

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2023
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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/21/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">SEP 05 2023</p> <p style="color: blue; text-align: center;">Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Adam Jones

Director TITLE

(X6) DATE
8-25-23

Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 7/19/23 of client #3's record revealed: - Admission date: 6/9/22 - Diagnoses: Intellectual and Developmental Disabilities; Bipolar 1 Disorder and Achondroplasia Dwarfism - No evidence of an admission assessment for her current placement.</p> <p>Interview on 7/21/23 with the Qualified Professional revealed: - Client #3's admission assessment previously provided was an "application" and not an "admission assessment." - She would provide a copy of client #3's admission assessment.</p> <p>Review on 7/21/23 of client #3's admission assessment revealed: - The admission assessment was dated 1/8/21 and was for a previous placement.</p>	V 111	<p>An initial assessment was completed for the individual prior to moving into the facility. The initial form was completed on 1/8/2021, prior to moving into our facility. This is a part of the assessment process.</p> <p>The individual moved to another one of our homes and a transfer or discharge form was not completed.</p> <p>Moving forward a transfer form will be completed when a resident transfers to another home within the company. If an individual is discharged, a discharge form will be completed.</p> <p>The residential manager will be responsible for completing the transfer form and the QP will complete the discharge summary in the event of a discharge.</p> <p>This is effective immediately.</p> <p>This process will be completed for the next transfer or discharge. We will continue the process moving forward.</p>	

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V 364	Continued From page 2	V 364		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility</p>	V 364		

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V 364	<p>Continued From page 3</p> <p>unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing</p>	V 364		
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V 364	<p>Continued From page 4</p> <p>individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance</p>	V 364		

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V 364	<p>Continued From page 5</p> <p>when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on</p>	V 364		

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V 364	<p>Continued From page 6</p> <p>rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interviews, and observations, the facility failed to ensure privacy during telephone calls affecting 3 of 3 current clients (#1 - #3). The findings are:</p> <p>Observations at approximately 2:21 pm on 7/20/23 of the group home phone revealed: - The phone was located beside the television in the living room. - The phone was wired into the wall and the handset receiver was attached to the phone.</p> <p>Interviews on 7/18/23 and 7/20/23 with client #2 revealed: - The phone she used to make telephone calls was in the living room. - When she talked on the phone other clients</p>	V 364	<p>When we were initially licensed we had a cordless phone. We were told that we were required to have a corded phone in case the power went out which would cause the corded phone to not work.</p> <p>We have had corded phones every since.</p> <p>We can added a longer cord so that the phone can be used in the rooms for privacy.</p> <p>The residents have specific days that they are guaranteed to use the phone and they can talk as long as they like or as long as the person on the receiving end wants to speak to them.</p> <p>The other days they can use the phone as long as it does not interfere with the other resident using the phone or imposing on their phone time.</p>	

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V 364	<p>Continued From page 7</p> <p>were in the living room.</p> <ul style="list-style-type: none"> - She called her Legal Guardian "on Tuesday and Friday." She could not call her Legal Guardian on other days "because that is someone else's call days." - "You have 10 minutes (to make your calls), and your time is up." <p>Interviews on 7/18/23 and 7/20/23 with client #1 revealed:</p> <ul style="list-style-type: none"> - Her telephone calls were made in the living room because the phone is in the living room. The phone is not cordless. - Her phone calls were made on her "laundry days" which are Wednesday and Saturday. She recently found her brother and last week her Department of Social Services Legal Guardian and group home staff told her she can talk to her brother on any day. - She was not sure how long her phone calls were supposed to be because "I usually don't talk that long." <p>Interview on 7/20/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - She was unable to make telephone calls in her bedroom because the telephone in the group home was not cordless. The telephone was in the living room and "it is attached to the wall." When she talked on the phone other people were in the living room. - She was only allowed to make telephone calls on Monday, and Thursday. - "We have only 10 minutes for each call." - "Whenever I talk to my family, we always (me and family members) talk fast because it will be time for my call time to be up. The staff will tell me OK hurry up." <p>Interview on 7/20/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Each client had two call days each week. 	V 364	There have been verbal and physical altercations over the phone usage.	

