		MHL041-736	B MANO		C
NAME OF P	PROVIDER OR SUPPLIER		B. WING		10/09/2023
		STREE	T ADDRESS, CITY, STATI	E, ZIP CODE	
MERCY H	IOME SERVICES, INC	3221	EDENWOOD DRIVE		
(X4) ID	DIMMARY	GREE	NSBORO, NC 27406	;	
PREFIX	I CAUT DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX	EACH CORRECTIVE ACTION SHOULD	DC (/\u0)
		*	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE
V 000	INITIAL COMMENTS			DEI IOIEROT)	
1			V 000		
İ	A complaint survey was	completed on 10/9/23.			
- 1	The complaints were su	Instantiated (intole #			
	NC00194385, NC00196	3747 NC00201105			
1	NC00204139, and NC0	0207104) Deficiencies			
	were cited.				
	<b>-</b>				1
	This facility is licensed f	or the following service			
- 1	category, TUA NCAC 27	G.5600C Supervised			
- 1	Living for Adults with De	velopmental Disabilities.			
1					1
	This facility is licensed for	or 5 and currently has a			1
1	census of 4. The survey audits of 4 current clients	sample consisted of			
	- waite of 4 content chent	5.			
8	Sister facilities are identi	fied in this rapart. The			
s	sister facilities will be Ide	ntified as sister facility	1 1	18	1
1 -	1-day program and siste	facility R (residential)			
	can will be identified usi	ng the letter of the facility			
a	ind a numerical identifier				
V 109 2	7G .0203 Privileging/Tra	ining Professionals	V 109		
			1 105		
110	0A NCAC 27G .0203 CC	MPETENCIES OF	1 1		
ĮΨ	UALIFIED PROFESSIO	NALSAND	1 1		
(2)	SSOCIATE PROFESSION	DNALS			
(0)	alified professionals	ileging requirements for			
(b	Ouglified professionals or	associate professionals.			1
pr	) Qualified professional	s and associate			
an	ofessionals shall demon	strate knowledge, skills			
(c)	At such time as a com	notangui harasi			
en	nployment system is est	petericy-pased			
the	en qualified professional	s and associate			
pro	pressionals shall demon	strate competence			
[ (a)	Competence shall be o	lemonstrated by			
exi	nibiting core skills includ	ing:	1		
(1)	technical knowledge:	MSS ₩. 73			
(2)	cultural awareness;				
(3)	analytical skills;		1		

Division of Health Service Regulation LABORATORY DIRECTORS OF PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Mure 11/13/23

		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER	3221 ED	DDRESS, CITY, STATE, ENWOOD DRIVE BBORO, NC 27406	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETE
V 109	(4) decision-making (5) interpersonal sk (6) communication si (7) clinical skills. (e) Qualified profess NCAC 27G .0104 (1) met the requirements employment system MH/DD/SAS. (f) The governing be develop and implem for the initiation of an plan upon hiring each (g) The associate posupervised by a qual population served for	ills; skills; and sionals as specified in 10 A B)(a) are deemed to have s of the competency-based in the State Plan for ody for each facility shall ent policies and procedures individualized supervision the associate professional.	V 109		
	facility failed to ensure Qualified Profession Review on 9/15/23 record revealed: -A job description for -Documentation of -No documentation of a QP.  Interview on 9/15/2 identified as the QI	view and interviews, the ure the presence of a hal (QP). The findings are:  of the Owners' personnel or President; a high school diploma; of meeting the requirements			

		MHL041-736	B. WNG		C 10/09/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE ZIP CODE	10/03/2023
MEDCY	HOME CEDIMOTO INIO		NWOOD DRIV		
MERCY	HOME SERVICES, INC		BORO, NC 274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETE
V 109	Continued From page	2	V 109		
	looking for a new QP in A QP was employed justice. In need somebody (Quarter often (full time); "Unable to provide a puriformer QP.  Interview on 9/28/23 welt was "years ago" sin at the facility as the QF Had provided training several years when redid not serve as QP duarter of the provide a time of the provide at the documentation of where the provide at the documentation of where the provide at the provide	my college degree. I'm now;" part time, "2 months ago;" P) who can be with me ersonnel record for the with the former QP revealed: ce he had been employed c; for staff during the past quested by the Owner, but uring those times.  10/9/23 with the Owner me period or n a QP was last employed; required; staff and ensuring nts were met.			
	Type A1 rule violations				
V 112	27G .0205 (C-D) Assessment/Treatment 10A NCAC 27G .0205 TREATMENT/HABILIT/ PLAN (c) The plan shall be d assessment, and in par	ASSESSMENT AND ATION OR SERVICE	V 112		

		I			
		MHL041-736	B. WING		C 10/09/2023
NAME OF PE					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 112	of admission for client receive services beyond in the plan shall in the projected date of act the plan shall in the projected date of act the plan shall in the plan shall	nts who are expected to cond 30 days. clude:  b) that are anticipated to be n of the service and a nievement;  e; eview of the plan at least tion with the client or legally or both; ution or assessment of	V 112		
	Based on record re observation, the far review Treatment F clients or responsit (#1, #2, #3 and #4) clients (#1) and ob the clients or responsitions (#2). The findings of	3 and 9/18/23 of client #1's			

		1	A. BUILDING:			
		MHL041-736	B. WNG		C 40/00/0000	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	WE ZIP CODE	10/09/2023	
MERCY H	IOME SERVICES, INC		ENWOOD DRIVE			
	1	GREEN:	SBORO, NC 2740			
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COUNTY	ETE
V 112	Continued From page	4	V 112			
	-Diagnoses included A	Aild Intellectual	1			
	Developmental Disabi	lity (IDD), Schizophrenia,				
	Schizoaffective Disord	er Major Deprossive	1 1		1	
	Disorder, Fetal Alcoho	Syndrome, Hypertension,				
	Morbid Obesity, Genita	al Herpes, Prediabetes and			1	
	Chronic Idiopathic Cor	stipation:				
	-Treatment Plan dated	7/20/22 with undates				
1	10/7/22, 1/3/23 and 4/	14/23 signed by the client	1			
	and the former Qualifie	d Professional (OP) A1	1 1			
l	included, "Therapist wi	Il provide counseling to	1 1			
	decrease maladaptive	behaviors:"	1 1			
	-No documentation tha	t client #1 had received	1 1			
	therapy since 8/12/21.					
	Interview on 9/18/23 wi	th client #1 revealed:				
	-Staff had not discusse	d her treatment plan or				
	goals with her;		1			
	-Signed forms when the	Owner requested.				
	Reviews on 9/15/23 and	d 9/18/23 of client #2's				
	record revealed:					
1.	-Date of admission 7/23	/18;				
1:	Diagnoses included Mi	ld IDD, Schizoaffective				
	Disorder, Post Traumati	c Stress Disorder and	1			
- 1	Seizure Disorder;		1 1			
	lient her quadian and	6/26/23 not signed by the	1 1			
1	client, her guardian or th	ie QP.				
1	nterview on 9/18/23 with	h client #2 revealed staff				
l l	ad not discussed her tr	eatment plan or goals				- 1
V	with her.	The state of goals				
F	Reviews on 9/15/23 and	9/18/23 of client #3's				
n	ecord revealed:					1
-	Date of admission 5/26/	09;				
-	Diagnoses included Mile	IDD. Major Depressive				-
10	isorder, Down's Syndro	me and			1	
G	Sastroesophageal Reflu	x Disease (GFRD)				
-	Freatment Plan dated 8/	/31/22 with updates				
1	1/18/22, 2/10/23 and 5/2	26/23 signed by the client	1			

			A. BUILDING:		
		MHL041-736	B. WING		C 10/09/2023
	OME SERVICES, INC	3221 ED	DDRESS, CITY, STATE, ENWOOD DRIVE BBORO, NC 27406	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	on 8/31/23 and 5/26/ Interview on 10/9/23 -Staff had not discus goals with her; -Signed forms when Reviews on 9/15/23 record revealed: -Date of admission -Diagnoses included Hypertension and G -Treatment Plan dat client and an unknow Interview on 10/9/25 -Staff had not discu goals with her; -Signed forms when Interviews and obse 10/9/23 at 12:34pm revealed: -Employed as the C program from 3/20/2 -"There shouldn't be assessment with m refused to sign the to copy the old one that;" -Observed her revi (Master of Science plan and denied it -"They did a great That's not my sign I sign M. Ed (Mast Interview on 10/9/	with client #3 revealed: sed her treatment plan or the Owner requested. and 9/18/23 of client #4's i2/26/11; i3 Mild IDD, Schizophrenia, iERD; ed 6/17/23 signed by the wn QP. i3 with client #4 revealed: ssed her treatment plan or in the Owner requested. ervation on 9/28/23 and in with the former QP A1 iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	V 112		

C MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 112 Continued From page 6 V 112 -Former QP A1 had been instructed to complete the Treatment Plans for the clients in the facility along with the day program clients since she had no other QP: -"She (former QP A1) wasn't doing what she was supposed to do (completing treatment plans):" -Denied former QP A1's signature had been forged, "That's not true;" -Unable to provide a personnel record for the unknown QP that signed client #4's Treatment Plan; -Unable to find a therapist that accepted client #1's insurance; -Unable to provide documentation or information regarding the dates and the therapists she had contacted: -Responsible for ensuring treatment plans were completed and reviewed at least annually. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation for a failure to correct Type A1 rule violations. V 115 27G .0208 Client Services V 115 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year.

	MHL041-736	B. WING		C 10/09/2023
NAME OF PI	ROVIDER OR SUPPLIER STREE	T ADDRESS, CITY, STATE	, ZIP CODE	
MERCY H		EDENWOOD DRIVE INSBORO, NC 27406		
(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 CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE COMPLETE
V 115	unless otherwise specified in the rule.  (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.  (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.  (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.  This Rule is not met as evidenced by: Based on record reviews and interviews the	V 115		
	facility failed to ensure activities were suitable for interests and treatment/habilitation needs of the clients served for 4 of 4 clients (#1, #2, #3 and #4). The findings are:  Reviews on 9/15/23 and 9/18/23 of client #1's record revealed: -Date of admission 11/13/20; -28 years old; -Diagnoses included: Mild Intellectual Developmental Disability (IDD), Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Fetal Alcohol Syndrome, Hypertension Morbid Obesity, Genital Herpes, Prediabetes and Chronic Idiopathic Constipation; -Treatment Plan dated 7/20/22 with updates on 10/7/22, 1/3/22 and 4/14/23 included, "List everything that can be done to help this person avoid a crisis: Keep me busy and help keep my	n, nd		

		MHL041-736	B. WING		C 40/00/2022
IAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIR CODE	10/09/2023
MERCY H	OME SERVICES, INC		ENWOOD DRIVE	E, ZIP CODE	
- COTT	OME SERVICES, INC		SBORO, NC 27406		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES			
PREFIX TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLE TE DATE
V 115	Continued From page	8	V 115		
	mind off my problems.	í .			
	-No activities at the fac -Facility activities and obenefit her mental and -"Idle mind is the devil's	ch van on Sundays to a aff supervision; illty or outings; outings were needed to physical health; sworkshop."			
	Reviews on 9/15/23 and record revealed: -Date of admission 7/23-33 years old; -Diagnoses included: M Disorder, Seizure Disorder, Stress Disorder.	3/18;			
	Interview on 9/15/23 wit Transported to sister fa Monday - Friday, "to give Attended church withou with client #1 but she ha madn't returned; No activities at the facility conefit her mental health	cility A-day program e us something to do;" it staff supervision once d a panic attack and ty or outings; vities were needed to			
F. C. R. d. to	Disorder, Down's Syndro Reflux Disease (GERD); Freatment Plan dated in etermination when enco	o9; d IDD, Major Depressive me and Gastrointestinal cluded, "demonstrates suraged and empowered but lacks the confidence this intervention feels			

STATE FORM

		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	
MERCY HO	OME SERVICES, INC	GREENS	BORO, NC 27406		
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 115	Continued From pag	e 9	V 115		
V 115	symptoms need to be psychosocial rehabilicommunity outings, sincreased social opportune of the psychosocial rehabilicommunity outings, sincreased social opportune of the provided offered other than all and all all all all all all all all all al	e addressed through itation, involvement in structured workshops, and cortunity."  with client #3 revealed: ed at the facility or outings itending church on Sundays; d church; o the store more."  and 9/18/23 of client #4's 12/26/11; d: Mild IDD, Schizophrenia, SERD; ted 6/17/23 included, "It is (client #4) have a routine to to keep her occupied."  3 with client #4 revealed: able at the facility; ole except attending church on	V 115		
		ing out of the house (facility)." 5/23 and 10/9/23 with the Owner			
	-"The staff take the	nem (clients) out if they want to es they don't want to go out. The park on outing and just drive			

Division of Health Service Regulation STATE FORM

		MHL041-736	B. WNG		C 10/09/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	FATE, ZIP CODE	10/00/2020
MERCY H	IOME SERVICES, INC		DENWOOD DRIV		
	TOTAL DESCRIPTION OF THE		SBORO, NC 274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 115	Continued From page	10	V 115		
	around on the weeken	d mostly."			
	-A church van transpo	rted client #1 to church on		1	
	Sundays but the other	clients didn't want to		1	
	attend;			1	
	-Facility staff had neve	er asked her to pay for gas			
	in order to take the clie	ents on outings;			1
	that But and in lain	them (facility staff) doing			
1	that. Put gas in, bring i	ne a receipt and I'll			
	I'm going to insist on the	hey mentioned it to you, nem taking them out every			ĺ
1	other weekend."	taking them out every			
		I bought them a game. I			
	may buy them another	game."			
	This deficiency is cross NCAC 27D .0304 Prote Neglect or Exploitation Type A1 rule violations.	ection from Harm, Abuse, for a failure to correct			κ.
V 132	G.S. 131E-256(G) HCF Allegations, & Protection	PR-Notification, in	V 132		
	REGISTRY	TH CARE PERSONNEL			
	(g) Health care facilities	shall ensure that the			
	Department is notified of	of all allegations against			
	health care personnel, i	appear to be related to			
	anv act listed in subdivi	sion (a)(1) of this section.			
	(which includes:	sion (a)(1) or this section.	1 1		
1.3		a resident in a healthcare	1 1		
1	facility or a person to wi	nom home care services			
6	as defined by G.S. 131E	E-136 or hospice services			
6	as defined by G.S. 131E	E-201 are being provided.			
1	o. Misappropriation of	the property of a resident			
1;	b) of this section in the	as defined in subsection			
	b) of this section includ care services as defined	Ing places where home			
i	nospice services as defined	ned by G.S. 131E-136 or			

#### 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

is responsible for

all corrective action.

The owner is actively seeking a full time QP. Currently, owner has a temporary QP who is employed until a full time person can be found.

10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall ensure;

owner is responsible for

all corrective action.

Effective immediately 10/10/2023 and ongoing, the owner

Has scheduled community activities with the involvement of all clients.

Staff has a schedule of suitable activities that is posted in the group home of the weekly activities.

# 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT /HABILITATION OR SERVICE PLAN

				200		4
is	res	po	ns	ib	le	for

all corrective action.

will ensure that all Assessment/Treatment/Habilitation Plans are developed in conjunction with all stakeholders including clients and the legally representative person. Also, the owner will ensure that Consent forms are duly signed by the responsible person and kept as part of the client record. Owner will also have the current QP sign off on all plans that he/she has developed.

