all of the initial evaluations they were as needed ...they faxed the application in to a supervisor in Burnsville;"</p> <p>-she spoke with the guardians about placing FC#6 in an ICF after her admittance but the guardian didn't want it;</p> <p>-after FC#6 was admitted, they changed how they process referrals;</p> <p>-FC#6 was above the level of care for Hillpark Group Home;</p> <p>Interview on 08/23/21 with the former Licensed Practical Nurse revealed:</p> <p>-her last day was 6/18/21;</p> <p>-she was not the admitting nurse for FC#6;</p> <p>-she reported that FC#6 was "non-verbal, no real mobility, spastic motions, no control, and had high care needs;"</p> <p>-She reported that FC#6 got "beneficial sensory exposure at the facility, however ... it was common knowledge, that [FC#6] needed a higher level of care;"</p> <p>-She reported that FC#6 "needed to be where she could be treated immediately if there was a concern, like a Urinary Tract Infection (UTI) ... the facility was not set up for that;"</p> <p>-FC#6 was not an appropriate referral for the facility.</p> <p>Interview on 8/12/21 with the Administrator revealed:</p> <p>-08/13/21 was his last day as Administrator of the facility;</p> <p>-FC#6 was now at a skilled nursing facility;</p> <p>-"residents at Hillpark Group Home were able to do some things for themselves; i.e. feed themselves, help with bathing, and [FC#6] was</p>	V 105		

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V 105	Continued From page 6 total care;" -he reported that the facility offered the FC#6's guardian an Intermediate Care Facility (ICF) placement for FC#6 and they refused; -he did not meet FC#6 prior to admission and FC#6 was not an appropriate referral; -they've changed how they screen referrals now; Review on 8/23/21 of local hospital Medical Records revealed: -on 6/26/21 FC#6 was admitted to a local hospital via Emergency Medical Services (EMS) from the group home due to altered mental status, low pulse, low blood sugar, low body temperature, and was diagnosed with a Urinary Tract Infection, and Septic Shock; -during FC#6's hospital stay, she required nebulizer treatments, a Peripherally Inserted Central Catheter (PICC) line for fluid resuscitation and antibiotics, supplemental oxygen, and continued tube feedings; -FC#6 developed pneumonia in the hospital and was discharged to skilled nursing facility on 7/12/21;	V 105	V 114 RHA will ensure all required fire and disaster drills are completed monthly on a rotating basis to include each shift. This process will be monitored by the Safety Committee and CQI Committee each month.	10/24/2021
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted	V 114		