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V 364	Continued From page 8 - The clients could only make outgoing telephone calls on their two call days unless someone called the clients. - The clients were limited to 2 calls at 4 pm and 2 calls at 7 pm on their two call days. - Each phone call was limited to 10-15 minutes. - The clients made their telephone calls in the living room because the telephone was not cordless. Interview on 7/21/23 with the Qualified Professional revealed: - She was not aware of any clients who had rights restrictions with regards to telephone calls. - The clients had two call days because "it is probably so that they don't become jealous." - She was not aware that the clients' telephone calls were limited to 10 minutes. - The clients were not allowed to make phone calls in private because "depending on the member they could call 911 or might call a random man. It was a safety concern."	V 364		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures	V 366	Below is the current and long standing policy that HCS has on incident reporting:	

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V 366	Continued From page 9 to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as	V 366	Submission of Incident Reports The agency will report all level II and III incidents to the MCO responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form (IRIS) provided by the agency. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report (IRIS) shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. The agency will submit, upon request by the MCO, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. Reports to DHSR Health Care Personnel Registry regarding an allegation against an unlicensed staff in a licensed or unlicensed facility should be submitted within 24 hours of the agency becoming aware of the incident. The agency will send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. The agency will send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). The agency will send a report quarterly to the MCO responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	

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V 366	Continued From page 10 follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and	V 366	CONTINUED All incidents should be documented and analyzed as part of the provider's quality assurance and improvement processes. Level I incidents are to be documented on the provider agency's internal form and should not be submitted in IRIS. Level II and III incidents must be documented in IRIS. All incident reports are protected quality assurance documents and should not be filed in the individual's service record. All quarterly reports will be submitted timely according to requirements. First quarter reports which cover July, August, and September will be submitted by October 10, Second quarter reports which cover October, November, and December will be submitted by January 10, Third quarter reports which cover January, February, and March will be submitted by April 10, and Fourth quarter reports which cover April, May and June will be submitted by July 10. The agency will ensure that all incidents are reported according to the requirements. The agency will ensure that all incidents that occur are categorized correctly. All level 2 and 3 incidents that occur will be submitted via iris. Any time there is a level one medication error that agency will document the medical professional contacted, the time, date, and what the conversation entailed on the incident report or via IRIS. Staff will be retrained on the policy. They will also be refreshed on what is to be documented. Date of training is 9/18/2023 Staff will be reminded to submit any incident to the Supervisor and which forms to use. The Supervisor will then forward the information to the QP. The QP is responsible for reviewing and submitting the documentation to the appropriate areas. The incidents will be collected and reviewed quarterly or as often as needed. Effective 8/18/2023 and ongoing. The program director and QP are responsible for collecting the information and getting it out to where it should go.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2023
NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127		
(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 366	Continued From page 11 (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to implement written policies governing their response to level I incidents. The findings are: Review on 7/21/23 of the Level I incident reports revealed: - There were no incident reports regarding client #3 running away. Interview on 7/21/23 with staff #1 revealed: - Since December 2022, client #3 had run away from the group home but it was not on her shift. - She did not know how many times client #3 had run away from the group home since December 2022. Interview on 7/21/23 with the Qualified Professional revealed: - She was not sure how many times in the past 6 months client #3 had run away. - She was unable to locate any incident reports regarding client #3 running away in the past 6 months. Interview on 7/18/23 with client #3 revealed: - She had run away from the group home "and gone to a mental hospital." - During the interview, she became upset and could not provide details about running away.	V 366	RESPONSE IS ABOVE ON PAGE 10 AND 11	

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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127
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V 366	Continued From page 12 Interview on 7/21/23 with the Licensee #2/Staff revealed: - He filled in as staff sometimes if staff were late. - He had knowledge of client #3 running away one time in the past 6 months. Client #3 ran away from the group home in January or February 2023 and was found approximately 25 minutes later at a nearby store.	V 366		
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 record review, observation, and interviews, the facility was not maintained in a safe, clean, and orderly manner. The findings are: Observations from 1:37 pm - 2:57 pm on 7/20/23 of the group home revealed: - Client #3's bedroom had only one window and it was screwed shut. There was a screw in the window on the bottom right side just above the windowsill. The Residential Supervisor was unable to open client #3's bedroom window. - To get through the front door you had to step over the metal frame of the storm door as the frame was still installed but the glass had been removed. - Two drawers in the kitchen cabinets were missing. - The microwave had rust in the bottom of the back interior area. The rusted area was approximately 2 inches.	V 736	The screw was removed from the window sill immediately on the same day. Ironically, the member broke the window while the State reviewer was outside of the house while she was requesting The only staff on duty to come outside and speak with her. Licensee #2 will check all the windows quarterly to make sure they are fully operational. The Licensee will double check for any remaining nails or screws in the event a window has been repaired due to property destruction or other means. The house supervisor will check the windows monthly to make sure they fully operable and document on the emergency drills form. This will be effective immediately and will be ongoing	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2023
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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127
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V 736	<p>Continued From page 13</p> <p>Review on 7/19/23 of client #3's record revealed: - Admission date: 6/9/22 - Diagnoses: Intellectual and Developmental Disabilities (IDD); Bipolar 1 Disorder and Achondroplasia Dwarfism - Person-centered profile (PCP) dated 12/17/22 revealed: "...continues to make attempts to elope from the (previous) group home."</p> <p>Interview on 7/20/23 with client #3 revealed: - The screw was in her bedroom window because when she gets "frustrated" she "runs." - She realized the screw was in her window "probably six months ago" when an unknown staff had told the clients to open their windows because there was smoke in the air from staff cooking. "I went to open my window and I couldn't get it open." - "[Staff #2] and [staff #1] told me that the screw was in the window because I was a runner and [Licensee #2] probably did it." - She never saw the Licensee #2 put the screws in.</p> <p>Interview on 7/21/23 with staff #1 revealed: - Client #3's bedroom window had been broken about 2 months ago and the Licensee #2 had repaired the window. - "I know that screw was left in accidentally." - She did not know why the screw had been put in the window to repair it. - Since December 2022, client #3 had run away from the group home, but it was not on her shift.</p> <p>Interview on 7/21/23 with staff #2 revealed: - He did not know a screw was in client #3's bedroom window. - "I know that window (client #3's bedroom window) has been broken before and [the</p>	V 736	<p>The frame of the front door was removed on the day of the survey.</p> <p>Replacement drawers have been sought, but due to the age of the cabinets, we have not been able to find replacements.</p> <p>The Licensee will make provisions to repair or cover the drawer until replacements can be found.</p> <p>This will occur by September 1, 2023.</p> <p>The microwave in the kitchen will be replaced by 8/18/2023</p> <p>The program director will follow up to make sure the repairs have been completed by 8/18/2023.</p>	
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Licensee #2] had done the repairs or had someone do the repairs."
- In the past 6 months, he knew of one episode of client #3 running out the back door of the group home in January or February 2023.

