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: B. WING MHL057-014 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3/3/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 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 DHSR - Mental Health repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. MAR 2 3 2023 (d) Each facility shall have basic first aid supplies accessible for use. Lic. & Cert. Section This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 3/3/23 of fire and disaster drills revealed:

R/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

FORM APPROVED 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 B. WING MHL057-014 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 | Continued From page 1 V 114 A new master fire drill 3/6/23 -There was no documentation of fire drills having schedule has been been conducted on 2nd shift in the quarter from October - December 2022. established for fire drills -There was no documentation of disaster drills having been conducted on 2nd shift in the quarter and disaster drills to be from October - December 2022. conducted in each of Interview on 3/4/23 with the Executive Director the two shifts once a revealed: -Did not have a master schedule to follow for month to better meet drills. -Will work with the new safety manager to create both state and CARF a schedule and adapt their current documentation quidelines. To be to better meet requirements. monitored by Exec. Dir. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 monthly. Verification X114 continued G.S. §131E-256 HEALTH CARE PERSONNEL Anew form has also REGISTRY (d2) Before hiring health care personnel into a been created that has health care facility or service, every employer at a health care facility shall access the Health Care sections for fire and Personnel Registry and shall note each incident of access in the appropriate business files. disaster drills.

Division of Health Service Regulation

This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3 audited staff (Staff #1 and Qualified Professional)

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R B. WING MHL057-014 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **36 MOUNTAIN HEIGHTS AVENUE** MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 131 | Continued From page 2 V 131 V131 (QP). The findings are: Staff # s completed Record review on 3/4/23 for Staff #1 revealed: -Date of Hire- 12/9/21. HCPR check had been -Date of HCPR verification- unable to locate. done, was downloaded Record review on 3/4/23 for the QP revealed: -Date of Hire- 7/1/21. and put into staff -Date of HCPR verification- 7/9/21. folder Interview on 3/4/23 with the QP revealed: -He was responsible for completed the HCPR check for Staff #1 as he was still Executive The QP's completed Director at that time. They recently sent documents to their accrediting agency and thinks HCPR check has also the HCPR for Staff #1 was in that batch of papers. been added to staff Interview on 3/4/23 with the Executive Director revealed: folder. -The QP was initially hired as the executive Director by their Board of Directors. She did not know specifically who was responsible for conducting the HCPR check at that time. MCGH will continue to 3/20/23 ensure all new staff have a HCPR check and New hire checklist has been updated to make it more clear this must be done prior to hiring. ED and QP will both Monitor new hire process to ensure HCPR is done per state quidelines.

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: MHL057-014 B. WING_ 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 3/3/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 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 under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 3/3/23 of fire and disaster drills

IER REPRESENTATIVE'S SIGNATURE

revealed:

TITLE

(X6) DATE 3/20/2023

Executive Director

6899

X55X11

If continuation sheet 1 of 3

PRINTED: 03/13/2023

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL057-014 B. WING 03/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 Continued From page 1 V 114 -There was no documentation of fire drills having A new master fire drill schedule has been been conducted on 2nd shift in the quarter from 03/06/23 established for fire drills and disaster drills October - December 2022. to be conducted in each of the two shifts -There was no documentation of disaster drills once a month to better meet both state having been conducted on 2nd shift in the quarter and CARF guidelines. To be monitored by from October - December 2022. Executive Director monthly. 03/06/23 Interview on 3/4/23 with the Executive Director A new form has also been created that has revealed: separate tracking sections for fire drills and -Did not have a master schedule to follow for disaster drills. drills. -Will work with the new safety manager to create a schedule and adapt their current documentation to better meet requirements. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3

Division of Health Service Regulation

audited staff (Staff #1 and Qualified Professional)

of Health Service R	egulation			FORM APPROVE	
NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		//	X3) DATE SURVEY COMPLETED	
	MHL057-014	B. WING _		R 03/03/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
MADISON COUNTY GROUP HOME HOT SPRINGS, NC 28743					
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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SHOULD BE COMPLETE	
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(QP). The findings are:					
-Date of Hire- 12/9/2 -Date of HCPR verification on 32 -Date of Hire- 7/1/2 -Date of HCPR verification	21. fication- unable to locate. /4/23 for the QP revealed: 1. fication- 7/9/21.				
Interview on 3/4/23 with the QP revealed: -He was responsible for completed the HCPR check for Staff #1 as he was still Executive Director at that time. They recently sent documents to their accrediting agency and thinks			Staff #1's completed HCPR check had been done and the check has been downloaded and put into the staff folds. The QP's completed HCPR check has	er.	
papers. Interview on 3/4/23 v revealed: -The QP was initially Director by their Boa know specifically wh	with the Executive Director hired as the executive of Directors. She did not of was responsible for		The Madison County Group Home will continue to ensure all new staff have a Ficheck and the new hire documentation checklist has been updated to make it molear that this must be done prior to hiring QP and Executive Director will both monhiring process to ensure HCPR is accomplished per state guidelines.	ore g.	
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa (QP). The findings: Record review on 3 -Date of Hire- 12/9/2 -Date of HCPR veri Record review on 3/4/23 -He was responsible check for Staff #1 as Director at that time documents to their at the HCPR for Staff # papers. Interview on 3/4/23 verealed: -The QP was initially Director by their Boaknow specifically wh	MHL057-014 PROVIDER OR SUPPLIER STREET AI ON COUNTY GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 (QP). The findings are: Record review on 3/4/23 for Staff #1 revealed: -Date of Hire- 12/9/21Date of HCPR verification- unable to locate. Record review on 3/4/23 for the QP revealed: -Date of Hire- 7/1/21Date of HCPR verification- 7/9/21. Interview on 3/4/23 with the QP revealed: -He was responsible for completed the HCPR check for Staff #1 as he was still Executive Director at that time. They recently sent documents to their accrediting agency and thinks the HCPR for Staff #1 was in that batch of papers. Interview on 3/4/23 with the Executive Director	NT OF DEFICIENCIES NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULT A. BUILDIN MHL057-014 PROVIDER OR SUPPLIER STREET ADDRESS, CITY 36 MOUNTAIN HEIGHOT SPRINGS, NC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 (QP). The findings are: Record review on 3/4/23 for Staff #1 revealed: -Date of Hire- 12/9/21Date of HCPR verification- unable to locate. Record review on 3/4/23 for the QP revealed: -Date of HCPR verification- 7/9/21. Interview on 3/4/23 with the QP revealed: -He was responsible for completed the HCPR check for Staff #1 as he was still Executive Director at that time. They recently sent documents to their accrediting agency and thinks the HCPR for Staff #1 was in that batch of papers. Interview on 3/4/23 with the Executive Director revealed: -The QP was initially hired as the executive Director revealed: -The QP was initially hired as the executive Director by their Board of Directors. She did not know specifically who was responsible for	NO F DEFICIENCIES NO F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 36 MOUNTAIN HEIGHTS AVENUE HOT SPRINGS, NC 28743 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 2 (QP). The findings are: Record review on 3/4/23 for Staff #1 revealed: -Date of Hire- 12/9/21. -Date of HCPR verification- unable to locate. Record review on 3/4/23 with the QP revealed: -Date of Hire- 7/1/21. -Date of HCPR verification- 7/9/21. Interview on 3/4/23 with the QP revealed: -He was responsible for completed the HCPR check has been downloaded and put into the staff folder. The QP's completed HCPR check has been added to the staff folder. The QP's completed HCPR check has been added to the staff folder. The QP's completed HCPR check has been added to the staff folder. The Madison County Group Home will continue to ensure all new staff have a been updated to make it makes the more on thiring process to ensure HCPR is	