UND I LAN	OF COUVECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL041-736	B. WNG	-	C 10/09/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	10.00/2020
MERCY H	IOME SERVICES, INC		ENWOOD DRIVE		
			SBORO, NC 27408		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 132	Continued From page	11	V 132		
	e. Fraud against a he a patient or client for w providing services). Facilities must have e acts are investigated a to protect residents fro investigation is in proginvestigations must be	belonging to a health care or client. calth care facility or against whom the employee is vidence that all alleged and must make every effort m harm while the ress. The results of all reported to the working days of the initial			
f F	ailed to investigate and Personnel Registry (HC allegations against heal I audited former staff (F	and interview, the facility ensure the Health Care			
-	Date of hire 7/12/23;	le or date of termination:			

NAME OF PROVIDER OR SUPPLIER  MERCY HOME SERVICES, INC  O(4) ID PRIETR  (GACH DEPLICIENCY MUST BE PRECEDED BY FILLING PROVIDER'S FLAM OF CORRECTION EACH OWNER OF RECURLATION IN CORRECTION PRIETR AND CORRECTION PROVIDER STAN OF CORRECTION SHOULD BE CACH OF THE APPROPRIATE DEFLICENCY MUST BE PRECEDED BY FILLING PROVIDER STAN OF CORRECTION SHOULD BE CACH OF THE APPROPRIATE DEFLICENCY MUST BE PRECEDED BY FILLING PROVIDER STAN OF CORRECTION SHOULD BE CACH OF THE APPROPRIATE DEFLICENCY)  V 132 Continued From page 12  -Documentation of Abuse/Reglect/Harm/Exploitation/Mistreatment training completed 7/11/23.  Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.  Review on 9/15/23 of the Incident Response Improvement System (RIS) revealed no health care personnel allegations submitted in 2023.  Review on 9/15/23 of the facility records revealed no documentation of HCPR notification or investigation of the allegation that FS #4 allowed client #1 to purchase alcohol twice and allowed client #1 and #2 to drink alcohol in the facility.  Interviews on 9/21/23 and 10/9/23 with the Owner revealed.  -Informed by client #2 in August 2023 (exact date unknown) of an allegation that FS #4 allowed client #1 to purchase alcohol twice and allowed client #1 and #2 to drink alcohol in the facility.  -Unable to provide documentation of an investigation,  -1 asked the staff (FS #4) like I told you, but she said she client take her (client #1) to buy the saich she client #1 to burchase alcohol).  -Responsible for submitting allegations against health care personnel into IRIS because she didn't think the allegation was true:  -10 course, she (FS #4) lied about that, that she didn't take them (client to purchase alcohol).  -Responsible for submitting allegations against health care personnel into IRIS and investigating all allegations.			A. BUILDING:		C		
MRCCY HOME SERVICES, INC  SUBMERY STATEMENT OF DEFICIENCIES  CAN ID SUBMERY STATEMENT OF DEFICIENCIES  SUBMERY STATEMENT OF DEFICIENCIES  GENERAL DEFICIENCY MUST BE PRECICED BY FULL TAGS  V 132  Continued From page 12  -Documentation of Abuse/Neglect/Ham/Exploitation/Mistreatment training completed 77/17/23.  Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.  Review on 9/16/23 of the Incident Response Improvement System (IRIS) revealed no health care personnel allegations usbinited in 2023.  Review on 9/15/23 of the facility records revealed no documentation of HOPR notification or investigation of the allegation submitted in 2023.  Review on 9/15/23 of the facility records revealed no documentation of HOPR notification or investigation of the allegations within the S# 44 allowed client #1 to purchase alcohol twice and clients #1 and #2 to drink alcohol in the facility.  -Interviews on 9/2/23 and 10/9/23 with the Owner revealed.  -Informed by client #2 in August 2023 (exact date unknown) of an allegation that FS #4 allowed client #1 to purchase alcohol twice and allowed client #1 to purchase alcohol twice and allowed client #1 and #2 to drink alcohol in the facility.  -Unable to provide documentation of an investigation,  -I'll asked the staff (FS #4) like I told you, but she said she didn't take her (client #1) to buy the alcohol. I just did the interviews."  -Didn't submit health care personnel allegation was true;  -U'C course, she (FS #4) like about that, that she didn't take them (clients to purchase alcohol)."  -Responsible for submitting allegations against health care personnel lail RIS and investigating			B. WNG		10/09/2023		
MAJ ID PREFIX TAGE PROTECTION OF DEFICIANCES (EACH DEFICIENCY MIST BE PRECEDED BY FULL RESULTION OF U.SC IDENTIFYING INFORMATION)  V 132  Continued From page 12  -Documentation of Abuse/Neglect/Harm/Exploitation/Mistreatment training completed 7/11/23.  Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.  Review on 9/15/23 of the facility records revealed no documentation of the ellegation submitted in 2023.  Review on 9/15/23 of the facility records revealed no documentation of the PROPERTIES of the facility and #2 to drink alcohol in the Facility.  Interviews on 9/2 1/23 and 10/9/23 with the Owner revealed:  -Informed by client #2 in August 2023 (exact date unknown) of an allegation that FS #4 allowed client #1 in purchase alcohol livice and allowed clients #1 and #2 to drink alcohol in the facility.  -Unable to provide documentation of an investigation.  -I asked the staff (FS #4) like I told you, but she said she didn't take her (client #1) to buy the alcohol. I tust did the interviews;  -Didn't submit health care personnel allegation was true;  -"Or course, she (FS #4) like about that, that she didn't take them (clients to purchase alcohol),"  -Responsible for submitting allegations against health care personnel into IRIS and investigating.				3221 EDEN	WOOD DRIVE		
SUMMARY STATEMENT OF DEFICIENCY   SUMMARY STATEMENT OF DEFICIENCY MUST BE RECIDED BY THAT   REGULATORY OR LSC IDENTIFYING INFORMATION    V 132   Continued From page 12	l	MERCY HO				DOCUMER'S PLAN OF CORRECTION	
V 132 Continued From page 12 -Documentation of Abuse/Neglect/Harm/Exploitation/Mistreatment training completed 7/11/23.  Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.  Review on 9/14/23 of the Incident Response Improvement System (IRIS) revealed no health care personnel allegations submitted in 2023.  Review on 9/15/23 of the facility records revealed no documentation of HCPR notification or investigation of the allegation that FS #4 allowed client #1 to purchase alcohol twice and clients #1 and #2 to drink alcohol in the facility.  Interviews on 9/21/23 and 10/9/23 with the Owner revealed: -Informed by client #2 in August 2023 (exact date unknown) of an allegation that FS #4 allowed client #1 to purchase alcohol twice and allowed client #1 and #2 to drink alcohol in the facility; -Unable to provide documentation of an investigation, -I'l asked the staff (FS #4) like I told you, but she said she didn't take her (client #1) to buy the alcohol. I just did the interviews; -Didn't submit health care personnel allegation to IRIS because she didn't think her (client #1) to buy the didn't take them (client separation against true; -"O'c course, she (FS #4) lied about that, that she didn't take them (clients to purchase alcohol);" -Responsible for submitting allegations against health care personnel into IRIS and investigating		PREFIX	The second secon	V MI ICT BE DRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMM TELE
This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse,		V 132	-Documentation of Abuse/Neglect/Harn training completed 7 Review on 9/15/23 revealed no docume guardian to consum Review on 9/14/23 Improvement Syste care personnel alle Review on 9/15/23 no documentation investigation of the client #1 to purcha and #2 to drink alcohol. Interviews on 9/21 revealed: -Informed by clien unknown) of an a client #1 to purch clients #1 and #2 -Unable to provid investigation; -"I asked the staff said she didn't tal alcohol. I just did -Didn't submit he IRIS because she true; -"Of course, she didn't take them -Responsible fo health care personal allegations.	of clients #1 and #2's records entation of consent of the Incident Response of (IRIS) revealed no health gations submitted in 2023.  of the facility records revealed of HCPR notification or allegation that FS #4 allowed se alcohol twice and clients #1 who in the facility.  //23 and 10/9/23 with the Owner at #2 in August 2023 (exact date legation that FS #4 allowed ase alcohol twice and allowed to drink alcohol in the facility; e documentation of an f (FS #4) like I told you, but she we her (client #1) to buy the the interviews;"  (If the facility is the legation was the interviews;"  (If the facility is allowed allowed to drink alcohol in the facility; all the care personnel allegation to be didn't think the allegation was (FS #4) lied about that, that she (clients to purchase alcohol);" is submitting allegations against sonnel into IRIS and investigating its cross referenced into 10 A	V 132		Vanction sheet 1

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A BUILDING:		E
l					
		MHL041-736	B. WING		C 10/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE ZID CODE	
	NO VIDEN ON OUT FIELD				
MERCY H	OME SERVICES, INC		IWOOD DRIV ORO, NC 274		
240.00	C) HANADY OT				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
V 132	Continued From page	: 13	V 132		
		n (V512) for a Type A1 corrected within 23 days.			
V 290	27G .5602 Supervised	d Living - Staff	V 290		
	10A NCAC 27G .5602 (a) Staff-client ratios numbers specified in of this Rule shall be denable staff to responneeds. (b) A minimum of one present at all times wipremises, except when habilitation plan docur capable of remaining without supervision. The client continues to the client continues to the home or communispecified periods of tire (c) Staff shall be pressented or adolescent client continues to the client continues to the home or communispecified periods of tire (c) Staff shall be pressentled or adolescent client or adolescent client one staff present for clients present. However, the governing body; of (2) children or a developmental disabilities.	above the minimum Paragraphs (b), (c) and (d) etermined by the facility to d to individualized client  e staff member shall be men any adult client is on the in the client's treatment or ments that the client is in the home or community The plan shall be reviewed is than annually to ensure be capable of remaining in ty without supervision for me. ent in a facility in the atios when more than one ent is present: dolescents with substance be served with a minimum or every five or fewer minor ever, only one staff need be gling hours if specified by the rocedures determined by or dolescents with tities shall be served with			
	one staff present for e	every one to three clients present for every four or However, only one staff			
	need be present during	g sleeping hours if gency back-up procedures			

V132 6.5 1315-230(0) 1101 11 1101

## G.S 131E-256 HEALTH CARE PERSONNEL REGISTRY

owner is responsible for

#### all corrective action.

will report all instances of alleged abuse, harm, neglect or exploitation made against any staff member. The provider upon learning of the allegation will immediately report such an allegation to the HCPR section. Also, the provider will initiate an internal investigation and provide a report for review within 5 working days of the knowledge of the allegation. The staff involved with the alleged abuse will be placed on immediate administrative leave until the internal investigation is completed. If, the allegation is substantiated, the staff will be terminated immediately.

1		1	A. DUILDING.		
		MHL041-736	B. WING		С
NAME OF	PROVIDER OR SUPPLIER	\$TDEE	TADDOSOS SITU		10/09/2023
MEDOV	HOME OFFICE		T ADDRESS, CITY, STAT	E, ZIP CODE	
WERCT	HOME SERVICES, INC		DENWOOD DRIVE	_	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	NSBORO, NC 2740		
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	36 00101
V 00	100 INITIAL COMMENTS		V 000		
	The complaints were significant with the complaints were significant. This facility is licensed category: 10A NCAC 2 Living for Adults with Distriction of the consus of 4. The survey audits of 4 current clien. Sister facilities are identister facilities will be identified us and a numerical identified us and a numerical identified 27G .0203 Privileging/Times 10A NCAC 27G .0203 COUALIFIED PROFESSIASSOCIATE PROFESSIANS ASSOCIATE PROFESSIONAL STATE	for the following service 7G .5600C Supervised evelopmental Disabilities. for 5 and currently has a y sample consisted of its.  iffied in this report. The entified as sister facility er facility B (residential). ing the letter of the facility er.  raining Professionals  OMPETENCIES OF ONALS AND IONALS vileging requirements for y associate professionals. als and associate enstrate knowledge, skills the population served. Inpetency-based stablished by rulemaking, als and associate enstrate competence. Interest of the facility of the facil	V 109		
	<ul><li>(1) technical knowledge</li><li>(2) cultural awareness;</li><li>(3) analytical skills;</li></ul>				

Division of Health Service Regulation
LABORATORY DIRECTORS OF PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

MULLE 11/3/23

	i	ĺ	I		
_		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER  OME SERVICES, INC	3221 ED	DDRESS, CITY, STATE, ENWOOD DRIVE SBORO, NC 27406	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 109	<ul> <li>(4) decision-making</li> <li>(5) interpersonal ski</li> <li>(6) communication s</li> <li>(7) clinical skills.</li> <li>(e) Qualified profess</li> <li>NCAC 27G .0104 (18 met the requirements employment system in MH/DD/SAS.</li> <li>(f) The governing bodevelop and implement for the initiation of an plan upon hiring each (g) The associate pr supervised by a qual population served for</li> </ul>	ils; skills; and ionals as specified in 10 A B(a) are deemed to have of the competency-based in the State Plan for dy for each facility shall ent policies and procedures individualized supervision associate professional.	V 109		
	facility failed to ensu Qualified Profession  Review on 9/15/23 or record revealed: -A job description for a Documentation of a -No documentation of a QP.  Interview on 9/15/23 identified as the QP	iew and interviews, the re the presence of a al (QP). The findings are:  of the Owners' personnel represident; high school diploma; of meeting the requirements with the Owner revealed she			

		MHL041-736	B. WNG		C 10/09/2023
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  MERCY HOME SERVICES, INC  3221 EDENWOOD DRIVE					10/00/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 109	revealed: -Not qualified to be the -"I haven't completed tooking for a new QP is -A QP was employed is -"I need somebody (Qimore often (full time);" -Unable to provide a pinterview on 9/28/23 with lighter of the facility as the QI is at the QI is a	e QP; my college degree. I'm now;" part time, "2 months ago;" P) who can be with me ersonnel record for the with the former QP revealed: ce he had been employed c; for staff during the past quested by the Owner, but uring those times.  10/9/23 with the Owner me period or n a QP was last employed; required; staff and ensuring	V 109		
V 112	Neglect or Exploitation Type A1 rule violations 27G .0205 (C-D) Assessment/Treatmen 10A NCAC 27G .0205 TREATMENT/HABILIT. PLAN (c) The plan shall be dassessment, and in par	ection from Harm, Abuse, for a failure to correct  VHabilitation Plan  ASSESSMENT AND ATION OR SERVICE	V 112		

Division of Health Service Regulation STATE FORM

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		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER	3221 EDE	DRESS, CITY, STATE, NWOOD DRIVE BORO, NC 27406	ZIP CODE	
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 112	receive services bey (d) The plan shall in (1) client outcome(s achieved by provisio projected date of ach (2) strategies; (3) staff responsible (4) a schedule for n annually in consultat responsible person (5) basis for evalua outcome achieveme (6) written consent responsible party, o	nts who are expected to cond 30 days. clude:  s) that are anticipated to be n of the service and a nievement;  e; eview of the plan at least clion with the client or legally or both; tion or assessment of	V 112		
	This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to develop and review Treatment Plans in partnership with the clients or responsible person for 4 of 4 clients (#1, #2, #3 and #4), implement goals for 1 of 4 clients (#1) and obtain consent or agreement by the clients or responsible person for 1 of 4 clients (#2). The findings are:  Reviews on 9/15/23 and 9/18/23 of client #1's record revealed:				

		1	A. BUILDING: _		OOM ELIED
		MHL041-736	B. WING		С
IAME OF F	PROVIDER OR SUPPLIER	SIRET	ADDRESS OFFI OFFI		10/09/2023
MEDAY L	IONE CEDITORS		ADDRESS, CITY, STAT	E, ZIP CODE	
ILICO I	IOME SERVICES, INC		ENWOOD DRIVE SBORO, NC 27406	•	
(X4) ID	SUMMARY ST	ATEMENT OF DESICIENCIES			
PREFIX TAG	I CACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	05
V 112	Continued From page	4	V 112		
	-Diagnoses included I	Aild Intellectual	' ''2		
1	Developmental Disabi	lity (IDD), Schizophrenia,			
1	Schizoaffective Disord	ler Major Dongsonius			
- 1	Disorder, Fetal Alcoho	Syndrome, Hypertension,	1 1		
1	Morbid Obesity Genit	al Herpes, Prediabetes and	1 1		
- 1	Chronic Idiopathic Cor	estination:			
	-Treatment Plan dated	7/20/22 with undates			
	10/7/22, 1/3/23 and 4/	14/23 signed by the client	1 1		
1	and the former Qualifie	ed Professional (QP) A1	1 1		
- 1	included, "Therapist wi	Il provide counseling to	1 1		
- 1	decrease maladaptive	behaviors:"	1 1		
	<ul> <li>No documentation that</li> </ul>	t client #1 had received			
	therapy since 8/12/21.				
	Interview on 9/18/23 wi	th client #1 revealed:			
	-Staff had not discusse	d her treatment plan or	1		1
1	goals with her;		1 1		
1.	-Signed forms when the	Owner requested.			
ı	Reviews on 9/15/23 and	d 9/18/23 of client #2's			
r	record revealed:				
-	Date of admission 7/23	/18;	1		
-	Diagnoses included Mi	ld IDD, Schizoaffective	1 1		1
	Jisorder, Post Traumati	c Stress Disorder and			
5	elzure Disorder;		1		
1	Treatment Plan dated 6	5/26/23 not signed by the			
C	lient, her guardian or th	ne QP.			
Ir	nterview on 9/18/23 with	n client #2 revealed staff			
h	ad not discussed her tr	eatment plan or goals			
W	ith her.	prant of godie			
R	eviews on 9/15/23 and	9/18/23 of client #3's			
re	ecord revealed:	8. 8			
-[	Date of admission 5/26/	09;			
-E	Diagnoses included Mile	IDD. Major Depressive			
10	isorder, Down's Syndro	me and			
G	astroesophageal Reflux	CDisease (GERD);	1		
-T	reatment Plan dated 8/	31/22 with undates	1		
of Hoolth	/18/22, 2/10/23 and 5/2	26/23 signed by the client	1		1

			A. BUILDING:		0
		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER	3221 ED	DDRESS, CITY, STATE,	ZIP CODE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
V 112	Continued From pag	e 5	V 112		
	on 8/31/23 and 5/26/	23 with no QP signature.			
	-Staff had not discus	with client #3 revealed: seed her treatment plan or the Owner requested.			
	record revealed: -Date of admission -Diagnoses included Hypertension and G	d Mild IDD, Schizophrenia, BERD; ted 6/17/23 signed by the			
	-Staff had not discu	3 with client #4 revealed: ssed her treatment plan or n the Owner requested.			
	10/9/23 at 12:34pm revealed: -Employed as the oppogram from 3/20-"There shouldn't be assessment with merfused to sign the to copy the old one that;" -Observed her reven (Master of Science plan and denied it -"They did a great That's not my sign I sign M. Ed (Master Master).	the 1 treatment plan or my name on it because I am. She (the Owner) asked me as (treatment plans) and I did liew of signature with title of MS and QP on client #1's treatment was her signature; job on forging my signature, nature and I would not sign MS, ter of Education)."			
	Interview on 10/9/ -Treatment Plans completed by the	23 with the Owner revealed: were supposed to be QP;			

			, . DOILDING		
		MHL041-736	B. WING		C 10/09/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E ZID CODE	10/09/2023
MERCY H	OME SERVICES, INC		DENWOOD DRIVE	E, AF CODE	
	TO THE OLIVINGS, INC		ISBORO, NC 27406	3	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETE DATE
V 112	Continued From page	6	V 112	,	
	the Treatment Plans for along with the day progno other QP; -"She (former QP A1) was supposed to do (complement of the desired former QP A1) forged, "That's not trueUnable to provide a peunknown QP that signer Plan; -Unable to find a therapy #1's insurance; -Unable to provide docuregarding the dates and contacted; -Responsible for ensuring completed and reviewed.	ersonnel record for the d client #4's Treatment sist that accepted client umentation or information the therapists she had ng treatment plans were d at least annually.			
V 115	27G .0208 Client Servic	es	V 115		
() () () () () () () ()	assure that:  (1) space and supervision he safety and welfare of 2) activities are suitable and treatment/habilitation served; and 3) clients participate in pactivities.	e activities for clients shall on is provided to ensure if the clients; for the ages, interests, in needs of the clients clanning or determining is designated or described our" shall make services			

		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER  OME SERVICES, INC	STREET A	DDRESS, CITY, STATE ENWOOD DRIVE BORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE COMPLETE
V 115	Continued From page unless otherwise specic) Facilities that service tients shall ensure to the with secure adaptive (e) When two or more require special assist in a vehicle are transithere shall be one as assist in supervision.  This Rule is not me Based on record refacility failed to ensinterests and treatmolients served for 4 #4). The findings a Reviews on 9/15/2 record revealed: -Date of admission-28 years old;	cified in the rule.  We or prepare meals for that the meals are nutritious. In have a physical handicap vehicle shall be equipped equipment.  The preschool children who stance with boarding or riding sported in the same vehicle, dult, other than the driver, to of the children.  The children of the clients (#1, #2, #3 and re:  The control of the children of the chi	V 115	·	
	Developmental Disschizoaffective Disorder, Fetal Ald Morbid Obesity, Gohronic Idiopathic Treatment Pland 10/7/22, 1/3/22 are everything that care	ed: Mild Intellectual sability (IDD), Schizophrenia, sorder, Major Depressive cohol Syndrome, Hypertension, tenital Herpes, Prediabetes and Constipation; lated 7/20/22 with updates on and 4/14/23 included, "List on be done to help this person per me busy and help keep my			

Division of Health Service Regulation STATE FORM

		MHL041-736	B. WING		C 10/09/2023
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	10/00/2020
ERCY HO	ME SERVICES, INC		ENWOOD DRIVE		
			SBORO, NC 27406		
(X4) ID PREFIX	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE COMPLE DATE
1	Continued From page		V 115		
1	mind off my problems.	U			
	nterview on 9/15/23 w	ith client #1 revealed:			
-	Transported by a chui	ch van on Sundays to a			1
	ocal church without st	aff supervision;			1
-	No activities at the fac	ility or outings;	1 1		
-	Facility activities and	outings were needed to	1 1		
1	enefit her mental and	physical health;	1		
-	-"idle mind is the devil's workshop."  Reviews on 9/15/23 and 9/18/23 of client #2's		1 1		
F					
	record revealed:				
	Date of admission 7/2	3/18;			
	33 years old;				
-1	Jiagnoses included: N	fild IDD, Schizoaffective			
2	isorder, Seizure Disoi tress Disorder.	der and Post Traumatic			
"	aress Disorder.				
lr	terview on 9/15/23 wi	th client #2 revealed:			
-1	ransported to sister fa	acility A-day program			
IV	londay - Friday, "to giv	e us something to do:"			
-/	Attended church without	ut staff supervision once			
W	ith client #1 but she ha	ad a panic attack and			
	adn't returned;				
-17	lo activities at the faci	lity or outings;			
he he	outings and facility act enefit her mental healt	ivities were needed to			
	stront fier mental fleat	11.			
R	eviews on 9/15/23 and	9/18/23 of client #3's			
	cord revealed:				
-L	ate of admission 5/26	/09;			
	0 years old;		1		
-L	nagnoses included: M	ld IDD, Major Depressive			1
D	sorder, Down's Syndr	ome and Gastrointestinal			
	Reflux Disease (GERD);				
de	Treatment Plan dated included, "demonstrates determination when encouraged and empowered				1
to	nadicinate in activition	ouraged and empowered but lacks the confidence			
to	complete task without	this interventionfeels			
88	if her recent increase	in mental health			1
n of Health	Service Regulation	memai neaill			

		MHL041-736	B. WING		C 10/09/2023
	ROVIDER OR SUPPLIER	\$TREET AL	DDRESS, CITY, STATE	, ZIP CODE	
MERCY HO	OME SERVICES, INC	GREENS	BORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
V 115	Continued From page	9	V 115		
V 115	symptoms need to be psychosocial rehabilicommunity outings, sincreased social opportune of the psychosocial rehabilicommunity outings, sincreased social opportune of the provided offered other than at a point want to attend a point want of the provided and point want to be provided a point want to be psychologically a point want want want want want want want wa	e addressed through tation, involvement in structured workshops, and ortunity."  with client #3 revealed: ed at the facility or outings tending church on Sundays; dichurch; of the store more."  and 9/18/23 of client #4's 12/26/11; li. Mild IDD, Schizophrenia, ERD; ed 6/17/23 included, "It is client #4) have a routine to to keep her occupied."			
	Sundays; -Didn't want to atte	nd church.			
	-"She (the Owner) anywhere because gas;" -"She's (the Owner them (clients);" -"If they (clients) w wouldn't be sneaki	3 with staff #2 revealed: won't let them (clients) go she doesn't want to pay for ) too cheap to do anything with as able to go somewhere, they ng out of the house (facility)."			
	revealed: -"The staff take the	/23 and 10/9/23 with the Owner em (clients) out if they want to s they don't want to go out. The park on outing and just drive			

		MHL041-736	B. WING			С
NAME OF P	PROVIDER OR SUPPLIER				10/	09/2023
			ADDRESS, CITY, ST.			
MERCY H	OME SERVICES, INC		DENWOOD DRIV	-		
			ISBORO, NC 274	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 115	Continued From page	10	V 115			
	around on the weeker	nd mostly;"				
ì	-A church van transpo	rted client #1 to church on				
	Sundays but the other	clients didn't want to				
	attend;					
	-Facility staff had neve	er asked her to pay for gas				
	in order to take the clie	ents on outings;				
	-"I'm going to insist on	them (facility staff) doing				
	that. Put gas in, bring	me a receipt and I'll				
l	I'm going to ineigt on the	they mentioned it to you, hem taking them out every			ĺ	
	other weekend."	iem taking them out every				
		I bought them a game. I				
	may buy them another	game."				
	This deficiency is cross	s referenced into 10A				
	Neglect or Exploitation	ection from Harm, Abuse,				
	Type A1 rule violations					
V 132	G.S. 131E-256(G) HC	PR-Notification,	V 132			
	Allegations, & Protection	on				
	G.S. §131E-256 HEAL REGISTRY	TH CARE PERSONNEL				
1	(g) Health care facilities	s shall ensure that the			1	
	Department is notified	of all allegations against			1	
	health care personnel,	including injuries of				
	unknown source, which	appear to be related to				
	any act listed in subdivi (which includes:	ision (a)(1) of this section.				
	<ul> <li>a. Neglect or abuse of</li> </ul>	f a resident in a healthcare				
	facility or a person to w	hom home care services				
	as defined by G.S. 131	E-136 or hospice services				
	as defined by G.S. 131	E-201 are being provided.				
	b. Misappropriation of	the property of a resident				ı
	in a nealth care facility,	as defined in subsection				
1.	(u) of this section includ	ding places where home			1	- 1
l i	hospice services as define	d by G.S. 131E-136 or fined by G.S. 131E-201				- 1

## 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

-owner is responsible for

all corrective action.

The owner is actively seeking a full time QP. Currently, owner has a temporary QP who is employed until a full time person can be found.

10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall ensure;

owner is responsible for

all corrective action.

Effective immediately 10/10/2023 and ongoing, the owner I

Has scheduled community activities with the involvement of all clients.

Staff has a schedule of suitable activities that is posted in the group home of the weekly activities.

# 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT /HABILITATION OR SERVICE PLAN

	wner	is responsible for
all corrective action.		

will ensure that all Assessment/Treatment/Habilitation Plans are developed in conjunction with all stakeholders including clients and the legally representative person. Also, the owner will ensure that Consent forms are duly signed by the responsible person and kept as part of the client record. Owner will also have the current QP sign off on all plans that he/she has developed.

UMO I LOIN	OF CONTECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL041-736	B. WNG		С	
AME OF F	PROVIDER OR SUPPLIER				10/09/2023	
			ENWOOD DRIVE	E, ZIP CODE		
EKUTH	IOME SERVICES, INC		BBORO, NC 27406	1		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE COURT	
V 132	Continued From page	11	V 132			
	are being provided.					
	c. Misappropriation of	of the property of a				
	healthcare facility.	and property of a				
	d. Diversion of drugs	belonging to a health care	1 1			
	facility or to a patient of	or client.				
	e. Fraud against a he	ealth care facility or against				
	a patient or client for w	hom the employee is				
	providing services).	vidence that all alleged				
	acts are investigated a	and must make every effort				
	to protect residents fro	m harm while the				
- 1	investigation is in prog	ress. The results of all				
	investigations must be	reported to the				
	Department within five	working days of the initial				
	notification to the Depa	ertment.				
					1	
					İ	
			1 1			
1	his Rule is not met as	evidenced by:				
E	Based on record review	and interview, the facility				
16	alled to investigate and	ensure the Health Care				
2	Personnel Registry (HC	PR) was notified of all				
1	audited former staff (F	th care personnel for 1 of S #4). The findings are:				
'	(I	o <del>may.</del> The infulngs are:				
R	eview on 9/15/23 of FS	#4's personnel record				
re	evealed:	F-7-5-11101 100014				
-[	Date of hire 7/12/23;					
	No documentation of title	e or date of termination;			-	

AND PLAN OF CORRECTION		IDENTIFICATION TOWNS.	A BUILDING:		C
		MHL041-736	B. WING		10/09/2023
	an autoni IER		RESS, CITY, STATE	, ZIP CODE	
	OVIDER OR SUPPLIER		IWOOD DRIVE		
MERCY HO	OME SERVICES, INC	GREENSB	TO A SPECIAL OF CORRECTION	N (X5)	
(X4) ID PREFIX TAG	- LOUGE COUNTY	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DE .
V 132	Continued From pag	e 12	V 132		
V 132	-Documentation of Abuse/Neglect/Harm training completed 7 Review on 9/15/23 revealed no docume guardian to consum Review on 9/14/23 Improvement Syste care personnel aller Review on 9/15/23 no documentation investigation of the client #1 to purcha and #2 to drink alcohol. Interviews on 9/22 revealed: -Informed by clier unknown) of an a client #1 to purcha clients #1 and #2 -Unable to provide investigation; -"I asked the stat said she didn't ta alcohol. I just did -Didn't submit he IRIS because she true; -"Of course, she didn't take them	of clients #1 and #2's records entation of consent of the Incident Response em (IRIS) revealed no health agations submitted in 2023.  If of the facility records revealed of HCPR notification or allegation that FS #4 allowed as alcohol twice and clients #1 cohol in the facility.  If 23 and 10/9/23 with the Owner at #2 in August 2023 (exact date allegation that FS #4 allowed as alcohol twice and allowed as alcohol twice and allowed as alcohol twice and allowed as alcohol twice and allowed as alcohol twice and allowed at drink alcohol in the facility; the documentation of an allegation to the didn't think the allegation was a (FS #4) like I told you, but she allegation to the didn't think the allegation was a (FS #4) lied about that, that she allegations against the submitting allegations against			
	health care persall all allegations.	sonnel into IRIS and investigating			
	This deficiency NCAC 27D .03	is cross referenced into 10A 04 Protection from Harm, Abuse,			If continuation sheet 13 of

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		
		MHL041-736	B. WING		C 10/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE ZID CODE	
			NWOOD DRIV		
MERCY H	OME SERVICES, INC		SORO, NC 274		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 132	Continued From page	e 13	V 132		
	Neglect or Exploitatio	n (V512) for a Type A1	1	1	
		corrected within 23 days.	1	1	
		ourodou mami 20 days.			
V 290	27G .5602 Supervise	d Living - Staff	V 290		
	10A NCAC 27G .5602	2 STAFF			
	(a) Staff-client ratios				
		Paragraphs (b), (c) and (d)	1		
		etermined by the facility to	1		
		d to individualized client	1		
	needs.				
	(b) A minimum of one	staff member shall be			
	present at all times wi	nen any adult client is on the	1		
	premises, except whe	n the client's treatment or	1		
		ments that the client is			
	capable of remaining	in the home or community	1		
1		The plan shall be reviewed			1
		s than annually to ensure			
1		be capable of remaining in			
	specified periods of tir	ty without supervision for ne.			
	(c) Staff shall be pres				
1		atios when more than one			
	child or adolescent cli				
		dolescents with substance	1		
		be served with a minimum			
		r every five or fewer minor	1		
1		ever, only one staff need be			
		g hours if specified by the			
	the governing body; or	rocedures determined by			
ļ	_	dolescents with	1		
	,-,	ities shall be served with			
		every one to three clients	1		1
		present for every four or			
		However, only one staff			1
	need be present durin				
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gency back-up procedures			
	determined by the gov		1		

## G.S 131E-256 HEALTH CARE PERSONNEL REGISTRY

owner is responsible for

all corrective action.

Effective immediately and as of 10/10/2023, the provider will report all instances of alleged abuse, harm, neglect or exploitation made against any staff member. The provider upon learning of the allegation will immediately report such an allegation to the HCPR section. Also, the provider will initiate an internal investigation and provide a report for review within 5 working days of the knowledge of the allegation. The staff involved with the alleged abuse will be placed on immediate administrative leave until the internal investigation is completed. If, the allegation is substantiated, the staff will be terminated immediately.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ MHL041-736 B. WNG 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 290 Continued From page 14 V 290 (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and the services of a certified substance (2) abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, and observation, the facility failed to ensure a minimum of one staff was present at all times when a client was on the premises and in the community, except when the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 4 of 4 clients (#1, #2, #3 and #4). The findings are: Review on 9/15/23 of client #1's record revealed: -Admission date of 11/13/20; Diagnoses included Mild Intellectual Developmental Disability (IDD), Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Fetal Alcohol Syndrome, Hypertension, Morbid Obesity, Genital Herpes, Prediabetes and Chronic Idiopathic Constipation; -Declared incompetent and had a guardian appointed 9/24/20; -Treatment Plan dated 7/20/22 with updates on 10/7/22, 1/3/23 and 4/14/23 included, "...needs constant monitoring and cannot be left alone as she will get in trouble."

Division of Health Service Regulation

PRINTED: 10/24/2023 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 10/09/2023 B. WING MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 290 Continued From page 15 V 290 Review on 9/15/23 of client #2's record revealed: -Admission date of 7/23/18; -Diagnoses included Mild IDD, Schizoaffective Disorder, Post Traumatic Stress Disorder and Seizure Disorder; -Declared incompetent and guardian appointed 8/29/08: -Treatment Plan dated 6/26/23 included, "...needs supervision in a structured environment to assist her with developing coping mechanisms to deal with real life situations and to instill an urgent understanding of how to refrain from being aggressive and learn to avoid situations that can affect her current life." Review on 9/15/23 of client #3's record revealed: -Admission date of 5/26/09; -Diagnoses included Mild IDD, Down's Syndrome, Major Depressive Disorder and Gastroesophageal Reflux Disease (GERD); -Treatment Plan dated 8/31/22 with updates on 11/18/22, 2/10/23 and 5/26/23 included, "has limited community safety skills and lack of experience and knowledge using public transportation;" -No documentation regarding client being allowed to remain in the facility or community without supervision. Review on 9/15/23 of client #4's record revealed: -Admission date of 12/26/11; -Diagnoses included Mild IDD, Schizophrenia, Hypertension and GERD; -No documentation in Treatment Plan dated 6/17/23 regarding client being allowed to remain in the facility or community without supervision. Finding #1: Clients were transported to and from sister facility A-day program and to sister facility B

Division of Health Service Regulation STATE FORM

PRINTED: 10/24/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 290 Continued From page 16 V 290 by public transportation. Observation on 9/15/23 at approximately 9:00am revealed clients #1, #2 and #3 were dropped off at sister facility A-day program by public transportation. Interview on 9/15/23 with the Owner revealed: -Clients were transported to sister facility B at times by public transportation; -"When the staff is running late, I'll tell [public transportation] to drive them to the other group home (sister facility B) for an hour or 2."

Finding #2: Clients were left at sister facility B with 1 staff and 4 additional clients.

Interview on 9/15/23 with client #1 revealed: -Clients were transported to sister facility B after they left sister facility A-day program about twice a month;

-There were 4 additional clients and 1 staff at sister facility A-day program.

Interview on 9/27/23 with client #2 revealed: -Clients were transported to sister facility B after they left sister facility A-day program 2-4 times a month;

-There were 4 additional clients and 1 staff at the sister facility;

-"I don't like going over there (sister facility B) period because it's a trigger for me being in the

-The Owner informed her that she had to be transported to sister facility B because the staff kept quitting;

Finding #3: Client #4 was left at the facility without supervision.

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE	SURVEY LETED
		55555	A. BUILDING:			С
		MHL041-736	B. WNG		10	/09/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	o=n::o=o INO	3221 EDI	ENWOOD DRIVE			
MERCY H	OME SERVICES, INC	GREENS	BORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 290	Continued From pag	e 17	V 290			
, 250	Interview on 9/15/23 #4 was left unsuperv facility when former so other 3 clients to a lo	with client #1 revealed client rised (date unknown) at the staff (FS) #4 transported the local store.				
		with client #2 revealed FS #4 nsupervised (date unknown)				
	had been left at the	with client #4 revealed she facility more than once staff transported the other 3 re.				
	Finding #4: Client # on Sundays by a ch	1 was transported to church urch van.				
		B with client #1 revealed she church on Sundays by a vised by staff.				
	the Owner revealed -Clients were transpracility A-day progra -Clients were transp	23, 9/21/23 and 10/9/23 with it: corted to and from sister am by public transportation; corted to sister facility B after ty A-day program when staff				
	-"We do that (trans because of lack of running late, I'll tell	port clients to sister facility B) staffWhen the staff is [public transportation] to drive e other group home (sister ur or 2;"				
	-There were 4 addi sister facility B; -"The last time it (c facility B) happene The staff had an a appointment, so sh	dients transported to sister d was 2 days ago (9/13/23). popointment. Her son had an the was a little bit late," only client allowed to remain in				

Division of Health Service Regulation

STATE FORM

6899

PRINTED: 10/24/2023 FORM APPROVED

AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DAT	E SURVEY	
			A. BUILDING:		CON	PLETED	
		MHL041-736	B. WING			С	
NAME OF I	PROVIDER OR SUPPLIER	STREET	DDDEEC OFF		10	10/09/2023	
MERCY F	HOME SERVICES, INC	3221 FD	DDRESS, CITY, STATE	E, ZIP CODE			
	TOTAL OLIVIOLS, INC	GREEN	BORO, NC 27406				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE E APPROPRIATE	(X5) COMPLE DATE	
V 290	Continued From page	9 18	V 290			+	
	the facility unsupervis	sed:					
	-Not aware that unsur	Dervised time wasn't					
1	documented in client	#4's Treatment Plan:					
	-On Sundays, a churc	h van transported client #1					
1	to church unsupervise	ed by staff:					
- 1	-Responsible for ensu	ring that clients were					
	always supervised as	required.					
	This deficiency is cros	s referenced into 10 A					
- 1	NCAC 2/D .0304 Prot	ection from Harm Abuse					
1	Neglect or Exploitation	(V512) for a Type A1					
	violation and must be	corrected within 23 days.					
V 291	27G .5603 Supervised	Living - Operations	V 291		*		
	10A NCAC 27G .5603	OPERATIONS					
	(a) Capacity. A facility	shall serve no more than	1 1		1		
13	six clients when the clie	ents have mental illness or					
1,	disabilit	ies. Any facility licensed					
1 6	June 15, 2001, and	providing services to man					
1	tiall six clients at that t	me, may continue to					
	provide services at no ricensed capacity.	nore than the facility's			1		
10	h) Service Coordination						
l n	naintained between the	n. Coordination shall be			i		
a	ualified professionals	e facility operator and the who are responsible for					
tr	eatment/habilitation or	Case management					
(0	e) Participation of the I	-amily or Legally			1		
R	esponsible Person. E.	ach client shall be			1		
Pi	rovided the opportunity	to maintain an oppoing					
16	rationship with her or h	nis family through such					
111	learis as visits to the fa	cility and visits outside	l				
111	e lacility. Reports sha	be submitted at least					
ar	inually to the parent of	a minor resident or the					
116	gally responsible perso	n of an adult resident	1				
1170	sports may be in writing	Or take the form of a					
1 00	merence and shall foc	us on the client's	1		1		
pr	ogress toward meeting	individual goals.					
(u)	) Program Activities. E	ach client shall have	1				

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ C 10/09/2023 B. WING MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 Continued From page 19 V 291 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 and interviews, the facility failed to ensure service coordination was maintained with other professionals responsible for treatment affecting 1 of 4 clients (#1). The findings are: Review on 9/15/23 of client #1's record revealed: -Admission date 11/13/20; -Age 28; -Declared incompetent and a guardian appointed 9/24/20; -Diagnoses included Mild Intellectual Developmental Disability, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Fetal Alcohol Syndrome, Hypertension, Morbid Obesity, Genital Herpes, Prediabetes and Chronic Idiopathic Constipation; -Treatment Plan dated 7/20/22 with updates on 10/7/22, 1/3/23 and 4/14/23 included, "Therapist will provide counseling to decrease maladaptive behaviors;" -Last documentation of medical care was 6/29/23 and therapy was 8/12/21. Finding #1 The facility failed to obtain medical care for client #1 after she was prostituted by former staff (FS) #4. Interview on 10/9/23 with client #1 revealed:

51DT11

Division	of Health Service Reg	ulation			FC	RM APPROVED
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		TE SURVEY
			A. BUILDING:		00,	WLLE1ED
		MHL041-736	B. WING		1	C 0/09/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E. ZIP CODE		0.00,2020
MERCY	IOME SERVICES, INC		ENWOOD DRIVE			
			BORO, NC 27406			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 291	Continued From page	e 20	V 291			
	-One of the men she	had sexual intercourse with				
	refused to wear a cor	ndom:				
		d the Owner she had vaginal				
	itching after being pro	ostituted;	1 1			
	-Staff A2 informed he	r she was not able to				
	schedule her an appo	pintment for medical care				
	without the approval of The Owner refused t	or the Owner;				1
	appointment for medi	cal care.				
	Interview on 9/28/23	with the former Qualified	1			
	Professional (QP) A1	revealed: numerous times since she				1 1
	informed staff A2 that	she was prostituting:				
- 1	-Client #1 complained	of vaginal itching				
	-Client #1 also informe	ed her that she had asked				
- 1	staff A2 and the Owner	er for medical care related to				
	an appointment for he	d they refused to schedule er;				
	-"She (the Owner) dor	n't take them (clients) to any				
1	(vagina) were itching	#1] told her, her privates and [the Owner] said you				1 1
	shouldn't have done th	hat (prostitute)."				
	Interviews on 9/18/23 revealed:	and 10/9/23 with the Owner				
		eived medical care after she				
	informed her she had I	been prostituting;				
1	-Didn't see the need for	or client #1 to be tested for				1 1
	sexually transmitted di	iseases or pregnancy;				
	- No, she (client #1) di	idn't see the doctor. She				
	used a rubber (condon	anything. She said the guy				1 1
	-Responsible for ensur					
	medical care as neede	ed.				
	Finding #2 The facility client #1.	failed to obtain therapy for				
	Interview on 9/15/23 w	rith client #1 revealed:				

Division of Health Service Regulation

SINTERENT OF DEFICIENCES  AND PLAN OF CORRECTION  MILEATION  MALE DEFICIENCES  MILEATION	of Health Service Regu	lation					
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MERCY HOME SERVICES, INC  3221 EDENWOOD DRIVE GREENSBORO, NC 27466  (MA) ID PRETEX TAG  CONTINUED FROM THE SERVICE OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  FROM THE SECULATORY OR LESC IDENTIFYING INFORMATION)  V 291  Continued From page 2 1  Had been approximately a year since she had seen a therapist; -Attempted to schedule an appointment (date unknown) with her prior therapist but was informed that she didn't accept her current insurance; -"I tried to find SAA (sexual addiction anonymous). It's (impluses) terrible." -The Owner had informed her numerous times that she had been unable to find a therapist that accepted her current insurance.  Interview on 9/19/23 with former staff #4 revealed: -Client #1 had requested to talk with a therapist and she had instructed her to talk with the Owner; -The Owner reverse-scheduled an appointment for client #1 to see a therapist because, "She's not a good person at all."  Interview on 9/28/23 with the former QP A1 revealed: -Client #4 had not received therapy for approximately 8 months prior to her terminating her employment May 2023; -The Owner hers he was going to find someone to provide therapy for client #1 but she never did because, "Cover] don't care anything about [clent #1]."  Interviews on 9/15/23 and 10/9/23 with the Owner revealed: -Client #4 had been receiving therapy until she contacted the Social Security Administration and changed her Medicare provider; -"She (client #4) had been receiving therapy until she contacted the Social Security Administration and changed her Medicare provider; -"She (client #4) had seeing didn't accept her new insurance;			MHL041-736	B. WNG		1	
ORIENSBORO, NC 27466  SUMARY STATULET OF DEFICIENCIES PRETIX TAG  SUMARY STATULET OF DEFICIENCIES (FACH DEFICIENCY MUST 6F PRECEDED BY YILL) REGULATORY OR USE DEPITIFYING INFORMATION)  PRETIX TAG  Continued From page 21  -Had been approximately a year since she had seen a therapist; -Attempted to schedule an appointment (date unknown) with her prior therapist but was informed that she didn't accept her current insurance; -"I tried to find SAA (sexual addiction anonymous). It's (impulses) terrible;" -The Owner had informed her numerous times that she had been unable to find a therapist that accepted her current insurance.  Interview on 9/19/23 with former staff #4 revealed: -Client #1 had requested to talk with a therapist and she had instructed her to talk with the Owner; -The Owner never scheduled an appointment for client #1 to see a therapist because, "She's not a good person at all."  Interview on 9/28/23 with the former QP A1 revealed: -Client #1 had not received therapy for approximately 8 months prior to her terminating her employment May 2023; -The Owner informed her she was going to find someone to provide therapy for client #1 but she never did because, "(Owner) don't care anything about [client #1]."  Interviews on 9/15/23 and 10/9/23 with the Owner revealed: -Client #1 had been receiving therapy until she contacted the Social Security Administration and changed her Medicare provider, -She (client #1) was seeing didn't accept her new insurance;	NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE, ZIP CODE		
(X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (CACHDERICIENCY BUST DE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  V 291  Continued From page 21  -Had been approximately a year since she had seen a therapist; -Attempted to schedule an appointment (date unknown) with her prior therapist but was informed that she client for find a therapist that accept her ourrent insurance; -"I tried to find SAA (sexual addiction anonymous). It's (impulses) terrible;" -The Owner had informed her numerous times that she had been unable to find a therapist that accepted her current insurance.  Interview on 9/19/23 with former staff #4 revealed: -Client #1 had requested to talk with a therapist and she had instructed her to talk with the Owner; -The Owner never scheduled an appointment for client #1 to see a therapist because, "She's not a good person at all."  Interview on 9/28/23 with the former QP A1 revealed: -Client #1 had not received therapy for approximately 8 months prior to her terminating her employment May 20/23; -The Owner never on the was going to find someone to provide therapy for client #1 but she never did because, "(Owner) don't care anything about [client #1]."  Interviews on 9/18/23 and 10/9/23 with the Owner revealed: -Client #1 had been receiving therapy until she contacted the Social Security Administration and changed her Medicare provider, -"She (client #1) want to do things on her own," -The therapist that client #1 was seeing didn't accept her new insurance;	MERCYH	OME SERVICES, INC	3221 EDE	NWOOD DRIVI	E		
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	V 291	-Had been approximate seen a therapist; -Attempted to schedul unknown) with her pri informed that she didinsurance; -"I tried to find SAA (see anonymous). It's (importhed that she had been unaccepted her current.  Interview on 9/19/23 arevealed: -Client #1 had request and she had instructed. The Owner never sold client #1 to see a there good person at all."  Interview on 9/28/23 arevealed: -Client #1 had not recept approximately 8 month her employment May. The Owner informed someone to provide the never did because, "[I about [client #1]."  Interviews on 9/15/23 revealed: -Client #1 had been recontacted the Social Schanged her Medicant. "She (client #1) wantot the therapist that client accept her new insurant.	ately a year since she had  ale an appointment (date for therapist but was in't accept her current  bexual addiction fulses) terrible;" med her numerous times able to find a therapist that insurance.  with former staff #4  ated to talk with a therapist and her to talk with the Owner; heduled an appointment for rapist because, "She's not a  with the former QP A1  beived therapy for this prior to her terminating 2023; her she was going to find herapy for client #1 but she Owner] don't care anything  and 10/9/23 with the Owner beceiving therapy until she Security Administration and be provider; to do things on her own;" ent #1 was seeing didn't ance;	V 291			

Division of Health Service Regulation

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-736	B. WING		1	C
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DODESE CITY STAT	E 70 coor	1 10/	09/2023
12 (222) 12 (127) 17 (17)			DDRESS, CITY, STAT ENWOOD DRIVE	E, ZIP CODE		
WERCT	IOME SERVICES, INC		BORO, NC 27406	à		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X6) COMPLETE DATE
	they can take her (clie therapist to talk to her (prostituting). We ask physician (PCP)]. He is therapist;"  -Unable to provide doctates and contact infour she contacted or the district are as new psychiatric care as new p	int #1). We're trying to get a to take care of that incident [client #1's primary care is supposed to refer her to a sumentation regarding the rmation for the therapist ate she contacted client fring clients received eded.  failed to ensure aid with an for client #1.  and 9/18/23 with client #1  to communicate with her id to the facility; in medical provider (date pointh control implant eptember 2023; refused because, "they dian because it's a ith client #1's guardian on 20/23 were not successful	V 291			
	Interview on 9/28/23 wi revealed the Owner wa #1's guardian while she 2023 - May 2023).	s unable to contact client				
	revealed: -Client #1 requested he her birth control implant	nd 10/9/23 with the Owner r medical provider remove because it expired; an't take it out unless her				

(X3) DATE SURVEY Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION 10/09/2023 MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 291 Continued From page 23 V 291 guardian signs. The guardian, we can't, she don't want that to be removed;" -"We can't get in touch with her (guardian) either. I called her (guardian) and she blocked our line (date unknown);" -A representative from the local Department of Social Services visited the facility the prior week (10/2/23 - 10/6/23) and she informed him she had been unable to contact client #1's guardian and, "He's looking into it;" -Hadn't attempted to notify the Clerk of Court of the issues with client #1's guardian; -Had been unable to notify the guardian that client #1 had purchased alcohol and consumed it at the facility, had been coerced to prostitute, birth control had expired and needed removal and needed therapy. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation for a failure to correct Type A1 rule violations. V 318 V 318 13O .0102 HCPR - 24 Hour Reporting INVESTIGATING AND 10A NCAC 13O .0102 REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).

Division of Health Service Regulation STATE FORM

# V512 27G .5602 HEALTHCARE PERSONNEL REGISTRY (V290)

owner is responsible for all corrective actions.

Effectively immediately 10/10/2023 and ongoing, provider has implemented a new staff schedule whereby one staff is on duty at all times during each 24 hour shift.

### V512 27G .5603 OPERATIONS

(V291)

### -owner is responsible for all corrective actions.

Effectively immediately 10/10/2023 and ongoing, provider will ensure that all services are coordinated with the respective agencies and/ or clinical personnel to ensure continuity of care.

PRINTED: 10/24/2023 FORM APPROVED

STATEMEN	of Health Service Reg NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0.00			MAPPRO
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	
			A BUILDING:	<del></del>	COMF	LETED
		MHL041-736	D MANO			С
IAME OF I	PPOVIDED OF CUITA	1 1111111111111111111111111111111111111	B. WNG		1000000	09/2023
MIE OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MERCY H	OME SERVICES, INC		ENWOOD DRIVE			
040.10	T 2000	GREENS	BORO, NC 27406	i e		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	TION	1
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL	# D DE	(X5) COMPLE
			1	CROSS-REFERENCED TO THE APPRI DEFICIENCY)	OPRIATE	DATE
V 318	Continued From page	24	V 240			
		<del>-</del> -	V 318			
					8	
			1 1			
			1 1			
	This Rule is not met a	as evidenced by:				
	Based on record revie	ws and interviews, the				
- 1	racility failed to report	allegations against health				
	care personnel within	24 hours of becoming				
1	aware of the allegation	affecting 1 of 1 audited				
	former staff (FS) (#4).	The findings are:				
	Review on 9/15/23 of a	S #4's personnel record	1 1			
	revealed:	o #4 s personnel record				
	-Hire date 7/12/23;				1	
	-No documentation of j	ob title or termination date.				
	Review on 9/14/23 of t	he Incident Response				
- 11	Improvement System (	IRIS) revealed no health				
(	care personnel allegation	ons submitted in 2023.				
1		th the Owner revealed:				
]	Informed (date unknow	vn) by client #1 and staff				
IA	12 that FS #4 had coer	ced client #1 to prostitute			1	
fi	rom the facility;	ced chefit #1 to prostitute	1			
-	"That was, I didn't put t	hat (date allegation was				
re	eported) down. That wa	as a week or so ago I				
a	on't have the date of it	.01				
-/	Aware that the allegation	on should have been	1			
S	upmitted to IRIS timely	:				
-"	'I didn't do IRIS yet. I'm	still getting information				
to	ogether to do that."					
A	dditional interview on 1	0/9/23 with the Owner				
re	evealed:	orarza with the Owner				
		ing allegations against	ŀ			
he	ealth care personnel to	IRIS timely:				
-S	Submitted report to IRIS	regarding allegation			İ	
ac	gainst FS #4.	regarding allegation	1			
	Service Regulation		- 1		1	

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Division of	Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			SURVEY LETED
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			
AND PLAN OF	CORRECTION				L.	C
		MHL041-736	B. WNG		10	/09/2023
			DRESS, CITY, STATE	ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER		NWOOD DRIVE	,		Į.
			ORO, NC 27406			
MERCY HO	ME SERVICES, INC			PROVADED'S DI AN OF CORREC	TION	(X5) COMPLETE
(X4) 1D	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL DEFICIENCIES INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR	COPRIATE	DATE
PREFIX	(EACH DEFICIEN	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
TAG	REGOLITION		1			
	15		V 318			
V 318	Continued From pa	ge 23	1 1			1
		IDIOaladi	1			1
	Review on 9/22/23	of the IRIS revealed:				
1	-Date provider lear	ned of incident 8/28/23;				
1	-Date submitted 9/2	as reported that client (#1) was				
1	-"Exploitationit w	activities with a stranger based				
1	an information pro	vided by the stall. Owner				
1	reported that UDOD	finding of the facts, stall was				
1	terminated on the	very date the incident was				1
		08/18/2023It was reported				)
	that staff (FS #4)	allowed client (#1) to be				j
· ·	engaged in sexua	activity by a stranger."	1			
		referenced into 10A	1			
	This deficiency is	cross referenced into 10A Protection from Harm, Abuse,	1			
1	NCAC 27D .0304	tation (V512) for a Type A1 rule				
1	Neglect of Explor	at be corrected within 23 days.	1			
1	Violation and mac			1		1
	an and acos Incide	ent Response Requirments	V 366			
) V3	2/G .0803 made	THE TOOPS IN CO.				
1	10A NCAC 27G	.0603 INCIDENT				
1	DESPONSE RE	QUIREMENTS FOR				
1	+ + TEOODY A A	ND B PROVIDERS	1			
1	(a) Category A	and B providers shall develop and		1		
1	1 to me made satelitte	n noticies novertillo utoti				Į.
	response to leve	el I, II or III incidents. The policies				
		provider to respond by: ling to the health and safety needs				4
	findiniduale in	valved in the incident;				1
	(a) dotorr	mining the cause of the including				1
	(2) devel	oping and implementing corrective				
	measures acco	rding to provider specified				
1	· forman not	to exceed 45 08VS.				
1	(4) dove	oning and implementing measures	2			
1	to messant nimi	lar incidents according to provide				
1	specified timef	rames not to exceed 45 days.	1			
	(E) gegin	ining person(s) to be responsible	· ·			1
1	for implementa	ation of the corrections and		· ·		
l	preventive me	asures;				

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#### V318 130 .0102 HCPR -24 HOUR REPORTING

### 10A NCAC 130 .0102 - INVESTIGATING AND REPORTING HEALTHCARE PERSONNEL

owner is responsible for

all corrective action.

Effective immediately and as of 10/10/2023, any and all allegations against a staff member Will be reported to the HCPR within 24 hours of learning of the allegation.

is responsible for completing all incident reports on the NC IRIS web site.

PRINTED: 10/24/2023 **FORM APPROVED** 

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 366 Continued From page 26 V 366 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 follows: 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: Division of Health Service Regulation

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Division of Health Service Regulation				ALIOTOLISTICALI	(X3) DATE SURVEY	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
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		MHL041-736	B. WING		10/09/2023	
		ATTEST AD	DRESS, CITY, STATE	ZIR CODE		
NAME OF PR	ROVIDER OR SUPPLIER			E. ZIF GODE		
MEDCY U	OME SERVICES, INC		NWOOD DRIVE			
MERCIN	JINE SERVICES, INC	GREENSE	BORO, NC 27406		ON AVE	
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	ON (X5) D BE COMPLETE	
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO	PRIATE DATE	
TAG	REGULATURE OR	ESC IDENTIFICATION OF THE CONTRACTOR		DEFICIENCY)		
			1,,,,,,			
V 366	Continued From pag	e 27	V 366			
	(B) gather other	er information needed;				
	(B) gather other (C) issue write	en preliminary findings of fact				
	within five working d	ays of the incident. The				
	preliminary findings	of fact shall be sent to the				
	I ME in whose catch	ment area the provider is				
	located and to the L	ME where the client resides,				
	if different; and	The transfer transfer transfer to the second				
	(D) issue a fina	al written report signed by the				
	owner within three n	nonths of the incident. The				
1	final report shall be	sent to the LME in whose	1			
	catchment area the	provider is located and to the				
l	LME where the clies	nt resides, if different. The				
1	final written report s	hall address the issues				
	identified by the inte	ernal review team, shall				
	include all public do	cuments pertinent to the				
	incident, and shall r	nake recommendations for				
	minimizing the occu	urrence of future incidents. If				
	all documents need	led for the report are not				
1	available within thre	ee months of the incident, the				
1	LME may give the	provider an extension of up to				
		bmit the final report; and				
		ely notifying the following: responsible for the catchment				
	(A) the LME	vices are provided pursuant to				
1	Rule .0604;	Aloes are broalded baroonin to				
1		where the client resides, if				
1	(B) the LME different:	initial and another transfer				
1	(C) the provi	ider agency with responsibility				
	for maintaining and	d updating the client's				
1	treatment plan if o	different from the reporting				
	provider;	The second secon				
	(D) the Depa	artment;				
		t's legal guardian, as				
	applicable; and	<u> </u>				
1	(F) any other	er authorities required by law.				
	.,	the second section of the second section of the second section				
			1	T. Control of the con	1	

PRINTED: 10/24/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL041-736 B. WNG 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 366 Continued From page 28 V 366 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 incidents as required. The findings are: Review on 9/15/23 of client #1's record revealed: -Admission date 11/13/20: -Declared incompetent and guardian appointed on 9/24/20; -Diagnoses included Mild Intellectual Developmental Disability (IDD), Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Fetal Alcohol Syndrome, Hypertension, Morbid Obesity, Genital Herpes, Prediabetes, and Chronic Idiopathic Constipation. Review on 9/15/23 of client #2's record revealed: -Admission date 7/23/18; -Declared incompetent and guardian appointed on 8/29/08: -Diagnoses included Mild IDD, Schizoaffective Disorder, Post Traumatic Stress Disorder and Seizure Disorder. Interviews on 9/15/23 and 9/21/23 with the Owner -Responsible for implementing policies timely; -Informed in August (date unknown) that former staff (FS) #4 had transported clients to a local store and allowed client #1 to purchase alcohol, allowed client #1 to order alcohol from a delivery company and allowed clients #1 and #2 to drink alcohol in the facility: -Was informed that FS #4 had coerced client #1 to prostitute from the facility; -Not able to provide the date that she learned

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C 10/09/2023 B. WNG MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 366 V 366 Continued From page 29 about the prostitution allegation; -"That was, I didn't put that (date prostitution was reported) down. That was a week or so ago. I don't have the date of it;" -Client #1 was not tested for sexually transmitted diseases and pregnancy because, "she (client #1) said the guy used a rubber." -No documentation was available for either incident regarding the cause of the incidents, corrective measures, measures to prevent similar incidents, and person responsible for implementation of the corrections and preventive measures. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days. V 367 V 367 27G .0604 Incident Reporting Requirements INCIDENT 10A NCAC 27G .0604 REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME 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 provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:

V366 27G .0603 Incident Response Requirements

# 10A NCAC 27G .0603 – INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS

-owner is responsible for

all corrective action.

Effective immediately and as of 10/10/2023, Provider has completed a policy regarding response to level I, II, and level III incidents. This policy is available for review.

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL041-736	B. WING		C 10/09/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	10.0072020
MERCYH	IOME SERVICES, INC		DENWOOD DRIVE		
	T		SBORO, NC 27406	3	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 367	Continued From page		V 367		
	(1) reporting pro- identification information (2) client identification information (3) type of incident (4) description of (5) status of the cause of the incident; and (6) other individuor responding. (b) Category A and B promissing or incomplete in shall submit an update report recipients by the day whenever: (1) the provider information provided in erroneous, misleading (2) the provider of required on the incident unavailable. (c) Category A and B proportion request by the LM obtained regarding the information; (1) hospital reconsinformation; (2) reports by oth (3) type of incident incident (4) hospital reconsinformation; (5) reports by oth (6) the provider's	ovider contact and on; cation information; ent; fincident; effort to determine the and uals or authorities notified oroviders shall explain any information. The provider direport to all required end of the next business has reason to believe that the report may be or otherwise unreliable; or obtains information it form that was previously providers shall submit, IE, other information	V 367		
	of all level III incident re Mental Health, Developi Substance Abuse Service	ports to the Division of mental Disabilities and			
; ; ; ;	pecoming aware of the interpretable of the interpre	incident. Category A opy of all level III ent death to the Division of on within 72 hours of incident. In cases of in days of use of seclusion shall report the death			

AND PLAN OF CORRECTION IDENTIFICATION NU		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		C 10/09/2023
		MHL041-736			10/09/2023
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	, ZIP CODE	
MERCY H	OME SERVICES, INC		NWOOD DRIVE BORO, NC 27408		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETE DATE
V 367	(e) Category A and report quarterly to catchment area who The report shall be by the Secretary vinclude summary in (1) medication of a level (2) restrictive the definition of a level (3) searches (4) seizures the possession of (5) the total incidents that occur (6) a statem been no reportable incidents have occur meet any of the catch catch incidents and catch cat	AC 27E .0104(e)(18).  d B providers shall send a the LME responsible for the there services are provided.  e submitted on a form provided the electronic means and shall information as follows: the electronic means and shall information and shall informa	V 367		
	Based on record facility failed to se	met as evidenced by: reviews and interviews, the ubmit 2 level III incident reports if becoming aware of the idings are:			
	-Admission date	23 of client #1's record revealed: 11/13/20; petent and guardian appointed			

Division of Health Service Regulation

on 9/24/20;

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AND PLAN OF CORRECTION	1						
THE DATE OF SOURCESTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED	
		MHL041-736	B. WNG		1	C 10/09/2023	
NAME OF PROVIDER OR SUPPL	IER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	1 10/	09/2023	
MERCY HOME SERVICES,	INC		ENWOOD DRIVE	500 C C C C C C C C C C C C C C C C C C			
		GREENS	BORO, NC 27406	<b>i</b>			
(X4) ID SUMN PREFIX (EACH DE	IARY STATEME	NT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
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V 367 Continued From	n page 32		V 367				
Schizoaffective Disorder, Fetal Morbid Obesity, Chronic Idiopati Review on 9/15, -Admission date -Declared incom on 8/29/08; -Diagnoses includisorder, Post T Seizure Disorde Review on 9/14//	Disability (II Disorder, MAIcohol Syn Genital Heinic Constipal (23 of client 7/23/18; apetent and added Mild ID fraumatic Start.)	DD), Schizophrenia, lajor Depressive drome, Hypertension, rpes, Prediabetes, and tion.  #2's record revealed: guardian appointed  D, Schizoaffective ress Disorder and					
revealed: -Informed in Aug staff (FS) #4 had store and allowed allowed client #1 company and allo alcohol in the fac -Didn't think that the met the criteria to -Informed that FS prostitute from the -Not able to provitabout the prostitute	ust (date un transported de client #1 to order alcowed clients lility; the allegation be submitted #4 had asse facility; de the date tion allegation that (dinat was a we of it:"	isted client #1 to that she learned on; ate prostitution was eek or so ago. I					

Division of Health Service Regulation

AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED
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		MHL041-736	B. WNG		10/09/2023
NAME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, STATE	, ZIP CODE	
MERCY HO	OME SERVICES, INC		NWOOD DRIVE BORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E (X5) COMPLETE DATE
V 367	reports.  This deficiency is cro NCAC 27D .0304 Pr Neglect or Exploitativiolation and must be 27D .0304 Client Rig 10A NCAC 27D .030 HARM, ABUSE, NE (a) Employees shal abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or neg 27C .0102 of this C (c) Goods or service purchased from a cestablished governi (d) Employees shanecessary to repel aggressive client and governing body polis necessary deper characteristics of the and physical and not aggressiveness intervention process Subchapter 10A N (e) Any violation be	ely submission of incident  ass referenced into 10 A otection from Harm, Abuse, on (V512) for a Type A1 rule e corrected within 23 days.  and PROTECTION FROM GLECT OR EXPLOITATION Il protect clients from harm, exploitation in accordance  Il not subject a client to any allect, as defined in 10 A NCAC hapter.  All ses shall not be sold to or lient except through ing body policy.  Il use only that degree of force or secure a violent and and which is permitted by licy. The degree of force that and supon the individual and client (such as age, size anental health) and the degree displayed by the client. Use of dures shall be compliance with CAC 27E of this Chapter.  by an employee of Paragraphs his Rule shall be grounds for	V 367		
	This Rule is not n	net as evidenced by:			

V36/2/G .0604 incident Reporting Requirements

## 10A NCAC 27G .0603 – INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS

owner is responsible for

all corrective action.

Effective immediately and as of 10/10/2023, Provider has completed a policy regarding response to level I, II, and level III incidents. This policy is available for review. All incidents will be reported to the NC IRIS web site within 48 hours of provider knowledge of the incident and if it involves abuse/neglect/harm/exploitation, it will be reported within 24 hours.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 34 V 512 Based on record reviews, interviews, and observations, 1 of 1 audited former staff (FS #4) exploited 1 of 4 clients (#1) and neglected 4 of 4 clients (#1, #2, #3 and #4) and the Owner neglected 4 of 4 clients (#1, #2, #3 and #4). The findings are: Cross-Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record review and interviews, the facility failed to ensure the Qualified Professional (QP) met the requirements for 1 of 1 QP (the Owner). Cross-Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews, interviews, and observation, the facility failed to develop and review Treatment Plans in partnership with the clients or responsible person for 4 of 4 clients (#1, #2, #3 and #4), implement goals for 1 of 4 clients (#1) and obtain consent or agreement by the clients or responsible person for 1 of 4 clients (#2). Cross-Reference: 10A NCAC 27G .0208 Client Services (V115). Based on record reviews and interviews the facility failed to ensure activities were suitable for interests and treatment/habilitation needs of the clients served for 4 of 4 clients (#1, #2, #3 and #4). Cross-Reference: G.S. 131E-256 Health Care Personnel Registry (V132). Based on record review and interview, the facility failed to investigate and ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel for 1 of 1 audited former staff (FS #4).

Division of Health Service Regulation  (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE	(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		С	
		B. WING		10	109/2023
	MHL041-736				
NAME OF PROVIDER OR SUPPLIES		DDRESS, CITY, STATE	, ZIP CODE		1
	3221 ED	ENWOOD DRIVE			
MERCY HOME SERVICES, IN		BORO, NC 27406	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLETE
(AM) ID	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	DATE
V 512 Continued From	page 35	V 512			
Cross-Reference (V290). Based of and observation minimum of one when a client w community, exc habilitation plan capable of rem without supervi #2, #3 and #4).  Cross-Referen Operations (V2 interviews, the coordination w professionals 1 of 4 clients (Cross-Referen Investigating a Personnel (V3 interviews, the against health becoming aw audited forme  Cross-Referen Response Re Providers (V) interviews, the policies gove required.  Cross-Referen Reporting R Providers (V) interviews the policies gove required.	e: 10A NCAC 27G .5602 Staff in record reviews and interviews, the facility failed to ensure a staff was present at all times as on the premises and in the ept when the client's treatment or documented that the client was aining in the home or community sion affecting 4 of 4 clients (#1, ce: 10A NCAC 27G .5603 eps). Based on record review and facility failed to ensure service as maintained with other esponsible for treatment affecting eps). Based on record reviews and facility failed to report allegations are personnel within 24 hours of are of the allegation affecting 1 of 1 ar staff (FS) (#4).  Ince: 10A NCAC 27G .0603 Incident equirements for Category A and B and a facility failed to implement written are facility failed to implement written are facility failed to implement written are facility failed to submit 2 level III orts within 72 hours of becoming				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL041-736 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE **PREFIX** *(EACH CORRECTIVE ACTION SHOULD BE)* TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 512 Continued From page 36 V 512 Cross-Reference: 10A NCAC 27F .0103 Health. Hygiene and Grooming (V540). Based on interviews and observations, the facility failed to provide hygiene articles for 3 of 4 clients (#1, #2, and #3). Cross-Reference: 10A NCAC 27F .0105 Client's Personal Funds (V542). Based on record reviews and interviews, the facility failed to assure clients the right to withdraw money from their account and regulate the receipts and distribution of clients' personal funds for 4 of 4 clients (#1, #2, #3 and #4) and provide for the receipt of deposits made by others for 1 of 4 client (#2). Cross-Reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on record review, interviews and observations, the facility was not maintained in a safe, clean, attractive and orderly manner. Interview on 9/19/23 with FS #4 revealed: -Wasn't aware that client #1 had been declared incompetent and had a guardian appointed; -"No, I've never met her (client #1's guardian) or seen her:" -"[Client #1] has more sense than the rest of them (clients). [Client #1] don't really need to be in there (facility);" -Declined to answer questions regarding allegations of prostitution and alcohol; -"She (the Owner) doesn't work with them clients in any kind of way. She's worried about them (Division of Health Service Regulation) taking her license. I'm not working there (facility) anymore. I've been off that job for a month. I left on bad terms. A lot of lies being told. I've been out now, I got the last check from them about a week or two ago."

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C B. WNG 10/09/2023 MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 37 V 512 Reviews on 9/15/23 and 9/18/23 of client #1's record revealed: -Comprehensive Clinical Assessment dated 8/11/20 revealed, "Client (#1) has shown ongoing impulsive behaviors and poor decision making. Client continues to act on impulsive sexual desires and has made comment of wanting to have another baby;" -FL-2 dated 9/27/22 included a checkmark beside "injurious to self and injurious to others;" -Treatment plan dated 7/20/22 and updated 10/7/22, 1/3/23 and 4/14/23 included, "...states that she wants to be able to love herself and make herself number one as she is always following behind the wrong people...wants to learn how to make good choices and to learn how to have the right people in her life...very impressionable and will follow anyone...will do things that will get her in trouble...can't be left alone around males...will have sex with anyone, whether male or female...had sexual interactions with a male in her previous AFL (alternate family living) placement and had sexual interactions with staff at the (previous) group home...will often lure men and later accuse them of assaulting her...able to have sex with a male at [mental health hospital] where she contracted an STD (sexually transmitted disease)...very independent and appears that she does not have limitations...makes impulsive decisions that often will land her in trouble...has met people over the internet (social media) and met them without getting to know them...In 2015, she was abused physically, mentally, and sexually by a male she met online...Staff should know that this is a week area for her...has limited coping skills and is extremely impulsive when it comes to men...states she has a history of drinking...will try

Division of Health Service Regulation

to get others to purchase weed and alcohol for her and staff should be aware of this...drugs and

	Division	of Health Service Regu	lation			FOF	RMAPPROVE	D
STATEMENT OF D		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY	_
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	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE 700 coor	1 10	/09/2023	-
I				NWOOD DRIVE				
ļ	WIERCI N	OME SERVICES, INC		BORO, NC 274				
-	(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	DBE	(X5) COMPLETE DATE	
	V 512	Continued From page	38	V 512			1	1
	F	alcohol only exasperal hallucinationscan be easilywill do anything if it is illegalneeds to needs to learn when so advantage of herneeds to needs to learn when so advantage of herneeds to needs to learn when so advantage of herneeds to record revealed:  -Treatment Plan dated #2] is very vulnerable as included in the crowd crowds that she hangs services and supports to assist her with people community enhanced so functional limitations and maladaptive behaviors. The with making the right moments such as her display the community enhanced in the right moments such as her display the right moments and such as her display to the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and been instituted in the right moments and repeated in the right moments are right moments.	te [client #1's] taken advantage of g that is asked of her, even learn boundaries and she omeone is taking ds to understand that she dvantage of when ete strangersstaff need to anding relationships."  Ind 9/18/23 of client #2's  6/26/23 included, "[Client and will follow others to feel often gets in trouble with around withneeds to assist her with to behaviorsneeds and intensive supervision to skills and with other kills to increase her d to decrease herneeds support to assist that choices difficult rug use and  the the Owner revealed: talled in the facility as a ar connected to record; and all clients were free of ed client #1 into lity.  reenshots from an escort	V 512				
	-1	8 pictures of client #1 in	various poses and					

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ AND PLAN OF CORRECTION C 10/09/2023 B. WING MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 39 stages of undress and 1 picture of FS #4; -"Bbw (big beautiful woman) wanting to satisfy any and evrythiing u want me to doso come f\*\*k me." Interviews and observations on 9/15/23, 9/18/23 at 1:10pm and 10/9/23 with client #1 revealed: -She and FS #4 were paid for sex acts that took place in the staff bedroom of the facility; -"[FS #4] came up with it (creating an online profile on an escort service website). I didn't know anything about that;" -FS #4 had used the website to prostitute from the facility prior to when she asked client #1 to participate; -Her personal cell phone number was on the profile for men to contact with requests; -FS #4 had taken her cell phone and responded to the men regarding scheduling and money; -Reviewed texts on clients' cell phone dated 8/19/23, 8/20/23 and 8/22/23 to and from men that requested prostitution services; -Was paid to have sex with 4 men at the facility and 1 of the men also paid her to have sex with him at his home (8/20/23 based on texts); -After she finished with her first customer, FS #4 said, "I better get \$20 since you're making money having sex;" -Charged \$120 for 30 minutes based on texts; -Informed staff A2 of prostitution because, "I was trying to figure out was it right or was it wrong. I have problem with impulses;" -Changed her cell phone number after she reported the prostitution to the Owner; -She was present when the Owner questioned FS #4 about the prostitution; -FS #4 said, "how can you lie on me? That's ok. I still love you;" -The Owner asked client #1, "...are you sure

(about the prostitution) or are you hallucinating;" Division of Health Service Regulation

Division	of Health Service Reg	ulation			F	ORM APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) D	TE SURVEY
	or connection	IDENTIFICATION NUMBER:	A. BUILDING:			MPLETED
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		MHL041-736	B. WNG			C 0/09/2023
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MERCY H	OME SERVICES, INC		ENWOOD DRIVE	.,		
		GREENS	BORO, NC 27406			
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V 512	Continued From page	e 40	V 512			-
	-She had not seen FS	6 #4 or had contact with her				
	since FS #4 was que	stioned by the Owner;				
	<ul> <li>Agreed to prostitute</li> </ul>	because she didn't want FS				
	#4 mad at her;					
	-"I have a problem wi	th saying no. I should have				
	said no. I knew some	thing wasn't right;"				
	-Observed client when	n she reviewed pictures				
	riom ner profile and ic	lentified it was her in the				
	pictures along with FS included a link to her	#4 in a picture that				
	-The profile nictures for	or the website were taken				
	by FS #4 in the staff b	edroom of the facility.				
	Interview on 9/18/23 v					
	-The Owner informed	her FS #4 was terminated				
	from the facility becau	se she had assisted client				
	#1 with prostituting:	oo one nad assisted thent				1
		about it (prostitution) until				
	[client #1] told me. Wh	en it happened, I was in	1 1			
1	the hospital;"					
	FS #4 had made a pro	ofile for client #1 on a				
	website that advertised	d prostitution.				
	Review on 9/22/23 of t	he Incident Response				
1	mprovement System	evealed:				1
-	Date of incident: 8/18/	23;				
-	Date provider learned	of incident: 8/28/23;				
-	Date submitted: 9/20/2	23;				
-	Submitted by the Own	er;				
	Exploitation checked;	P-1 dras				
-	exual activities with a	lient (#1) was engaged in				
i	oformation provided by	the staff. Owner reported				
tl	nat upon finding of the	facts, staff (FS #4) was				
te	erminated on the very	date the incident was				
re	eported which is 08/18	/2023;"				
-'	Incident Prevention: S	staff (FS #4) failed to follow				
fa	acility's rules;"	V945 (0) (4)(0) (4)(0)				
- (f	"Allegation Description S #4) allowed client to	n: It was reported that staff				

	f Health Service Regu	lation	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMP	PLETED	
			MORE MINESO WAS A CO	1	С	
		MHL041-736	B. WING		10	/09/2023
			DDRESS, CITY, STATE	, ZIP CODE		
NAME OF PR	ROVIDER OR SUPPLIER		ENWOOD DRIVE	***************************************		
MERCY HO	OME SERVICES, INC		BORO, NC 27406			
			ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DESICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
V 512	Continued From pag	je 41	V 512			
	activity by a strange					
	Intensiew on 9/27/23	with a colleague of the				
	Owner revealed:					
	-Client #1 informed	her that FS #4 had coerced				
	her to prostitute after	er she reported it to the				
	Owner;	ner about the prostitution;				
	- laiked with the Ow	wner], if you don't want them				
	(clients) let them ac	. She says do you want to buy				
	it (business)? If I had another house (facility), I					
	would just take them. I don't understand how she					
[the Owner] can remain open."						
	Interview on 9/28/23 with the former QP A1					4
	revealed:					
	-Client #1 informed	her that FS #4 had coerced				
	her to prostitute aft	er she reported it to the				
1	Owner;	and looking for wave to get				
	money;"	ays looking for ways to get				
	-FS #4 had created	d client #1 a profile on a				
	website that adver	tised prostitution;				
	-Client #1 had bee	n paid by 4 men for sexual acts				
	that took place in t	he facility;				
	-"She (client #1) h	ad to give [FS #4] half of the made. She (FS #4) told [client				
	#11 she was going	to beat her you know what if				
	she didn't give her	the money;"				
	-Client #1 was pre	sent when the Owner	1			
	guestioned FS #4	about the prostitution;				
1	-FS #4 said, "I kno	ow you have to fire me, but this				
1	isn't true. I didn't o	o this."				
	Intentiew on 9/18	/23 with sister facility-day				
	program staff A2	revealed:				
	-Client #1 had inf	ormed her (date unknown) that				
	FS #4, "told her s	he could teach her how to make				
	more money:"					
1	-"Not sure of day	reported (prostitution). It's been				

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MERCY HOME SERVICES, INC 3221 EDENWOOD DRIVE GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 | Continued From page 42 V 512 a couple of weeks now;" -FS #4 had created a profile for client #1 on an online website that advertised prostitution; -"She (client #1) showed me her website. It has pictures of [client #1] on there...She pulled up [FS #4's] page (profile on the same website) and showed me [FS #4's] page;" -"She (client #1) said she was scared...She said she was scared of [FS #4] because [FS #4] was aggressive with her;" -Client #1 informed her FS #4 threatened, "if you don't do this (prostitute), I'm going to tell [the Owner] everything you've done and tell her I didn't know about it;" -Assisted client #1 with deleting her profile on the website: -"I made her (client #1) go tell [Owner] herself...When she went in the office, she couldn't really talk she was crying so bad" so the Owner requested she join them and inform her of what had happened. Interview on 10/5/23 with staff #2 revealed: -The Owner requested she be present (8/28/23) when she questioned FS #4 about the prostitution; -"I seen [FS #4's] site (profile on website);" -FS #4 informed them her profile was old (she was 18 years old in the pictures) and she had never deleted it: -Profile listed FS #4 as 42 years old and the pictures were current; -Client #1 informed her, "I knew nothing about going online (to advertise prostitution). She introduced me to that;" -Client #1 informed them that she gave FS #4 some of the money she made; -"A quickie (15 minutes) was \$80 and an hour was \$160;" -"She (client #1) did it (sex for money) a few

Division o	f Health Service Regu			1	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	onomoon on	COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			
		1	1		С
		MHL041-736	B. WING		10/09/2023
			DRESS, CITY, STATE	ZIR CODE	
NAME OF PI	ROVIDER OR SUPPLIER			E, ZIP CODE	
MEDCV	OME SERVICES, INC		NWOOD DRIVE		
MERCITI	OHIE OLIVIOLO, III	GREENS	BORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE (X5) COMPLETE ATE DATE
V 512	Continued From pag	e 43	V 512		
	times but she did no	t want to have sex for			
	money;"	Wall to have sex lor			
	-ES #4 arranged for	a man to arrive at the facility			
	but when he arrived	client #1 informed FS #4			
	that she didn't want	to have sex with him;			Y S
	-FS #4 informed her	, "You're still going to pay me			
	because he came he	ere;"			
	-Client #1 didn't typi	cally lie unless she was asked			
	to.				
		with the Owner revealed:			
	-Informed by client #	#1 that FS #4 had prostituted			
1	and coerced client to	o prostitute in the facility;			
1	-"That's (prostitution	n) the reason that I gave her	1		
	(client #1) the 30 da	nvolved denied it. I fired her			
		mvolved defiled it. I filed fiel			
1	immediately;"	documentation of when the			
	allegation was repo				
	-"That was I didn't	put that (date) down. That was			
	a week or so ago."	,			
	Additional interview	s and observation on 9/18/23			
	and 9/21/23 at 9:55	sam with the Owner revealed:			
	-When client #1 info	ormed her of the prostitution,			
1	"She (client #1) sta	rted crying. She said the first			
		nd the next one paid her			
	\$150;"				
		spended but I don't think she's			
	coming back;"	nistures (from the profile) and			
	-"I naven't seen the	e pictures (from the profile) and are just friend pictures or not;"			
	Observed while they	e Owner reviewed pictures			
	from client #1's pro	ofile and identified both client			
	#1 and FS #4.	and identified both offering			
		on 10/9/23 with the Owner			
	revealed:				
	-Questioned FS #4 she was informed	4 about the allegations the day (8/28/23);			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC. GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 512 Continued From page 44 V 512 -"I said for now you (FS #4) have to go home until I finished my investigation. She never did come back. I think she called for her check and I told her this is your last check. You can't come back until I finish my investigation. A day or 2 days after that I called her and told her she wasn't coming back." Finding #2: FS #4 allowed client #1 to purchase alcohol twice and allowed clients #1 and #2 to consume alcohol in the facility. Interview on 10/9/23 with client #1 revealed: -Observed FS #4 drink beer in her vehicle and snort cocaine in the staff bedroom while at work; -FS #4 transported clients #1, #2 and #3 to a local store and client #1 informed her she was going to purchase a bottle of wine: -FS #4 informed her, "Ok, get you a bottle of wine;" -She purchased a 2nd bottle of wine from a local delivery company. Interview on 9/18/23 with client #2 revealed: -FS #4 allowed client #1 to purchase wine and allowed client #1 and her to drink the wine in the facility; -FS #4 had drank wine with them in the facility. Interview on 9/18/23 with client #2's guardian revealed: -The Owner called her on 8/1/23 to inform her that client #2 had consumed alcohol and was intoxicated: -She arrived at the facility and transported client #2 to a local hospital; -Client #2 was admitted on 8/1/23 and discharged on 8/3/23: -"She (client #2) told me that a staff (FS #4) did let the individual (client #1) buy alcohol;"

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 10/09/2023 B. WING MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 512 Continued From page 45 V 512 -Discussed the allegation with the Owner and was informed that, "...she would talk to the staff member (FS #4) and have her sign something;" -Client #2 recently informed her that FS #4 had been terminated from the facility; -"I'm trying to find placement. I just want to get her (client #2) moved and better services as far as providers." Interview on 9/28/23 with the former QP A1 revealed: -Client #1 had called her (date unknown) to inform her she was drunk; -"I said drunk, how did you get drunk;" -Client #1 informed her that FS #4 had allowed her to purchase wine and consume it in the facility; -Client #2 also consumed wine and she, "...had an episode and went psychotic." Interview on 10/5/23 with staff #2 revealed: -Observed (date unknown) client #1 with bottles of wine; -Client #2 informed her FS #4 transported the clients to a local store and purchased wine for client #1; -Immediately notified the owner; -The Owner asked client #1 if FS #4 had been drinking wine with them and she said no but she had observed FS #4 drinking beer in her vehicle during work hours. Interview on 9/21/23 with the Owner revealed: -Informed by staff #2 that she had observed client #1 drinking coffee mixed with wine; -"I think when I found out it was in August (2023);" -Arrived at the facility and was informed that client #2 had also drank wine; -"I asked [client #1] where did this come from. She went to her room and brought me the bottle

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 Continued From page 46 V 512 (wine);" -Informed by client #2 that FS #4 transported the clients to a local store, and they purchased wine; -"She (client #2) said it was [client #1] that made her get involved;" -"That [client #1] is honestly, I feel sorry for her. I don't know what group home I'm going to put her in that will take her with that behavior. I try to redirect her;" -Notified client #2's guardian of the incident immediately; -FS #4 arrived at work the following day and she asked her if she had ever seen the clients drinking wine and she said no: -"I called [a local delivery company] immediately. I thought it was just food they deliver. They said yes if you are above the age (will deliver wine). I said I don't know, I thought it was [a local delivery company]." Review on 10/9/23 of the Plan of Protection dated 10/9/23 written by the Owner revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? The Owner will talk to client every day to make sure no staff is harming or abusing them or neglecting them. Owner is interviewing people not about QP. Health care will be done before staff start work. Health care personnel will be done before starting work. Personal funds will be check by two people. Own (owner) have called maintenance guy have called to fix all that need to be fix. The assessment and treatment/habilitation service plan will be done by QP. Incident Reporting will be done 72 hrs (hours) of incident by the staff. Staff will be taking them out every other week. Owner will pay for gas money to the staff. Owner will cover the homes. HCPR: Report Abuse and neglaction of staff. When it occours."

Division of Health Service Regulation

Division of	Health Service Regu	lation	(X2) MULTIPLE CO	INSTRUCTION	(X3) DATE	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
AND PLAN O	F CORRECTION				1	c
			B. WNG		10	/09/2023
		MHL041-736				
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	, ZIP CODE		
			NWOOD DRIVE			
MERCY HO	OME SERVICES, INC	GREENS	BORO, NC 27406		- ADDEDTION	(75)
(X4) ID PREFIX TAG	JEACH DEFICIENC	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 512	-"Describe your plans to make sure the above happens. The maintenance person will write down all the work he did. QP will be checking with client to make sure they are fine. One of the staff will be going over their accounts."  Four clients ranging in age from 28 - 66 with diagnoses of Mild IDD, Fetal Alcohol Syndrome, Down's Syndrome, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder, Genital Herpes, Seizure Disorder, Hypertension, Morbid Obesity, Prediabetes, Gastroesophageal Reflux Disease, and Chronic Idiopathic Constipation reside in the facility. FS #4 exploited client #1 by		V 512			
	profited from havin with unknown men client #1 to purcha clients #1 and #2 t facility without gua client #2 was hosp The Owner identif not meet the educ resulted in the fac The Owner neglet reported late alleg and alcohol use. Jesting for sexual	rostitution and financially g client #1 perform sexual acts. In addition, FS #4 allowed se alcohol twice and allowed o consume alcohol in the ordian consent. As a result, pitalized to detox from alcohol, ided herself as the QP but diductional qualifications which ided in the properties of a QP, cted to investigate and report or pations/incidents of prostitution. The Owner neglected to arrange y transmitted diseases and				
	pregnancy, arrange complaints of vag requested and income and aid with obta #1. The Owner nother guardians in they were unable development of owere either not support of the guardians, including the complete of the guardians.	ge for medical care after inal itching, arrange therapy as dicated on the Treatment Plan ining a new guardian for client eglected to include clients and/or the Treatment Plan process, so to provide input into the client goals. Treatment Plans igned by clients and/or their ded a QP signature that was ignature of a staff that the				

5IDT11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WNG MHL041-736 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 48 V 512 personnel record was not available. The Owner neglected to provide supervision to clients which resulted in clients utilizing public transportation. left unsupervised in the facility and clients in a sister facility with no assigned staff. The Owner neglected to credit client accounts with personal money, allow clients access to their personal fund accounts, and withdrew money from client accounts without a documentation. The Owner failed to provide toilet paper, sanitary pads and other hygiene items for clients. The Owner neglected to provide activities/outings for clients to benefit their mental and physical health as indicated in treatment plans. The Owner neglected to ensure clients lived in a safe and attractive environment. During the walk through of the facility, secondary egress in 2 client bedrooms was blocked and the floor in one of the client bathrooms sank in when walked across. The outside of the facility had vines growing up the side wall and a handrail not secured and posts falling. This deficiency constitutes a failure to correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days. V 540 27F .0103 Client Rights - Health, Hygiene And V 540 Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed;

Division of Health Service Regulation

V512 27G .0303 Location and Exterior Requirements

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

(V736)

-owner is responsible for

all corrective action.

Effective as of 10/10/2023 the location and exterior of the building And the inside of the building is safe, clean, and sanitized and free of Insects.

#### V512 27F .0105 HEALTH, HYGIENE AND GROOMING

10A NCAC 27G .0105 (completed)

owner is responsible for

all corrective action.

This deficiency has been corrected. See V542

### V512 27F .0103 HEALTH, HYGIENE AND GROOMING

#### 10A NCAC 27G .0103

wner is responsible for
all corrective action.
Effectively immediately 10/10/2023 has provided hygiene
And grooming items for all clients.
Clients and staff are encouraged to report to whenever
Clients are running low of hygiene and grooming items.

V512 27G .0604 Failure to Submit Level III incidents report.

10A NCAC 27G .0604

owner is responsible for

all corrective action.

Effectively immediately 10/10/2023 Provider has developed a written policy governing response to incidents,

V512 27G .0603 Category A & B Providers

(V366)

### 10A NCAC 27G .0603 CATEGORY A & B PROVIDERS

owner is responsible for

all corrective action.

Effectively immediately 10/10/2023 Provider has developed a written policy governing response to incidents,

# V512 27G .0208 HEALTHCARE PERSONNEL REGISTRY (V132)

-owner is responsible for all corrective actions.

Effectively immediately 10/10/2023 and ongoing, provider will ensure that all allegations made against an employee is reported to the HCPR within 24 hours of learning of the incident.

V512 27G .0208 Suitable activities for Clients (V115)

owner is responsible for all corrective actions.

Effectively immediately 10/10/2023 and ongoing, provider has a schedule of weekly activities for all clients. Staff is responsible for taking all clients to their respective community activities. All clients were updated on the new activity schedule and gave their input.

# V512 27G .0205 Assessment and Treatment/Habilitation

Plan (V112)

owner is responsible for

all corrective action.

Effectively immediately 10/10/2023 and ongoing, provider has

Reviewed all Treatment/Habilitation plans with all stakeholders,

including the person served and the responsible person and obtained their consent.

### V512 27G .0205 Assessment and Treatment/Habilitation

Plan (V112)

-owner is responsible for

an corrective action.

Effectively immediately 10/10/2023 and ongoing, provider has

Reviewed all Treatment/Habilitation plans with all stakeholders,

including the person served and the responsible person and obtained their consent.

V512 27G .0203 Competencies of QP and AP (V109)

QP does not meet requirements. (owner).

has completed all her Core Training

and is qualified to be a QP.

-owner is responsible for

all corrective action.

Effectively immediately 10/10/2023 and ongoing, provider has

Completed all required training and meets the qualification as a QP.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL041-736 B. WING 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MERCY HOME SERVICES, INC 3221 EDENWOOD DRIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 540 Continued From page 49 V 540 (2) opportunity to shave at least daily; (3)opportunity to obtain the services of a barber or a beautician; and provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to provide hygiene articles for 3 of 4 clients (#1, #2, and #3). The findings are: Observations on 10/5/23 from approximately 2:20pm - 2:45pm revealed: -Both client bathrooms had a partial roll of toilet -One roll of toilet paper in the kitchen cabinet. Interviews on 9/15/23 and 10/9/23 with client #1 revealed: -There was not enough toilet paper at the facility; -"The whole weekend (10/6/23 - 10/9/23) we didn't have any toilet paper. I used my hands and washed my hands:" -The Owner didn't provide sanitary pads, so she was responsible for purchasing them; -"She (the Owner) said she don't get money for that (soap, shampoo and sanitary pads)."

Division	of Health Service Regu	lation			FURI	MAPPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE : COMPL	
		MHL041-736	B. WING			09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STA	TE, ZIP CODE	10/0	J9/2023
MERCY H	OME SERVICES, INC		NWOOD DRIVE			
			BORO, NC 2740	06		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 540	Continued From page	<del>3</del> 50	V 540			
	-There had not been a from 10/6/23 - 10/9/23 -	out of toilet paper during the owner for more while recility (day program) but if seekends, they had to wait seekends, they had to wait sucted her in the past to use when there was no toilet should from 10/6/23 - 10/9/23 she wiped; wide shampoo or body surchase her own.  with client #4 revealed: aper in the facility for the 8/23 - 10/9/23; ar when she received her at didn't share it with the with a colleague of the ad purchased packs of or the clients because the wide them.  with the former Qualified led the Owner was set survey that she was not the received to the was enough toilet with former staff #4  elivered 3 or 4 rolls of toilet cility;				

Division of Health Service Regulation PRINTED: 10/24/2023 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_ (X3) DATE SURVEY COMPLETED MHL041-736 B. WNG\_ NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/09/2023 MERCY HOME SERVICES, INC 3221 EDENWOOD DRIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE V 540 Continued From page 51 DEFICIENCY) DATE V 540 Interview on 10/5/23 with staff #2 revealed: -There had been times that there was no toilet paper in the facility; -"I had to bring it (toilet paper) from home;" -Had informed the Owner several times in the past that there was no toilet paper in the facility; -The Owner had informed her, "well tell them (clients) to use wipes if they have them ...use their hand;" -Clients were responsible for purchasing their own hygiene items such as toothpaste and shampoo; -"The only reason I do go back (work at the facility) is for the girls (clients)." Interview on 9/15/23 with the Owner revealed: -Not aware of any complaints regarding toilet -"If you go to my group home, there is toilet paper Additional interview on 10/9/23 with the Owner revealed: -Not aware that clients #1, #2 and #3 had no toilet paper from 10/6/23 - 10/9/23; -"I took toilet paper (to the facility) the day I was there, Thursday (10/5/23). They (clients) had 4 more rolls when I left. There's some toilet paper here (sister facility A). The staff did not tell me they ran out of toilet paper." This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation for a failure to correct Type A1 rule violations. V 542 27F .0105(a-c) Client Rights - Client's Personal V 542 Division of Health Service Regulation STATE FORM 6899

V540 27F .0103 Client rights-Health, Hygiene and Grooming

### 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING

Effectively immediately 10/10/2023 and ongoing, provider has ensured that there are adequate supplies of toilet paper and other paper products in the bathrooms at the group home. Owner has instructed each staff and clients to report directly to her if they are low on paper products so as to enable the owner to replenish supplies of paper products Immediately. The owner is responsible for ensuring that adequate paper products are available for use In the home.

AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(23,04)	E SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING: _			PLETED
		MHL041-736	B. WING_			С
NAME OF F	PROVIDER OR SUPPLIER				10/09/20	
			ADDRESS, CITY, STAT	E, ZIP CODE		
MERCYH	IOME SERVICES, INC		ENWOOD DRIVE			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	BORO, NC 27406			
PREFIX TAG	REGULATORY OR L	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 542	Continued From page	52	V 542			<del> </del>
f f f f f f f f f f f f f f f f f f f	typically provides resid clients for more than 30 (b) Each competent ac above the age of 16 sh encouraged to maintain personal fund account. This shall include, but r investment of funds in i (c) If funds are management accordance with policity of the and withdraw money; (2) regulate the refunds in a personal funds (1) assure to the and withdraw money; (2) regulate the refunds in a personal funds on provide for the provide for the inancial records on all trunds on deposit in personal funds on deposit in personal fund account particularly provide for the ersonal fund account particularly responsible personal fund account particularly responsible personal funds on the client of the ersons depositing or with ersons depositing or with a count particularly provide for the ersons depositing or with the provide for the ersons depositing or with the client of the provide for the ersons depositing or with the client of the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the ersons depositing or with the provide for the provide for the ersons depositing or with the provide for the provide for the ersons depositing or with the provide for the provide for the ersons depositing or with the provide for	to any 24-hour facility which dential services to individual 0 days.  dult client and each minor all be assisted and an or invest his money in a other than at the facility, need not be limited to, interest-bearing accounts, and for a client by a facility at of the funds shall occur by and procedures that: client the right to deposit account; areceipt and distribution of account; areceipt of deposits made thers; a keeping of adequate transactions affecting onal fund account; allient's personal funds will my operating funds of the deduction from a anyment for treatment or an authorized by the client rison upon or subsequent is issuance of receipts to thdrawing funds; and ant with a quarterly				

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Division o	of Health Service Regu	lation			2 SELECTION SEC. DO LONG ACTION
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					С
		MHL041-736	B. WING		10/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
			ENWOOD DRIVE		
MERCY H	OME SERVICES, INC	GREENS	BORO, NC 27406		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.)	
IAG	THE OBSTRUCTION		1/10	DEFICIENCY)	
V 542	Continued From page	2.63	V 542		
V 342	Continued From page	8 55	V 342		
	This Rule is not met	as avidanced by:			
	The state of the s	ews and interviews, the			
	facility failed to assur				
		n their account and regulate			
	the receipts and distr	ribution of clients' personal			
		ts (#1, #2, #3 and #4) and			
		ot of deposits made by others			
	for 1 of 4 clients (#2)	. The findings are:			
	Finding #1 Clients w	ere denied the right to			
	withdraw money from				
		f client #1's bank statement			
		nuary 2023 - August 2023			
	revealed: -\$76.80 balance effe	otive 1/1/22:			
		ent monthly January 2023 -			
	March 2023;	on monthly burnary 2020			
	-\$40 disbursed to cli	ent April 2023;			
	-\$50 disbursed to di				
	-\$40 disbursed to cli				
	I (8)	ent monthly July 2023 -			
	August 2023; -\$58.32 disbursed to	a pharmanu			1
	-\$50.52 disbuised to	та рпаппасу.			
1	Interview on 9/15/23	with client #1 revealed:			
		5 a month from her personal			
	funds;	189 17 - Carlo Car			
		d her that she kept the rest of			
		al funds for emergencies;			
		monthly personal funds			
1	increased from \$66	ιο φτο in July 2023.			
	Review on 9/21/23 of	of client #2's bank statement			
		nuary 2023 - August 2023			
	revealed:				
1	\$116.27 (negative)	balance effective 1/1/23;			

-\$20 disbursed to client March 2023;

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			FOR	MAPPRO
AND PLAN OF CORRECTION		OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		C( IDs :=::
					(X3) DATE	SURVEY LETED
		MHL041-736	B. WING			С
VAME OF	PROVIDER OR SUPPLIER				1	09/2023
	HOME SERVICES, INC		ADDRESS, CITY, STAT	FE, ZIP CODE		
IILIKO I I	TOME SERVICES, INC	3221 ED GREENS	ENWOOD DRIVE BBORO, NC 2740	_		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCES				
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 542	Continued From page	e 54	V 542	DEFICIENC	Υ)	
	-\$30 disbursed to clie	ent May 2022.	V 342			
	-\$25 disbursed to clie	ent monthly June 2023 - July	1			
	2025,					
1.	-\$80 disbursed to a p	harmacy.				
1	Interview on 9/15/23	with client #2 revealed:				
	-usually received \$25	a month from her personal				
	rurius,				1	
	-The Owner informed	her that the remaining				
-	allibuilt, Some goes t	to my medical hill and some				
	goes to my rent at the	group home."	1		1	
	-Not aware that her me increased from \$66 to	onthly personal funds	1 1		1	
- 1					1	
	Review on 9/21/23 of c	client #3's bank statement				
	or the months of Janua	ary 2023 - August 2023				
	evealed,				}	
-	\$2,785.90 balance effe	ective 1/1/23;				
1.	\$20 disbursed to client	t January 2023;				
-	\$30 disbursed to client	February 2023;				
-:	\$40 disbursed to client \$20 disbursed to client	monthly April 2005				
-	020,	monthly April 2023 - June				
-5	25 disbursed to client	monthly July 2023			1	
^	ugusi 2023;	1	1			
-3	364 disbursed to a ph	armacy.				
In	terview on 10/9/23 with	h client #3 royoolad				
-L	Isually received \$20 or	\$25 a month from her	-		1	
PE	isonai fungs;					
-D	idn't know where the r	est of her monthly				
l be	rsonal funds were loca	ated or why she wasn't	1		İ	
ab	le to receive more mor	ney monthly.				
Re	view on 9/21/23 of clie	ent #4's bank statement				
101	the months of January	y 2023 - August 2023				
167	ealed:				1	
-\$3	34.21 balance effectiv	re 1/1/23;				- 1
-\$2	O disbursed to client .I.	anuary 2023:	1			- 1
-\$3	o disbursed to client F	ebruary 2023-	1		ļ	- 1

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C 10/09/2023 MHL041-736 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 542 V 542 Continued From page 55 -\$20 disbursed to client monthly March 2023 -June 2023; -\$25 disbursed to client monthly July 2023 -August 2023; -\$134 disbursed to a medical provider. Interview on 10/9/23 with client #4 revealed: -Usually received \$25 a month from her personal funds; -Didn't know where the rest of her monthly personal funds were located or why she wasn't able to receive more money monthly. Interview on 9/28/23 with the former Qualified Professional (QP) A1 revealed: -Client #1 was sometimes disbursed more personal money than the other clients because she, "...will fuss and say it's my money. Why can't I have my money?" -Attempted to convince the Owner to distribute \$20 every 2 weeks instead of monthly but she -The owner had informed her, "they (clients) don't need all that money (monthly personal funds);" -"It's their (clients) money;" -"She (the Owner) is just so greedy. She has no heart for those people (clients)." Interview on 10/5/23 with staff #2 revealed: -Clients received personal funds while at a sister facility (day program); -"I know they don't get much." Interview on 10/9/23 with the Owner revealed: -Authorized the sister facility A-day program staff

Division of Health Service Regulation

their accounts:

A2 to disburse \$25 a month to each client from their personal funds if the clients had money in

-Client #1 asks for money, "...to buy this buy that...If you (client #1) are asking me for money

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL041-736 B. WNG NAME OF PROVIDER OR SUPPLIER 10/09/2023 STREET ADDRESS, CITY, STATE, ZIP CODE MERCY HOME SERVICES, INC 3221 EDENWOOD DRIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 542 Continued From page 56 V 542 for something that you need other than for nails or something I would give it to her;" -Client #2 asks for additional money to purchase cigarettes; -"It's not the money, it's your health (smoking cigarettes);" -"We try to educate them on money management. We (staff) have to prompt them (clients) and educate them on how we save. Put \$10 or \$5 away for emergency. We try to cut them down on spending." Finding #2 The receipts and distribution of client's personal funds were not regulated. Review on 9/21/23 of client #1's bank statement for the months of January 2023 - August 2023 -No deposits of personal money for the months of April 2023 (\$66) and July 2023 (\$70); -Deposit of personal money August 2023 was \$66 rather than \$70. Review on 9/21/23 of client #2's bank statement for the months of January 2023 - August 2023 revealed: -No deposits of personal money for the months of July 2023 (\$70) and August 2023 (\$70); -Overdraft fee of \$36 monthly February 2023 -March 2023 and May 2023; -Deposit of \$30 April 2023 with no documentation. Review on 9/21/23 of client #3's bank statement for the months of January 2023 - August 2023 revealed: -Deposit of \$914 January 2023 social security with a transfer out (withdrawal) of \$875 leaving \$39 personal funds instead of \$66; -Transfer out of \$800 in May 2023 with no

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	7		FO	RMAPPR
	- June Cilon	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
			A. BUILDING:_		(X3) DAT	E SURVEY
					COM	PLETED
Marie -		MHL041-736	B. WING		С	
NAME OF F	PROVIDER OR SUPPLIER				10	0/09/2023
MERCY H	IOME SERVICES	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		10812023
	IOME SERVICES, INC	3221 ED	ENWOOD DRIVE			
(X4) ID	CIMMADA	GREEN	BORO, NC 27408	8		
PREFIX	(EACH DEFICIENCE	MUST DE DEFICIENCIES				
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COR	RECTION	
		THE INTERMATION)	TAG			COMPLI
V 542	Continued From			CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
	and the page	57	V 542			
1	documentation;		V 342			
	-Monthly deposits of \$	914 July 2023 - August				1
1	2023 with transfer outs	of \$949 land	1			1
1	personal funds instead	of \$70	1 1			1
1						
- 1	Review on 9/21/23 of a	lient #4's bank statement	1 1			
	for the months of January	ary 2023 - August 2023	1 1			
11	revealed:	ary 2023 - August 2023	1			
1-	No deposits of persona	N	1		1	
12	2023 (\$66) April 2022	money for February	1			
10	2023 (\$66), April 2023 ( \$70);	\$66), and July 2023	1 1		}	
-	Deposit of \$66 August	0000	1 1			
	Deposit of \$66 August	2023 instead of \$70.			-	
Ir	nterviews on 0/21/22	1400				
re	evealed:	nd 10/9/23 with the Owner				
					1	
st	tatements that were	counts utilizing the bank			1	
	ach month;	pailed to her by the bank				
					+	
in	Not aware that client pe	rsonal funds were			1	
-"	creased in July 2023 fro	om \$66 to \$70;	1		1	
Th	didn't get that notice that's why I still put the	nat it was increased.			1	
			1			
			1		<b>f</b>	
			1			
			1			
			}			
acc	count;"	ent #1) a check from my	1			
-Pe	rsonal funda				1	
#2's	rsonal funds were not	reposited into client				
1	TOO GOTTO TO TO TO TO TO TO TO TO TO TO TO TO	tiquet 2000 i			1	
hosi	hen she (client #2) cam	e back (from the			1	
1	The state of the s	DI I tamente de d			1	
					}	
			1			
					1	- 1
					1	- 1
1000	sumentation of fees dep unt was not provided;	osited into client #2's				- 1
000-						

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL041-736 B. WNG 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 542 Continued From page 58 V 542 -Unable to explain the transfer out of \$800 from client #3's account, "Maybe I thought that I haven't taken out the money:" -Responsible for maintaining accurate records for all client personal accounts. Finding #3 Client #2's guardian sent a check in the amount of \$300 which was not credited to the client's account. Review on 9/21/23 of client #2's financial records and bank statement for the months of January 2023 - August 2023 revealed: -Copy of a check written in January 2023 in the amount of \$300 from the client's guardian; -Handwritten note signed by the sister facility A-day program former QP dated 1/19/23 included, "spent \$166.54 and she (client #2) has \$133.46 of her \$300 allowance left;" -3 receipts dated 2/3/23 from a local store and a local restaurant totaling \$19.24; -Handwritten note not dated or signed included, "[Client #2] was given \$20 yesterday 2/15/23;" -2 receipts dated 2/15/23 from 2 local stores totaling \$36.50; -Handwritten note dated 3/3/23 but not signed included, "...\$20 from Guardian allowance for carton of cigarettes;" -Receipt dated 4/10/23 from a local store for \$29.88: -Handwritten note dated 5/3/23 but not signed included, "staff gave her (client #2) an extra \$10 so she could purchase a carton of cigarettes;" -None of the above transactions were included on client #2's bank statement Due to the lack of documentation, it was not possible to determine the credits, debits or the balance of each clients' account.

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED C MHL041-736 B. WNG 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 542 Continued From page 59 V 542 This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation for a failure to correct Type A1 rule violations. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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 This Rule is not met as evidenced by: Based on record review, interviews and observations, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 10/5/23 from approximately 2:20pm - 2:45pm of the facility revealed: -Vanity in the clients' hallway bathroom had a 4" crack on the right side of the sink; -3 of the tiles in front of the bathtub in the hallway bathroom were cracked: -3' by 3' area in front of the bathtub in the hallway bathroom that sank when walked on; -2 bedrooms on the right had window air conditioner units blocking the only egress window in the rooms: -Side screen door wouldn't open all the way or close because it dragged on the floor; -Wooden chair seat and tabletop outside used for smoking were deteriorating; -Left side door handrail was not secured and 4 of the posts were falling: -Green vegetation growing up the side of the

facility.

V542 27F .0105 Client Rights-Client Personal Funds

#### 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS

owner is responsible for

all corrective action.

Effectively immediately 10/10/2023 and ongoing, provider has made changes to ensure that client funds are documented and receipts made available for any moneys disbursed to clients and for any monies used for purchases of items during a specific month. All funds of all clients will be deposited in their checking/savings accounts and all deposits slips will be kept for review. Provider will complete a review at the end of each month to ensure that All deposits and disbursements match the use of funds for each client. In the event that a client refuses to open a checking/savings account, provider will keep his/her funds in a locked box in a locked cabinet or office for safe keeping.

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		SURVEY
		IDENTIFICATION NOMBER:	A. BUILDING:			PLETED
		MHL041-736	B. WING		1	C /09/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIR CODE	1 10	10012020
MEDOVI	OUE CERVICES INS		NWOOD DRIVE			
MERCIA	IOME SERVICES, INC		BORO, NC 2740			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID			
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	60	V 736			
	Construction Section of "At the time of the sur the side door does not on the floor. This is no Take the necessary steethat it opens fully and At the time of the survithere is vegetation grobuilding at the front poend the back left corne with the rule. Take the and manage the veget At the time of the survithere is a table and chance that is deterioral with the rule. Take the these items. This deficit during our March 11, 2 action to correct this de At the time of the survithere is at the surviter side door handrail is condition of disrepair. The rules. Take the necessive the handrail so from stepping off the sirvithere is at least on the surviter that the time of the surviter that the ti	rey it was observed that air on the left side of the ting. This is not compliant necessary steps to remove tency was previously cited 022 blennial survey, take efficiency; sey it was observed that the sonot secured and is in a This is not compliant with the essary steps to repair or that it prevents someone deporch; sey it was observed the 1st ne right of the front ir conditioner units adow. This is not compliant necessary steps to make the available window for an are event of a fire."  The staff #2 revealed, "Their is are just horrible."				

Division of Health Service Regulation

PRINTED: 10/24/2023

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL041-736 B. WNG 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MERCY HOME SERVICES, INC 3221 EDENWOOD DRIVE GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 | Continued From page 61 V 736 conditioners from the bedrooms with only 1 window on 10/5/23; -"The maintenance guy is supposed to go there (facility) this week" to see if he was able to repair the floor in the hallway bathroom and the side handrail; -The landlord was supposed to take care of maintenance, but he refused; -Responsible for ensuring the facility was maintained as required. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation for a failure to correct Type A1 rule violations. V 738 27G .0303(d) Pest Control V 738 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility was not kept free from insects. The findings are: Observation on 10/5/23 from approximately 2:20pm - 2:45pm revealed bedbug and roach carcasses in the floor of client #1 and #4's bedrooms. Interview on 10/9/23 with client #1 revealed: -There were bedbugs in the facility;

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WNG MHL041-736 10/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 62 V 738 -"We do have them (bedbugs). They're in my bed:" -Informed the Owner of the bedbug issue numerous times (dates unknown); -"She (the Owner) sprays alcohol. She said that will make them go away but that don't do nothing." Interview on 9/28/23 with sister facility A-day program former Qualified Professional revealed: -There had been bedbugs at the facility and the 2 sister facilities; -"That's (bedbugs) one of the reasons that I left. She (Owner) won't do anything about it;" Review on 10/9/23 of the results of a survey conducted on 10/4/23 by the Division of Health Service Regulation Construction Section revealed: -"Signs of carcasses (bedbugs) within the residence (facility. This is not compliant with the rule. The facility has undergone treatment but no records or statements from the pest company were provided." Interview on 9/19/23 with former staff #4 revealed she had not observed bedbugs in the facility but had seen other types of bugs regularly. Interview on 10/5/23 with staff #2 revealed: -There were currently bedbugs in the facility in client #1 and #4's bedrooms; -Pest control had sprayed the facility, but she wasn't sure how long it had been. Interview on 9/15/23 with the Owner revealed: -The facility had bedbugs during the previous year of 2022 but none during the current year,

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-"We have somebody come and spray. The last he come was in March or April (2023);"

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	T		FO	ED: 10/2 RM APPF
		IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		
		1	A. BUILDING: _		(X3) DAT	SURVEY
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NAME OF	PROVIDER OR SUPPLIER	MHL041-736	B. WING		1	C
		STORES			1 40	C
MERCY	HOME SERVICES, INC	OIREE!	ADDRESS, CITY, STAT	E, ZIP CODE	1 10	09/2023
	7	3221 EC	ENWOOD DRIVE			
(X4) ID PREFIX	SUMMARY ST	GREEN	SBORO, NC 27406	3		
TAG	REGULATORY	OF DELICIENCIES	ID I			
	- LOODAIDAT OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR	ECTION	
V 738			TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	HOULD BE	COMPL
V /36	Continued From page	63	+	DEFICIENCY)	KOPKIAJE	DATE
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i	during the year of 2023	umentation of pest control	1 1			
- 1		*	1 1		1	
- 1	This deficiency constitu	<b>.</b>	1 1		1	
	and must be corrected	tes a re-cited deficiency	1			
1		within 30 days.	1 1		1	
V 752	27G .0304/bV/AV					
	27G .0304(b)(4) Hot Wa	ter Temperatures	V 752		1	
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E	QUIPMENT	ACILITY DESIGNAND	1		1	
10	b) Safety Fach fooiling	les in a	!		1	
0	onstructed and equippe	shall be designed,			1	
e	nsures the physical safe sitors.	of all and			-	
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(4	) In areas of the f	acility where clients are	Ì		1	
ex	posed to hot water, the	temperature of the	1		1	
		between 100 116	1		- 1	
ae	grees Fahrenheit.	100-116	1		1	
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Th	in D. J.					
Ro	s Rule is not met as ev	idenced by:	1		1	
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Serv	ice Regulation (DHSR)	Canada of Health	}			
reve	aled:	Construction Section	- 1		1	- 1
-Bier	nial Survey and	2.50	1		1	
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bathro	oom;	grees in the nallway	1		1	- 1
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the pr	operty;	and upkeep of	}		1	- 1
-inforn	ned the Owner that main	Itaining water	1		1	1

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ C 10/09/2023 MHL041-736 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE MERCY HOME SERVICES, INC GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 752 Continued From page 64 V 752 temperatures as required was her responsibility and required a Plan of Protection. Observations on 10/5/23 of the facility from approximately 2:20pm - 2:45pm revealed: -Water temperature of 130 degrees in the hallway bathroom utilized by clients #1, #2 and #3 and in the bathroom adjoining client #4's bedroom; -No water temperature logs; -No thermometer. Review on 10/5/23 of the results of the Biennial and Complaint survey completed on 10/4/23 revealed: -"At the time of the survey it was observed that the water temperature was 135 degrees Fahrenheit in the hall bath and back right bedroom bath. This is not compliant with the rule. The water was run by DHSR staff to bring the temperature down to a safe temperature at 98 degrees Fahrenheit. [The Owner] was advised to have the water heater checked immediately so that the temperature is within 100 - 116 degrees Fahrenheit." Review on 10/5/23 of the Plan of Protection signed and dated 10/4/23 by the Owner obtained by the DHSR Construction Section revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? We dump the water to get to 100 to 116 temp (temperature);" -"Describe your plans to make sure the above happens. We get someone to come by and fix the water temp." Interviews on 10/9/23 with clients #1, #2, #3 and #4 revealed the water in their bathrooms was hot

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but they had never been burned and were able to

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	of Health Service Reg TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED OUT			FOR	D: 10/2 M APP
		IDENTIFICATION NUMBER:	(X2) MULTIPLE	E CONSTRUCTION		_
		1	A. BUILDING:		(X3) DATE	Survey Leted
		MHL041-736	1	_	COMP	LEIED
NAME OF PR	OVIDER OR SUPPLIER	1	B. WING		1 1	0
		STRE	ET ADDDESS ave			9/2023
MERCY HO	ME SERVICES, INC	3224	ET ADDRESS, CITY, STA	JE, ZIP CODE		
		GRE	EDENWOOD DRIVE			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ENSBORO, NC 2740	6		
TAG	REGULATORY OR I	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID	PROVIDER'S PLAN OF CO	No.	
		DE IDENTIFYING INFORMATION)	PREFIX			(X5
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. , , ,	Continued From page	65	Wass	DEFICIENCY)		
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de	grees;	oquiled to be 100 - 116			ĺ	
-N	ot aware that the water	er temperature in both	1 1			
cli	ents' bathrooms was t	on hot	1 1		1	
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Inte	erview on 10/9/23 with	the Owner revealed:				
		onstruction Section on mperature in both client	1 1			
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five	t was going to come of	lown because he just				
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Week	weekend (water temper	erature log). The	1 1		1	
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	It's coming down. The plained;"	clients never				
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-Resi	consible for answer	nperature parameters;			1	
areas	consible for ensuring v	vater temperatures in				
	of the facility utilized rements.	by clients met				
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Revie	w on 10/9/23 of the Pi	on of D				
2	· und dated in/d/32 ki	. 41 - 0	1			
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ensure	the safety of the con	une racility take to			1	- 1
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called	to fix all that need to b	e fiv			1	- 1
-Descr	De Vour plane to male		1		1	- 1
- 5001	ns. The maintenance p	Source the above	1			- 1
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down a	the work he did,"	1				
down a	Clients had diagnass	1				

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Division of h	lealth Service Regu	lation	1	WATER TON	(X3) DATE	SURVEY
STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		COMPI	ETED
AND PLAN OF	CORRECTION	IDENTIFICATION TO THE PARTY OF	A. BOILDING.			c l
			B. WNG		10/	09/2023
		MHL041-736				
NAME OF PRO	VIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
	UE SERVICES INC		ENWOOD DRIVE			
MERCY HOI	ME SERVICES, INC		BORO, NC 27406	PROVIDER'S PLAN OF CO	PRRECTION	(X5)
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE DATE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
V 752	Continued From pag	je 66	V 752			
10 10 10 10 10 10		mental Disability, Down's				
1	Syndrome Schizoph	nrenia, Schizoaffective				
1	Disorder Seizure Di	isorder and various other				
1	medical conditions.	Water temperature checks				
	were not documente	ed since the last DHSR				
	Construction Section	n biennial survey on 3/11/22, cossible to determine how long				
	the water temperatu	ire was above the acceptable				
	range of 100 - 116 (	degrees Fahrenheit. Un				
	10/4/23 and 10/5/23	3. hot water temperature				
	checks revealed wa	ater temperatures of 130 - 135				
	degrees Fahrenhei	t in both client bathrooms. bathrooms for washing hands				
	ond bathing. This c	deficiency constitutes a Type				1
	A2 violation for sub	estantial risk of serious harm				
	and must be correct	cted within 23 days. An				
1	administrative pen	alty of \$1,000.00 is imposed. If				
	the violation is not	corrected within 23 days, an				
	additional administ	trative penalty of \$500.00 per ed for each day the facility is out				
	of compliance bey	ond the 23rd day.				
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