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V 114	<p>Continued From page 7</p> <p>under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 08/12/21 of the facility's fire and disaster drill log revealed: - No documentation of fire drills during the following shifts and quarters: - January - March 2021: 2nd & 3rd shifts - April - June 2021: 3rd shift - No documentation of disaster drills during the following shifts and quarters: - January - March 2021: 2nd shift</p> <p>Interview on 08/25/21 with the Qualified Professional (QP) revealed: -There was no current house manager for facility who usually monitored these; -The house manager that was responsible for the first two quarters of the year missed the second shift drill by 20 minutes; -He will be following up to make sure these are done timely.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to keep the MAR current, affecting 1 of 2 audited current clients, Client #2 and 1 of 1 audited former client, Former Client #6 (FC#6). The findings are:</p> <p>Review on 08/12/21 and 8/17/21 of Client #2's</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>record revealed:</p> <ul style="list-style-type: none"> - Admission date: 08/03/20 - Diagnoses: Moderate Intellectual Disability (IDD), Cerebral Palsy, Hydrocephalus, Seizure Disorder (D/O), Psychotic D/O, and Visual Impairment - Female; - Physicians orders for the following medications included: <p>Divalproex 500 milligrams (mg) Extended Release (ER) tab, Take 1 tablet by mouth (PO) three times a day for seizures, ordered 8/7/20;</p> <p>Phenytoin EX Cap (Dilantin) 100mg, Take 3 capsules (300mg) PO on Monday, Weds, Friday at Bedtime, ordered 8/7/20;</p> <p>Phenytoin EX Cap 100mg, Take 2 capsules (200mg) PO on Tuesday, Thursday, Saturday and Sunday at bed time, ordered 8/7/20;</p> <p>Thera-Derm Lotion, Apply topically to affected area of feet daily ordered 3/1/21.</p> <p>Review on 8/17/21 of Client #2's MARs from June 2021 to August 2021 revealed:</p> <ul style="list-style-type: none"> -Divalproex 500mg Extended Release (ER) was recorded 3 times a day in the MAR, given at 8:00am, 2:00pm, and 8:00pm; -there were blanks on the MAR for Divalproex 500mg ER tab on 6/12/21 at 2:00pm and on 7/13/21 at 8:00pm. -a blank on the MAR for Thera-Derm Lotion on 7/4/21; -initials on the MAR on 7/1/21(Thursday), 7/3/21(Saturday), and 7/31/21(Saturday) under Phenytoin EX Cap, 300mg PO ordered on Monday, Wednesday, and Friday at bedtime. <p>Review on 8/17/21 of FC#6's ancillary physician orders revealed:</p> <ul style="list-style-type: none"> -water flushes 120-240 ML 3 times daily with meals, ordered 4/21/21. 	V 118	<p>V 118</p> <p>RHA will ensure each Medication Administration Record (MAR) is completed correctly each month as evidenced by:</p> <ol style="list-style-type: none"> 1) Implementing the med checker system on each shift. 2) Training each employee on the correct medication administration process. 3) Checking the MAR throughout the month for errors. 4) When errors are found, issue the employee a Medication Error Report and re-train the employee on the medication administration process. <p>This process will be monitored monthly by the Residential Team Leader, QP and/or Nursing staff. All medication errors are reviewed monthly in the CQI meeting.</p>	10/24/2021

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V 118	<p>Continued From page 10</p> <p>Review on 08/17/21 of FC#6's June 2021 MAR revealed: -water flushes were scheduled at 8:00am, 12:00pm, and 5:00pm with meal times; -blank on the MAR on 6/13/21 at 8:00am;</p> <p>Interview with Client #2 on 8/12/21 revealed: -she did not want to speak to surveyor; -she reported her stomach hurt and asked for staff;</p> <p>Attempts to interview FC#6 on 8/12/21 were unsuccessful because her communication is non-verbal.</p> <p>Interview on 08/12/21 with Staff#1 revealed: -they only keep the current month's MAR at the facility, the rest were at the office; -"nursing came to the facility to look at their med closet and check their meds;" -all of the staff were trained in medication administration;</p> <p>Interview on 8/24/21 with the Qualified Professional revealed: -they were short staffed currently and just got a new nurse; -nursing usually brought the med cards and bubble packs back from the house and reviewed them with the MARs; -they hadn't had any med errors in months; -because they were short staffed, staff may have been busy attending to another client and forgot to initial the MAR on blank areas; -FC#6 had to have her tube checked at 8am everyday for residual and it was initialed on 6/13/21 so she likely had her flush with her meal that morning; -there weren't negative outcomes from these</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>errors; -they can do an in-service training regarding MAR documentation.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received medications or service as ordered.</p>	V 118		



In-service Training

Date: 8/26/2021

Place Held: Hendersonville-Hillpark

Title of Training: Monthly Assessments/Requirements-

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

Purpose/Outline of Training

- 1) All Fire Drills, Disaster Drill, Safety Checklist (when due) and the Environmental Assessment are due by the 10th of each month.
- 2) Please continue to complete all other monthly assessments by the 10th of each month.
- 3) THE SAFETY CHECKLIST IS ONLY DUE ONCE EVERY 3 MONTHS (MARCH, JUNE, SEPTEMBER & DECEMBER).
- 4) Please note again the schedule for all assessments/drills:
 - a. Environmental Assessment: Due by the 10th of each month
 - b. Safety Checklist: Due by the 10th of each quarter (March, June, Sept, Dec). These will be completed the same month you do Tornado Drills on each shift.
 - c. Fire Drills: Due by the 10th of each month (See attached schedule for rotating shifts each month).
 - d. Disaster Drills: Due by the 10th of each month. Tornado Drills must be completed on EACH SHIFT the month they are due so you should turn in 3 forms the month these are due.
 - e. Water Temps: Checked monthly and reported on Fire Drill form
- 5) Please note that per DHSR State Licensure requirements that all Fire & Disaster Drills must rotate through each shift each quarter. This is monitored and checked during your annual survey and may be a violation if not followed. This is why a schedule is in place to ensure all shifts are covered each quarter. Please follow the outlined schedule of months/shifts to complete each drill on.

