

MHL041-736

B. WING

C
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
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
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TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

V 000 INITIAL COMMENTS

V 000

A complaint survey was completed on 10/9/23. The complaints were substantiated (intake #s NC00194385, NC00196747, NC00201195, NC00204139, and NC00207104). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.

Sister facilities are identified in this report. The sister facilities will be identified as sister facility A-day program and sister facility B (residential). Staff will be identified using the letter of the facility and a numerical identifier.

V 109 27G .0203 Privileging/Training Professionals

V 109

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

- (a) There shall be no privileging requirements for qualified professionals or associate professionals.
- (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.
- (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
- (d) Competence shall be demonstrated by exhibiting core skills including:
 - (1) technical knowledge;
 - (2) cultural awareness;
 - (3) analytical skills;

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

TITLE

Nurses

(X6) DATE

11/13/23

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V 109	<p>Continued From page 1</p> <p>(4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the presence of a Qualified Professional (QP). The findings are:</p> <p>Review on 9/15/23 of the Owners' personnel record revealed: -A job description for President; -Documentation of a high school diploma; -No documentation of meeting the requirements of a QP.</p> <p>Interview on 9/15/23 with the Owner revealed she identified as the QP for the facility.</p> <p>Additional interview on 9/21/23 with the Owner</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Not qualified to be the QP; -"I haven't completed my college degree. I'm looking for a new QP now;" -A QP was employed part time, "2 months ago;" -"I need somebody (QP) who can be with me more often (full time);" -Unable to provide a personnel record for the former QP. <p>Interview on 9/28/23 with the former QP revealed:</p> <ul style="list-style-type: none"> -It was "years ago" since he had been employed at the facility as the QP; -Had provided training for staff during the past several years when requested by the Owner, but did not serve as QP during those times. <p>Additional interview on 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -Unable to provide a time period or documentation of when a QP was last employed; -Aware that a QP was required; -Responsible for hiring staff and ensuring supervision requirements were met. <p>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.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>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:</p> <p>Reviews on 9/15/23 and 9/18/23 of client #1's record revealed: -Date of admission 11/13/20;</p>	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> -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 10/7/22, 1/3/23 and 4/14/23 signed by the client and the former Qualified Professional (QP) A1 included, "Therapist will provide counseling to decrease maladaptive behaviors;" -No documentation that client #1 had received therapy since 8/12/21. <p>Interview on 9/18/23 with client #1 revealed:</p> <ul style="list-style-type: none"> -Staff had not discussed her treatment plan or goals with her; -Signed forms when the Owner requested. <p>Reviews on 9/15/23 and 9/18/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission 7/23/18; -Diagnoses included Mild IDD, Schizoaffective Disorder, Post Traumatic Stress Disorder and Seizure Disorder; -Treatment Plan dated 6/26/23 not signed by the client, her guardian or the QP. <p>Interview on 9/18/23 with client #2 revealed staff had not discussed her treatment plan or goals with her.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Date of admission 5/26/09; -Diagnoses included Mild IDD, Major Depressive Disorder, Down's Syndrome and Gastroesophageal Reflux Disease (GERD); -Treatment Plan dated 8/31/22 with updates 11/18/22, 2/10/23 and 5/26/23 signed by the client 	V 112		

	MHL041-736	A. BUILDING: _____ B. WING: _____	C 10/09/2023
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V 112	<p>Continued From page 5</p> <p>on 8/31/23 and 5/26/23 with no QP signature.</p> <p>Interview on 10/9/23 with client #3 revealed: -Staff had not discussed her treatment plan or goals with her; -Signed forms when the Owner requested.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #4's record revealed: -Date of admission 12/26/11; -Diagnoses included Mild IDD, Schizophrenia, Hypertension and GERD; -Treatment Plan dated 6/17/23 signed by the client and an unknown QP.</p> <p>Interview on 10/9/23 with client #4 revealed: -Staff had not discussed her treatment plan or goals with her; -Signed forms when the Owner requested.</p> <p>Interviews and observation on 9/28/23 and 10/9/23 at 12:34pm with the former QP A1 revealed: -Employed as the QP for sister facility A-day program from 3/2023 - 5/2023; -"There shouldn't be 1 treatment plan or assessment with my name on it because I refused to sign them. She (the Owner) asked me to copy the old ones (treatment plans) and I did that;" -Observed her review of signature with title of MS (Master of Science) QP on client #1's treatment plan and denied it was her signature; -"They did a great job on forging my signature. That's not my signature and I would not sign MS, I sign M. Ed (Master of Education)."</p> <p>Interview on 10/9/23 with the Owner revealed: -Treatment Plans were supposed to be completed by the QP;</p>	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> -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. <p>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.</p>	V 112		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <ol style="list-style-type: none"> (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. <p>(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.</p>	V 115		

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V 115	<p>Continued From page 7</p> <p>unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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). The findings are:</p> <p>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</p>	V 115		

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V 115

Continued From page 8

mind off my problems."

Interview on 9/15/23 with client #1 revealed:

- Transported by a church van on Sundays to a local church without staff supervision;
- No activities at the facility or outings;
- Facility activities and outings were needed to benefit her mental and physical health;
- "Idle mind is the devil's workshop."

Reviews on 9/15/23 and 9/18/23 of client #2's record revealed:

- Date of admission 7/23/18;
- 33 years old;
- Diagnoses included: Mild IDD, Schizoaffective Disorder, Seizure Disorder and Post Traumatic Stress Disorder.