Interview on 7/20/23 with the Residential Supervisor revealed:
- She had no idea how the screw got into client #3's bedroom window.

Interviews on 7/20/23 and 7/21/23 with the Qualified Professional revealed:
- She did not know why client #3's window was screwed shut. The Licensee #2 handled the maintenance of the group home.

Interview on 7/21/23 with the Licensee #2 revealed:
- He filled in as staff sometimes if staff were late and did the maintenance on the group home. He hired out staff for things he "can't handle" with regards to group home maintenance.
- About 2 months ago he repaired client #3's bedroom window.
- He tacked up the window while he was doing the repairs. "I think I left it (the screw) in accidentally."
- Denied putting the screw in client #3's bedroom window to prevent her from running.
- He had knowledge of client #3 running away one time in the past 6 months.

Review on 7/20/23 of the Plan of Protection dated 7/20/23 written by the Director/Licensee #1 revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care?
The screw will be removed from the window so that is operable.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-296	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2023
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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127
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V 736	<p>Continued From page 14</p> <p>Licensee #2] had done the repairs or had someone do the repairs." - In the past 6 months, he knew of one episode of client #3 running out the back door of the group home in January or February 2023.</p> <p>Interview on 7/20/23 with the Residential Supervisor revealed: - She had no idea how the screw got into client #3's bedroom window.</p> <p>Interviews on 7/20/23 and 7/21/23 with the Qualified Professional revealed: - She did not know why client #3's window was screwed shut. The Licensee #2 handled the maintenance of the group home.</p> <p>Interview on 7/21/23 with the Licensee #2 revealed: - He filled in as staff sometimes if staff were late and did the maintenance on the group home. He hired out staff for things he "can't handle" with regards to group home maintenance. - About 2 months ago he repaired client #3's bedroom window. - He tacked up the window while he was doing the repairs. "I think I left it (the screw) in accidentally." - Denied putting the screw in client #3's bedroom window to prevent her from running. - He had knowledge of client #3 running away one time in the past 6 months.</p> <p>Review on 7/20/23 of the Plan of Protection dated 7/20/23 written by the Director/Licensee #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The screw will be removed from the window so that is operable.</p>	V 736		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">07/21/2023</p>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">MHL034-296</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127</p>	
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">HOME CARE SOLUTIONS AT HEATHER VIEW</p>			
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V 736	Continued From page 15 Describe your plans to make sure the above happens. The screw will be removed on 7/20/2023." The facility served client #3 who had diagnoses not limited to IDD; Bipolar 1 Disorder and Achondroplasia Dwarfism. On 7/20/23 it was discovered that client #3 had only one window in her bedroom and it was screwed shut. The staff was unable to open the window which prevented egress in case of a fire. The Licensee #2 indicated he had been the one who had put the screw in the window while he repaired it. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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 736	The screw was removed from the window sill immediately on the same day. Ironically, the member broke the window while the State reviewer was outside of the house while she was requesting The only staff on duty to come outside and speak with her. Licensee #2 will check all the windows quarterly to make sure they are fully operational. The Licensee will double check for any remaining nails or screws in the event a window has been repaired due to property destruction or other means. The house supervisor will check the windows monthly to make sure they fully operable and document on the emergency drills form. This will be effective immediately and will be ongoing