All Safety Assessments should be turned in by the 10th of each month. The original form to be turned in at the Hendersonville office and a copy kept at each home.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
Naah McKeay	1	Naah McKeay	HP
Arleen Arqueta	1st	Arleen Arqueta	HP
Angela Jew	3rd	Angela Jew	HP
Patenda Sizemore	3rd	Patenda Sizemore	HP



RHA
HEALTH SERVICES, LLC

In-service Training

Date **8/26/2021**

Place Held **Hendersonville-Hillpark**

Title of Training – **MAR Documentation**

Instructor's Name **Katherine Benton**

Title **Director of Operations**

Instructor's Name

Title

Purpose/Outline of Training

- 1) DSA staff in the group home will continue to follow the Med Checker System and will report to nursing any missing, invalid or incorrect information found to be on or missing from the MAR on any page.
- 2) DSA staff will ensure that they follow the 6 rights of Medication Administration and read/check the MAR 3 times against the meds for each individual supported prior to giving the meds to the individuals.
- 3) Documentation Errors on the MAR will continue to be monitored and reported as a Break in Procedure or Med Errors as appropriate.
- 4) DSA staff will ensure that they contact Nursing staff on call immediately if/when they have a question about a new medication, route or time a medication is to be given.
- 5) The Unit Clerk, RTL, Mentor, QP or Nurse will review the MARs monthly prior to the 1st to ensure no errors are listed on the MARs and notify Nursing staff immediately if they find an error prior to the new MAR being used. The Unit Clerk, RTL, Mentor, QP or Nurse will also ensure they check the MAR ongoing throughout the month to ensure all staff are administering & documenting the MAR correctly. The Unit Clerk, RTL, Mentor, QP or Nurse will ensure they contact Nursing immediately if they have a question or find a discrepancy on the MAR or throughout the month.
- 6) It is the responsibility of all staff and nurses to ensure the MAR is accurate at all times for the individuals supported.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Shift	Home	Grade
<i>Deah McKenig</i>	<i>L</i>	<i>HP</i>	
<i>Arleen Argueta</i>	<i>1st</i>	<i>HP</i>	<i>DSA</i>
<i>Burada Azemone</i>	<i>3rd</i>	<i>HP</i>	<i>DSA</i>
<i>Cheryl Jean</i>	<i>3rd</i>	<i>HP</i>	<i>DSA</i>



September 21, 2021

Ms. Anne S. Nelson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

SEP 24 2021

Lic. & Cert. Section

RE: MHL-045-067 Hillpark Group Home

Dear Ms. Nelson:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Hillpark Group Home during your annual survey visit on 8/25/2021. We have implemented the POC and invite you to return to the facility on or around 10/24/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Hillpark Group Home (MHL-045-067).

Sincerely,

A handwritten signature in black ink that reads "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

9/13/21

Ms. Katherine Benton, Director Of Operations
RHA Health Services NC, LLC
145 Cane Creek Industrial Park Rd, Suite 250
Fletcher, NC 28732

DHSR - Mental Health

SEP 24 2021

Re: Annual and Complaint Survey completed August 25, 2021
Hillpark Group Home, 175 Elson Ave, Hendersonville, NC 28739
MHL # 045-067
E-mail Address: K Benton2@rhanet.org;
(Intake #: NC#178905, NC#179101)

Lic. & Cert. Section

Dear Ms. Benton:

Thank you for the cooperation and courtesy extended during the Annual and Complaint survey completed August 25, 2021. The complaint was unsubstantiated.

Deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 24, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 13, 2021
Hillpark Group Home
Ms. Katherine Benton

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-665-9911.

Sincerely,



Anne S. Nelson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc qmemail@cardinalinnovations.org
DHHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant