STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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	INITIAL COMMENTS A complaint and follow up survey was completed on August 7, 2023. The complaint was substantiated (NC# 00204083). 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 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 108	Continued From page 1 the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 staff (Group Home Manager #2 (GHM #2) and Direct Support Professional #2 (DSP #2) were trained to meet the mental health/developmental disabilities/substance abuse (mh/dd/sa) needs of a client. The findings are: Review on 7/21/23 of Client #2's record revealed: -Admission date: 3/5/21 -Diagnoses: Moderate Intellectual Developmental Disabilities (IDD), Rule Out Bipolar I, Onychomycosis, Controlled Type 2 Diabetes mellitus, Hypertension, and Seizure Disorder. -had Vagal Nerve Stimulator (VNS) (seizures) on left side of chest. Review on 7/21/23 of physician letter for Client #2 signed and dated 9/18/20 revealed: -"If client has seizure ...swipe magnet over Vagal Nerve Stimulator (VNS) slowly ..." Review on 7/21/23 of GHM #2's personnel record revealed: -Hire date: 1/30/12	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 108	Continued From page 2 -No evidence GHM #2 had completed training to meet the needs of client #2. Review on 7/5/23 of the DSP #2's personnel record revealed: -Hire date: 1/3/22. -No evidence DSP #2 had completed training to meet needs of client #2 related to identifying and responding to seizures. Interview on 7/10/23 with the DSP #2 revealed: -Hired to do maintenance but would fill in as direct care " ...a couple of times." -"Mainly" filled in on the specific needs of Clients. Interview on 7/24/23 with GHM #2 revealed: -"supposedly he (Client #2) has bad seizures;" -"he's not had one since he's been here;" -didn't know what kind of seizures Client #2 had; -he (Client #2) had a magnet that he doesn't use so he won't get shocked; -answered "no" to training on how to use the magnet for Client #2's VNS; This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 109	Continued From page 3 (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) 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. (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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/ Executive Director/Licensee (QP #1/ED/L) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 109	Continued From page 4 Refer to Tag 108 for failure to train staff on client needs: -No staff training on the use of Client #2's magnet for his Vagal Nerve Stimulator. Refer to Tag 112 for failure to develop and implement treatment strategies: -strategies to address client needs were not included in treatment plans. Refer to Tag 113 for failure to maintain client records: -client emergency sheets were not up to date or fully completed. -progress towards outcomes was not documented in client records. Refer to Tag 291 for failure to coordinate care for clients: -Limited communication with the medical provider and amongst staff resulted in a lack of coordination of care for clients. Review on 6/28/23 and 7/10/23 of the QP #1/ED/L's personnel file and job descriptions revealed: -Hire date: 7/1/19. -"The Executive Director will be the person employed to provide and/or coordinate the services to the group home residents, staff, and the day to day operations of the homes operated by [Brushy Mountain Group Homes, Inc.] Responsibilities: ...serves as a liaison within the community and with other agencies serving group home residents ...Supervises group home staff, both time and relief, in managerial and programmatic areas ...assure individual goal plans are developed and implemented for each resident ...maintain contact awareness of the	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 109	Continued From page 5 needs of the group home residents, and the resources available to meet these needs." -"Qualified Professional ...will assist with maintaining services to meet requirements of the state of NC ... Responsibilities are ...Create and update Person Centered Plans (Treatment Plans) for Person's Served ...To provide other required training to Group Home Managers and other direct care staff as needed ...Stay on top of new state and local LME/MCO requirements." Interview on 7/25/23 with the QP #1/ED/L revealed: -she was the Executive Director and filling in as QP. -part of her role included, "providing training to staff, overseeing all three homes (sister facilities) in the same manner, scheduling appointments ...supervised staff." -staff were trained on the Vagal Nerve Stimulator (VNS), "it's gone over in medication administration;" -thought client emergency face sheets had current information; -group home managers were supposed to keep the records updated in client books; -was unaware of Client #2 going to the doctor by himself; -unaware that Client #2's VNS magnet was locked up in the medication closet at the facility, and that he had lost his extra one. -was now going to make sure that a staff or herself attended all client doctor appointments. -"maybe we aren't getting everything we need to be getting (information from doctors)." -"It would be a good idea to look at the books (Client Books)." This deficiency is cross referenced into 10A	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 109	Continued From page 6 NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision 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 plan upon hiring each paraprofessional.	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 110	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, 1 of 4 paraprofessionals (Direct Support Professional #2 (DSP #2)) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are: Review on 7/5/23 and of DSP #2's personnel record revealed: -Hire date: 1/3/22. Review on 7/5/23 of DSP #2's job description revealed: "Responsibilities of Group Home Support Staff -Fill In Worker ...responsible for filling in as needed for full time staff; -maintaining daily operation of the home ... overseeing that the home is clean and giving instructions and supervision to residents regarding responsibilities for household chores ....being knowledgeable of medical needs of residents, assist residents with doctor, dental, or other appointments, and any emergency procedures that might be required..assisting residents in development of personal hygiene and care such as cleanliness, grooming ..." Interview on 7/10/23 at 2:34PM with DSP #2 revealed: -filled in as direct care staff at the facility -had been trained in Alternatives to Restrictive Interventions, CardioPulminary Resucitation (CPR)/First Aid, and Medication Administration -had taken clients to the doctor. Interview on 7/24/23 with Group Home Manager #2 (GHM #2) revealed:	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 110	Continued From page 8 -"[Client #2] was dropped off by [DSP #2] at the doctor's (office) and he went in by himself ...he called his sister when the doctor started telling him what to do ...it hadn't happened again." -"If he was capable, he (Client #2) wouldn't be in a group home." Interview on 7/25/23 with Qualified Professional #1/Executive Director/Licensee revealed: -wasn't aware of Client #2 going to the doctor by himself; -"wouldn't think so, he (Client #2) fabricates ...we need to know." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 112	Continued From page 9 (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment strategies affecting 3 of 3 clients (#1, #2, and #3). The findings are: Review on 7/21/23 of Client #1's record revealed: -Admission Date: unavailable for review: -Diagnoses: Morbid Obesity, Diabetes Type 2 with Stage 1 Chronic Kidney Disease, Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression, and Varicose Veins. Review on 7/21/23 of Client #1's treatment plan dated 4/6/23 revealed: -Goals revealed: "(1) living independently as possible ...to enhance physical and mental health, improve social skills ..." "[Licensee/staff] ...will provide 24-hour supervision of [Client #1]." -no specific treatment strategies under this first goal for how staff will work with Client #1 to	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 112	Continued From page 10 improve his physical or mental health. Review on 7/21/23 of Client #2's record revealed: -Admission date: 3/5/21. -Diagnoses: Moderate IDD, Rule out Bipolar I, Onychomycosis, Controlled Type 2 Diabetes mellitus, Hypertension, and Seizure Disorder. -had Vagal Nerve Stimulator (VNS). Review on 7/21/23 of Client #2's treatment plan dated 2/11/23 revealed: - treatment plan did not include any treatment strategies regarding Client #2's magnet for VNS. -treatment plan did not indicate who was responsible for monitoring Client #1's health, safety, and welfare while working. Review on 7/21/23 of Client #3's record revealed: -Admission date:1/8/08. -Diagnoses: Moderate IDD, Alcohol Use Disorder (D/O), Tobacco Use D/O, Seizure D/O by history, and Hypertension. Review on 7/21/23 of Client #3's treatment plan dated 10/11/22 revealed: -"[Client #3] continues to need 24-hour supervision and structure." -treatment plan did not indicate who was responsible for monitoring Client #3's health, safety, and welfare while working. Interview on 7/24/23 with Client #1 revealed: -could not identify treatment goals. -"I'm supposed to be on a diet, I don't know what kind." -worked by himself. -worked at a fast food restaurant. Interview on 7/24/23 with Client #2 revealed: -"had to move away from home ...they couldn't'	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 112	Continued From page 11	V 112		

watch me all the time."
-worked three days a week at a local grocery store.
-hadn't had issues with seizures at work.
-"I would be alert enough to show someone what to do if I were to have a seizure;"
-has had to use his magnet twice.
-"They keep it (the magnet) locked up in the med closet."
-could not identify treatment goals.

Interview on 7/24/23 with Client #3 revealed:
-Liked his job.
-"supposed to eat salads and stuff."
-could not identify treatment goals.

Interview on 7/24/23 with Group Home Manager #1 (GHM #1) revealed:
-"[Client #1]he works in community ....he usually works on Mondays, one day a week ...pick him up at 2."
-"[Client #1] spends a lot of time in his recliner ...we try to get him up some."
-"[Client #1] will have his bad days, can get upset, lash out verbally ...but he's a good guy"
-"[Client #2] works three days a week ...doesn't like to be still ...has to do something."
-"[Client #3] tinkers with small engines ...not much on household chores ...says its women's work."
-"both [Clients #1 and #2] have to watch their diet ...their sugar and carbohydrate intake."

Interview on 7/25/23 with Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed:
-"was the ED and filling in as QP but not so much now that the new one (QP #2) has come on board;"
-was responsible for treatment plans as QP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 112	Continued From page 12 -"the last QP left end of March 2023 but in April/May 2023 ....the Local Management Entity/Managed Care Organization (LME/MCO) didn't want anything sent in;" -"[Client #1] works at [a fast food restaurant] one day a week ...has problems with weight but is doing better ...mobility issues due to weight." -"We try to advise him (Client #1) to not make sugary choices, not drink so many soft drinks. He will get them at work and the store." -It was in Client #2's treatment plan to carry his magnet for his VNS, "it used to be." -"[Client #3]'s goals are around what he likes to do." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan;	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 113	Continued From page 13 (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain client records affecting 3 of 3 audited clients (#1, #2, and #3). The findings are: Review on 7/21/23 of Client #1's record revealed: -Admission Date: unavailable for review: -Diagnoses: Morbid Obesity, Diabetes Type 2 with Stage 1 Chronic Kidney Disease,	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 113	Continued From page 14 Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression, and Varicose Veins. -Identification Face Sheets were not kept up to date and more than one sheet was located in the record. Diagnoses across records varied. Review on 7/21/23 of Client #1's FL-2 undated, revealed: -Diagnoses: Severe IDD, Impaired Glucose Tolerance, and Tobacco Abuse; -Treatment Plan dated 4/6/23, diagnoses included: Major Depressive D/O, Recurrent Episode Moderate by history and IDD Mild. -Guardian contact listed an address, no phone number. -there was no documentation of progress towards outcomes in the record. Review on 7/21/23 of Client #2's record revealed: -Admission date: 3/5/21 -Diagnoses: Moderate IDD, Rule out Bipolar I, current or most recent unspecified, Onychomycosis, Controlled Type 2 Diabetes mellitus, Hypertension, and Seizure Disorder. -had Vagal Nerve Stimulator (VNS). Review on 7/21/23 Client #2's FL-2 dated 5/4/23 revealed: -Diagnoses: Seizure D/O from childhood and IDD from Childhood. -Treatment plan dated 2/1/23 included: "Medical Problems were reported as Seizures ... Anxiety ...Leg Cramps as well as a history of Diabetes, kidney cancer, Hypertension, Strokes ...and High cholesterol." -Identification Face Sheets were not kept up to date and more than one sheet was located in the record. -Guardian contact listed an address, no phone	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 113	Continued From page 15 number. -Diagnoses across records were varied: Review on 7/21/23 Client #2's FL-2 dated 5/4/23 revealed: -Diagnoses: Seizure D/O from childhood and IDD from Childhood; -Treatment plan dated 2/1/23 diagnoses included: "Medical Problems were reported as Seizures ... Anxiety ...Leg Cramps as well as a history of Diabetes, kidney cancer, Hypertension, Strokes ...and High cholesterol." -there was no documentation of progress towards outcomes in the record. Review on 7/21/23 of Client #3's record revealed: -Admission date:1/8/08 -Diagnoses: Moderate IDD, Alcohol Use Disorder (D/O), Tobacco Use D/O, Seizure D/O by history, and Hypertension. -Diagnoses across records were varied: Review on 7/21/23 Client #3's FL-2 dated 4/3/23 revealed: -Diagnoses: GERD, Hyperlipidemia, Darier's Disease, Acne Rosacea, Allergic Rhinitis, and Chest pain. -Identification Face Sheets showed different names for guardians. -No diagnoses were listed on emergency sheet. -there was no documentation of progress towards outcomes in the record. Interview on 7/24/23 with the Primary Care Provider-Nurse Practitioner revealed: -Face sheets and contact information provided by the facility are not kept current. - "We can't leave (phone) messages about (client) labs because the numbers we have are old or are for staff that aren't working there anymore ...We need something reliable to leave messages."	V 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 113	Continued From page 16 Interview on 7/25/23 with Qualified Professional #1/Executive Director/Licensee revealed: -group home managers (GHM's) are responsible for updating records ...the emergency permit (face) sheet has the current information." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 113		
V 118	27G .0209 (C) Medication Requirements 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 order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 118	Continued From page 17 drug. (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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to administer medications as ordered by the physician and failed to keep MARs current for 2 of 3 audited clients (#1 and #2). The findings are: Cross Reference 10A NCAC 27G. 0209 Medication Requirements (V121). Based on record review and interviews, the facility failed to obtain a pharmacist's or physician's drug regimen review for all clients receiving psychotropic drugs at least every six months affecting 2 of 3 audited clients (#1 and #2). Review on 7/21/23 of Client #1's record revealed: -Admission Date: unavailable for review. -Diagnoses: Morbid Obesity, Diabetes Type 2 Diabetes with Stage 1 Chronic Kidney Disease, Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression, and Varicose Veins. Review on 7/21/23 of Client #1's MARs and physician orders from 5/1/23 to 7/21/23 revealed: -Hydrocortisone Cream 2.5%, (itch relief), apply	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 118	Continued From page 18	V 118		

to affected area, 3 times a day, no physician order.
-Dextro-Amphetamine ER 25 milligrams (mg), (weight-loss), 1 capsule by mouth (PO), every morning (QAM); initialed as administered June 1, 2023, through July 21, 2023, no physician order.
-Diclofenac sodium 1% gel (pain) was not listed on the MAR, no physician order.

Observation on 7/21/23 at 12:33PM of Client #1's medication revealed:
-Hydrocortisone Cream 2.5%, over the counter box (OTC) present.
-Dextro-Amphetamine ER 25mg, dispensed 7/12/23.
-Diclofenac sodium 1% gel (arthritis/pain relief), dispensed 11/14/22, label states apply 4 grams(g) to bilateral hip area, four times a day.
-5 tubes of Diclofenac gel were present.

Interview on 7/21/23 with Group Home Manager #1 (GHM #1) revealed:
-Client #1 is Diabetic, working on losing weight.
-Client #1 "uses the Diclofenac gel sometimes."
-used the gel for hip/knee pain.
-not sure why Diclofenac Sodium gel was not listed on the MAR.

Review on 7/21/23 of Client #2's record revealed:
-Admission date: 3/5/21
-Diagnoses: IDD, Rule Out Bipolar I, Onychomycosis, Controlled Type 2 Diabetes mellitus without (w/o) complication w/o long term use of insulin, Hypertension, and Seizure Disorder.

Review on 7/21/23 of Client #2's MARs and physician orders from 5/1/23 to 7/21/23 revealed:
-Vitamin B6 100mg (Pyridoxine) (Vitamin Supplement), 1 tablet (tab), by mouth (PO), every

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 118	Continued From page 19	V 118		

morning (QAM), initialed as administered from 5/1/23 to 7/21/23.
-Hyland Restless Legs, no dosage transcribed on MAR, one tab, daily, administered 5/1/23-7/21/23, no physician order.
-Levetiracetam 500mg tab (Keppra) (Seizures), 2 tabs, PO 8AM and 8PM, daily, initialed as administered from 5/1/23 to 7/21/23, no physician order.

Observation on 7/21/23 at 1:50pm of Client #2's medication revealed:
-Vitamin B6 100mg was not present in the facility.
-Highland Restless Leg, dispensed 6/21/23.
-Levetiracetam 500mg tab, 1 ½ tabs (750mg) QAM, and 2 ½ tabs (1,250mg) in the evening (QHS) for 2 weeks, then 1 tab (500mg) QAM, and 3 tabs (1500 mg) QHS, written 5/4/23.

Interview and observation on 7/21/23 at 2:05PM with GHM #2 and Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed:
-"don't know why they messed with Client #2's Keppra, It's the same dosage;"
-GHM #1 contacted the dispensing pharmacy and reported that the Vitamin B-6 was discontinued March 22, 2023, but she continued to initial monthly.
-QP #1/ED/L,"I hate that staff have been initialing something they haven't been giving for three months."

Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.

Review on 7/25/23 of the Plan of Protection signed by the Qualified Professional #2 (QP #2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 118	Continued From page 20 dated 6/30/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? QP (QP #2) has ordered new magnets for VSN (Vagal Nerve Stimulator) for client to have three and will have RN (Registered Nurse) to provide training on how to use it to both staff and client (7/31/2023). QP (QP #2) is working on a contract with [local pharmacy name] and will request they provide a pharmacy review at least quarterly (7/28/23). QP to reach Primary Care (PCP-NP) to see if they can review the medication until the contract with Pharmacy Alternative can be completed. QP (QP#2) and RN to review MARs (Medication Administration Records) to correct errors and will retrain on paper MARs (8/4/2023). QP will contact PCP-NP (Primary Care Provider) to obtain missing orders (7/28/23) and has established new forms for consult visit to limit these areas and trained staff on them on 7/13/2023. RN will train on timeline when physician orders should be signed (7/28/23). Describe your plans to make sure the above happens. QP has found an RN that has worked in ICF (Intermediate Care Facility) Group homes and understands the regulations to ensure that we are up to standards and provide the best care (7/25/23). She will be working with us and hopefully transition on permanently as our nurse.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 118	Continued From page 21 QP and RN will have records of in-servicing of all training. QP and RN will do random observations and provide immediate feedback and will take the appropriate course of action." This deficiency constitutes a recited deficiency. Client #1, #2, and #3 have diagnoses that include Hypertension, Intellectual Developmental Disabilities, Type 2 Diabetes, Morbid Obesity, and Rule Out for Bipolar 1 and Chronic Kidney Disease. MARs were not kept current for Client #1, and #2 including the correctly transcribed dosage of seizure medication for Client #2. Medicated Gel for Client #1 was not included on the MAR. There were no physician orders for 5 medications between Client #1 and #2. There was no evidence of psychotropic medication reviews completed in the last year. Staff continued to initial administering a Vitamin for three months for Client #2 despite it being discontinued in March 2023. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review:	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 121	Continued From page 22 (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to obtain a pharmacist's or physician's drug regimen review for all clients receiving psychotropic drugs at least every six months affecting 2 of 3 audited clients (#1 and #2). The findings are: Review on 7/21/23 of Client #1's record revealed: -Admission Date: unavailable for review. -Diagnoses: Morbid Obesity, Diabetes Type 2 with Stage 1 Chronic Kidney Disease, Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression, and Varicose Veins. Review on 7/21/23 of Client #1 physician orders revealed: -Divalproex 500 milligrams (mg) (mood stabilizer), 1 cap, QAM, ordered 1/27/23. -Citalopram 40mg (Depression/Anxiety) 1 tab QD; last written 6/6/23; original date 12/27/22. -No evidence of 6-month drug regimen review completed by a pharmacist or physician available.	V 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 121	Continued From page 23 Review on 7/21/23 of Client #2's record revealed: -Admission date: 3/5/21. -Diagnoses: Moderate IDD, Rule Out Bipolar I, current or most recent unspecified, Onychomycosis, Controlled Type 2 Diabetes w/o) complication w/o long term use of insulin, Hypertension, and Seizure Disorder. Review on 7/21/23 of Client #2's physician orders revealed: -Fluoxetine 20mg (depression) 1 cap QD, last written 3/20/23. -Lamotrigine 100mg tab (seizures/mood stabilizer), 2 ½ tabs, BID, last written 3/3/23. -No evidence of 6-month drug regimen review completed by a pharmacist or physician available. Interview on 7/21/23 and 7/26/23 with the Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L) revealed: -Review of psychotropic medications were not completed. -Thought reviews had to be completed annually. -"thought Client #1 was taking Citalopram and Divalproex for his explosive personality disorder ...he gets angry really quick." - "think it was to help with his anxiety issues ...not sure why Divalproex is listed as an anti-convulsant on his MAR...he's never had a seizure." This deficiency is cross-referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 121		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 24 (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 25 mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide the care and rehabilitation within the scope of the program affecting 3 of 3 audited clients (#1, #2, and #3). The findings are: Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to ensure 2 of 4 staff (Group Home Manager #2 (GHM #2) and Direct Support Professional #2 (DSP #2)) were trained to meet the mh/dd/sa needs of the clients. Cross Reference: 10A NCAC 27G .0203	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 26 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record review and interview, 1 of 2 Qualified Professionals (Qualified Professional #1/ Executive Director/Licensee (QP #1/ED/L) failed to demonstrate the knowledge, skills, and abilities required by the population served. Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record review and interview, 1 of 4 staff (Direct Support Professional #2 (DSP #2)) failed to demonstrate the knowledge, skills, and abilities required by the population served. Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interview, the facility failed to develop and implement treatment strategies to address the needs of the clients, affecting 3 of 3 audited clients (#1, #2, and #3). Cross Reference: 10A NCAC 27G .0206 Client Records (V113). Based on record reviews and interviews, the facility failed to maintain client records affecting 3 of 3 audited clients (#1, #2, and #3). Cross Reference: 10A NCAC 27G .5602 Staffing (V290). Based on record review and interview, the facility failed to assess, annually review, and document that a client was capable of being unsupervised in the community affecting 3 of 3 audited clients, (#1, #2, and #3). Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record review and interview, the facility failed to ensure service	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 27 coordination was maintained with other professionals responsible for the treatment for 2 of 3 audited clients (#1 and #2). Review on 7/25/23 of the Plan of Protection signed by the Qualified Professional #2 (QP #2) dated 6/30/23 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? QP (QP#2) will schedule a qualified RN (Registered Nurse) to come teach medication administration (includes medication (med) disposal, proper handling, proper storage, and paper MAR (Medication Administration Record)), vital signs, signs of illness, blood sugar checks, diets, and diet consistency. She will also teach choking risk, pneumonia risk, catheter hygiene and maintenance, fall risk and safety hazards. Will teach adaptive equipment and maintenance (8/1/23-8/4/23). RN will come and observe and give guidelines to med closet (7/13/23). QP (QP#2) contacted [local pharmacy 1] and [local pharmacy 2] regarding individualized bubble packs for medication and electronic MAR that will communicate with doctor and pharmacy (7/13/2023 will have to get board approval on cost which is schedule 7/20/23). (waiting on approval for the revision of contract due 7/28/23). RN and QP (QP #2) will implement specific treatment plans for each client, new updated clinical books with current face sheet and new documentation forms and organization (8/1/23). RN will teach proper documentation and proper record management (8/1/23).	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 28 QP (QP #2) and RN will implement guidelines and training about expectations at doctor appointments, PHI (Protected Health Information), communication logs for staff and with medical professionals. (8/1/23-8/4/23). QP (QP #2) will complete employment assessment for individuals in the community doing supported employment to have unsupervised time away from staff and update treatment plans to reflect the decision. QP (QP#2) will also retrain staff on Supported Employment guidelines, coaching expectations, and documentation (8/3/2023). QP (QP #2) will speak with guardians/self-guardian about having confidentiality medical information release forms signed by employers to make them aware of medical needs for our clients (7/28/2023). Describe your plans to make sure the above happens. QP (QP #2) has found an RN that has worked in ICF (Intermediate Care Facility) Group homes and understands the regulations to ensure that we are up to standards and provide the best care. She started working on (7/25/23) and has established guidelines and will be implementing them immediately to bring BMGH (Brushy Mountain Group Homes) to state standards. QP (QP #2) and RN will have records of in servicing of all training. QP (QP #2) and RN will do random observations and provide immediate feedback and will take the appropriate course of action."	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 289	Continued From page 29 Clients #1, #2 and #3 had diagnoses that include Hypertension, Intellectual Developmental Disabilities, Type 2 Diabetes, Morbid Obesity, and Rule Out for Bipolar 1 and Chronic Kidney Disease. Client #1 had Diabetes and worked in the community at a local fast food restaruant. He was not supervised while at work and his dietary intake could not be monitored. Client #2 has a Vagal Nerve Stimulator that required a magnet to be swiped across his body if he had a seizure. The only magnet in the facility stayed locked in the facility medication closet and did not go with the client to work or out in the community. Staff didn't know how they would access the magnet for Client #2 if needed in the community, in the event of a problem. While Client #2 never had a seizure in the facility, direct care staff were not trained to know what symptoms to look for nor how to use the magnet. Direct care staff were dismissive and felt that Client #2 would "put on" with his restless legs syndrome to get attention while claiming to have seizures. Client #2 was allowed to go to a doctor appointment by himself. Staff were not getting information back regarding Client #2's medical appointments because staff were not attending. Clients were working in the community by themselves unsupervised without an assessment of their ability to do so. A lack of communication with providers and amongst staff resulted in a lack of coordination of care for clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 290	Continued From page 30	V 290		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 290	Continued From page 31 duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess, annually review, and document that a client was capable of being unsupervised in the community affecting 3 of 3 audited clients (#1, #2, #3). The findings are: Review on 7/21/23 of Client #1's record revealed: -Admission Date: not available for review. -Diagnoses: Morbid Obesity, Diabetes Type 2 with Stage 1 Chronic Kidney Disease, Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression and Varicose Veins. -treatment plan dated 4/6/23 revealed: "[Licensee/staff] ...will provide 24-hour supervision of [Client #1]." Goal "[Client #1] will be provided work options ...potential of remaining at [fast food restaurant] for the plan year;" -no assessment of Client #1's ability to have unsupervised time in the community; -treatment plan did not indicate who was responsible for monitoring Client #1's health, safety, and welfare while working. Interview on 7/24/23 with Client #1 revealed;	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 290	Continued From page 32 -worked at a fast food restaurant. -worked by himself. -couldn't identify how often his job coach goes to his job. Review on 7/21/23 of Client #2's record revealed: -Admission date: 3/5/21 -Diagnoses: Moderate IDD, Rule out Bipolar I, Onychomycosis, Controlled Type 2 Diabetes mellitus, Hypertension, and Seizure Disorder. -treatment plan dated 2/11/23 revealed: Client #2 works three days a week, three hours per day; -no assessment of Client #1's ability to have unsupervised time in the community; -treatment plan did not indicate who was responsible for monitoring Client #1's health, safety, and welfare while working. Interview on 7/24/23 with Client #2 revealed; -worked at a local grocery store, 3 days a week; -his job coaches come by ..."I call it spying." -"they (job coaches) come check every other week." Review on 7/21/23 of Client #3's record revealed: -Admission date:1/8/08 -Diagnoses: Moderate IDD, Alcohol Use Disorder (D/O), Tobacco Use D/O, moderate, Seizure D/O by history, and Hypertension -treatment plan dated 10/25/22 revealed "Client #3 continues to need 24-hour supervision and structure each day ...Crisis Prevention Section:...including one-on-one worker during the week and on the weekends." "24-hour supervision does help [Client #3] to maintain himself safely." -no assessment of Client #1's ability to have unsupervised time in the community; -treatment plan did not indicate who was responsible for monitoring Client #3's health,	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 290	Continued From page 33 safety, and welfare while working. Interview on 7/24/23 with Client #3 revealed: -worked at a local steel company; -"does cans and weed eats;" -liked his job; -someone checks on him at work "every once in a while." Interview on 7/24/23 with Group Home Manager #1 (GHM #1) revealed: -"[Client #1] works at [fast food restaurant]...we take and pick him up ...don't know who goes and checks on him." Interview on 7/21/23 with GHM #2 revealed: -"[Client #1] works out in community, usually one day a week, we pick him up around 2pm;" -"[Client #2] works 3 days a week." Interview on 6/28/23 and 7/25/23 with Direct Support Professional #3 (DSP #3) revealed: -program manager for day activities, also filled in for direct care; -"Check in daily at their (client) jobs ...they are unsupervised once they learn their skill." -"assist more if/when needed;" -"they (clients) are treated like any other employee." Interview on 7/25/23 with Qualified Professional #2 (QP #2) revealed: -"[Client #1] works one day per week, he was approved for supportive employment; -was not sure how often staff follow up with him on the job." -"[Client #2] was not supervised at his job, he gets, follow up-coaching ...he is his own guardian." -"[Client #3] has been working for a long time at	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 290	Continued From page 34 the local steel company ...he gets 2 visits a month (from staff)." Interview on 7/25/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed: "didn't have that meeting with the team to say they (clients) can be in the community by themselves ...Something we are going to have to do." -have discussed it as a team but don't have an assessment. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 291	Continued From page 35 legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment for 2 of 3 audited clients (#1 and #2). The findings are: Finding #1: Review on 7/21/23 of Client #1's record revealed: -Admission Date: not available for review. -Diagnoses: Morbid Obesity, Diabetes Type with Stage 1 Chronic Kidney Disease, Hypertension, Hyperlipidemia, Mild Intellectual Developmental Disabilities (IDD), Gastroesophageal Reflux Disease (GERD), Depression, and Varicose Veins. Review on 7/24/23 of Client #1's medical records revealed: -Consult dated 2/15/23 with Primary Care Provider-Nurse Practitioner (PCP-NP) revealed: follow-up on Hypertension, Hyperlipidemia and Diabetes ..."Caregiver from the group home is not with him to confirm medications or information."	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 291	Continued From page 36	V 291		

Interview on 7/24/23 with Client #1 revealed;
-worked at a fast food restaurant and liked his job;
-"cook fries, cheese sticks, poppers, fish strips, chicken tenders, and bites;"

Finding #2:
Review on 7/21/23 of Client #2's record revealed:
-Admission date: 3/5/21
-Diagnoses: Moderate IDD, Rule out Bipolar I, Onychomycosis, Controlled Type 2 Diabetes mellitus, Hypertension, and Seizure Disorder.
-had Vagal Nerve Stimulator (VNS) (seizures) on left side of chest.

Interview on 7/24/23 with Client #2 revealed:
-"VNS don't have the magnet with me ... Only used it twice."
-"Keep magnet locked in med (medication) cabinet."
-"I don't know if people at work know about seizures."

Interview on 7/24/23 with Group Home Manager #2 (GHM #2) revealed:
-didn't know who was responsible for coordinating client care;
-"[Client #1] is working on his A1C (Diabetes) and he checks his blood sugar every morning, staff watch him, and write it down;"
-"not aware of the range of blood sugar readings to look for Client #1;"
-"[Client' #2's] sister takes him to doctor appointments usually."
-"She (Client #2's sister) makes his appointments ...out of town."
-"We (staff) never get the printout ...We don't know what is happening."
-"[Client #2]has gone into the doctor before by himself, and he contacted his sister because he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 291	Continued From page 37 didn't know what to do ...it hasn't happened again." -"Supposably, [Client #2] has bad seizures ...he has not had one here (at the facility);" -didn't know what kind of seizures Client #2 had. -Client #2's magnet for VNS is in the medication (med) closet and the closet stays locked; -Client #2 "has restless legs ...he calls it seizures...I think it's more a 'put on' than genuine trouble;" -Client #2 doesn't take his VNS magnet to work; -"he had a watch when he first came to the facility (magnet) ...but he lost it;"0 -staff try to get him to take it (magnet) when they are out in the community; -"Magnet that he ain't about to use because he doesn't want to be shocked." -didn't know how staff would access Client #2's magnet if he was out in the community, and had a problem, "good question." - client books should have current medication list ...staff use the "after-visit" form; -"If family takes them, (clients to appointments) that is fine, but someone has to go back with them ...have told [Qualified Professional #1/Executive Director/Licensee]...If staff doesn't go with them, family doesn't know what is going on with them." -"There is a lack of communication not only within the group home company but within the medical system." Observation on 7/21/23 at 12:45 PM of the facility medication closet revealed: -Client #2's magnet for VNS was on the floor. Interview on 7/25/23 with Direct Service Professional #3 (DSP #3) revealed: -"now, [Client #2] does not consistently take his magnet to work;"	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 291	Continued From page 38 -"we tell him to bring it;" -"there was a lot of employee turnover at the grocery store he worked at ... unsure if his new supervisor knew;" -"we let them have as much free time in employment to allow them to disclose to employer ...I encourage him to speak for himself." Interview on 7/25/23 with Qualified Professional #2 (QP #2) revealed: -Same responsibilities and role as with the other houses (sister facilities); -"[Client #1] is Diabetic ...has struggled with weight ...works at [fast food restaurant]...Gets a free meal that has been an issue with portion size and no one to monitor that intake." -"[Client #2] is his own guardian ... Has vagal nerve stimulator ...When he was at day program, we had an extra magnet ...He is not at this day program anymore ...If he isn't carrying it to supported employment, it makes it unsafe for him to be employed." Interview on 7/25/23 with the Qualified Professional #1/Executive Director/Licensee (QP #1/ED/L) revealed: -"provide training, oversee all three homes (sister facilities) in the same manner, scheduling, appointments and make sure they (clients) can be taken;" -"[Client #2]'s sister has been wanting to take him to appointments and she has ...but now we will make sure a staff ... goes;" -"We will have a staff there (doctor appointments) to hear what is said ...Maybe we aren't getting everything we need to be getting." -"[Client #1] has lost weight and is doing better ...had mobility issues due to weight;" -"We try to advise him to not make sugary choices, not drink so many soft drinks. He will get	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 291	Continued From page 39 them at work and the store." -"Staff just told me that he (Client #2) misplaced it (magnet) ...we have one (magnet) at the home." -have ordered two more magnets; -"[Client #2] is supposed to always have a magnet on him;" -"staff should be aware that he has to have it (magnet) at all times;" -"thought it was one of his goals in his treatment plan ...it used to be;" -"[Client #2] has grand mal seizures ...hasn't had one in years;" -"was not sure if [Client #2]'s supervisor at work knew and hadn't followed up." -"[Client #2] should not be allowed to go to the doctor by himself, "he fabricates." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe and clean manner. The findings are: Observation on 7/21/23 at 11:46 am of the facility revealed: -10 to12 blind slats in the living room were broken	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 736	Continued From page 40 on the end and one slat was missing. -Paint was peeling along a two-foot section of the baseboard in bathroom #1. -Black substance on the vent in bathroom #2 and on the surrounding drywall about 1-2 inches around the vent. -Shower floor in bathroom #2 had a black substance on the floor and the walls with the heaviest concentration around the bottom 3 rows of tile and in the corners. -Shower curtain in bathroom #2 was speckled with a black substance on the upper portion and was heavily covered in black on the bottom. -Black substance under the seat and on the legs of the shower chair. There was also brown staining in the same areas. -A shampoo bottle in the shower had a black substance around the pump and lid and a heavy covering of the black substance on the sides. Interview on 7/24/23 with the Group Home Manager #2 revealed: -Staff was responsible for ensuring the facility was clean. -She and Client #2 scrubbed the bathroom one day and couldn't get it clean. -" ...I think I am the only one in the company that does those kinds of things (cleaning). I don't think staff are told they are responsible for cleaning." -Told the Qualified Professional #1/Executive Director/Licensee (QP#1/ED/L) that it wouldn't come clean. -"That bathroom molds very quick." Interview on 7/21/23 with the Qualified Professional #1/Executive Director/Licensee revealed: -Looking at vent, " ...oh yeah. Oh my god. Is that mold?" -Staff were supposed to clean the bathroom once	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-045	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY HILLS GROUP HOME	179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659

(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 736	Continued From page 41 a week.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interviews, the water temperature was not maintained between 100-116 degrees Fahrenheit (F). The findings are: Observations on 7/21/23 at 11:30 am and 12:41 pm revealed: -Water temperature in bathroom #2 was 90 degrees F. Interview on 7/21/23 with the Group Home Manager #2 revealed: -She had told management that the water was not warm enough. Interview on 7/21/23 with the Qualified Professional #1/Executive Director /Licensee (QP#1/ED/L) revealed: -The water heater would be adjusted.	V 752		