Interview on 9/15/23 with client #2 revealed:

- Transported to sister facility A-day program Monday - Friday, "to give us something to do;"
- Attended church without staff supervision once with client #1 but she had a panic attack and hadn't returned;
- No activities at the facility or outings;
- Outings and facility activities were needed to benefit her mental health.

Reviews on 9/15/23 and 9/18/23 of client #3's record revealed:

- Date of admission 5/26/09;
- 50 years old;
- Diagnoses included: Mild IDD, Major Depressive Disorder, Down's Syndrome and Gastrointestinal Reflux Disease (GERD);
- Treatment Plan dated included, "...demonstrates determination when encouraged and empowered to participate in activities but lacks the confidence to complete task without this Intervention...feels as if her recent increase in mental health

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V 115	<p>Continued From page 9</p> <p>symptoms need to be addressed through psychosocial rehabilitation, involvement in community outings, structured workshops, and increased social opportunity."</p> <p>Interview on 10/9/23 with client #3 revealed: -No activities provided at the facility or outings offered other than attending church on Sundays; -Didn't want to attend church; -"I would like to go to the store more."</p> <p>Reviews on 9/15/23 and 9/18/23 of client #4's record revealed: -Date of admission 12/26/11; -Diagnoses included: Mild IDD, Schizophrenia, Hypertension and GERD; -Treatment Plan dated 6/17/23 included, "It is important that she (client #4) have a routine to follow and activities to keep her occupied."</p> <p>Interview on 10/9/23 with client #4 revealed: -No activities available at the facility; -No outings available except attending church on Sundays; -Didn't want to attend church.</p> <p>Interview on 10/5/23 with staff #2 revealed: -"She (the Owner) won't let them (clients) go anywhere because she doesn't want to pay for gas;" -"She's (the Owner) too cheap to do anything with them (clients);" -"If they (clients) was able to go somewhere, they wouldn't be sneaking out of the house (facility)."</p> <p>Interviews on 9/15/23 and 10/9/23 with the Owner revealed: -"The staff take them (clients) out if they want to go out. Sometimes they don't want to go out. The staff take them to park on outing and just drive</p>	V 115		

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V 115	<p>Continued From page 10</p> <p>around on the weekend mostly;"</p> <p>-A church van transported client #1 to church on Sundays but the other clients didn't want to attend;</p> <p>-Facility staff had never asked her to pay for gas in order to take the clients on outings;</p> <p>-"I'm going to insist on them (facility staff) doing that. Put gas in, bring me a receipt and I'll reimburse you. Since they mentioned it to you, I'm going to insist on them taking them out every other weekend."</p> <p>-"I went to Nigeria and I bought them a game. I may buy them another game."</p> <p>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.</p>	V 115		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201</p>	V 132		

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

[REDACTED] 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;

[REDACTED] owner is responsible for all corrective action.

Effective immediately 10/10/2023 and ongoing, the owner [REDACTED]

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**

██████████ is responsible for
all corrective action.

Effective immediately and ongoing, the owner ██████████ 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.

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V 132	<p>Continued From page 11</p> <p>are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: 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). The findings are:</p> <p>Review on 9/15/23 of FS #4's personnel record revealed: -Date of hire 7/12/23; -No documentation of title or date of termination;</p>	V 132		

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V 132	<p>Continued From page 12</p> <p>-Documentation of Abuse/Neglect/Harm/Exploitation/Mistreatment training completed 7/11/23.</p> <p>Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.</p> <p>Review on 9/14/23 of the Incident Response Improvement System (IRIS) revealed no health care personnel allegations submitted in 2023.</p> <p>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.</p> <p>Interviews on 9/21/23 and 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -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 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 just did the interviews;" -Didn't submit health care personnel allegation to IRIS because she didn't think the allegation was true; -"Of 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 all allegations. <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse,</p>	V 132		

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V 132	Continued From page 13 Neglect or Exploitation (V512) for a Type A1 violation and must be corrected within 23 days.	V 132		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.	V 290		

V132 G.S. 131E-256(9) 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.

MHL041-736

B. WING

C
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
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

V 000

INITIAL COMMENTS

V 000

A complaint survey was completed on 10/9/23. The complaints were substantiated (intake #s NC00194385, NC00196747, NC00201195, NC00204139, and NC00207104). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.

Sister facilities are identified in this report. The sister facilities will be identified as sister facility A-day program and sister facility B (residential). Staff will be identified using the letter of the facility and a numerical identifier.

V 109

27G .0203 Privileging/Training Professionals

V 109

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

- (a) There shall be no privileging requirements for qualified professionals or associate professionals.
- (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.
- (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
- (d) Competence shall be demonstrated by exhibiting core skills including:
 - (1) technical knowledge;
 - (2) cultural awareness;
 - (3) analytical skills;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director

(X6) DATE

11/13/23

MHL041-736

B. WING

C
10/09/2023

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STREET ADDRESS, CITY, STATE, ZIP CODE

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V 109	<p>Continued From page 1</p> <p>(4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the presence of a Qualified Professional (QP). The findings are:</p> <p>Review on 9/15/23 of the Owners' personnel record revealed: -A job description for President; -Documentation of a high school diploma; -No documentation of meeting the requirements of a QP.</p> <p>Interview on 9/15/23 with the Owner revealed she identified as the QP for the facility.</p> <p>Additional interview on 9/21/23 with the Owner</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Not qualified to be the QP; -"I haven't completed my college degree. I'm looking for a new QP now;" -A QP was employed part time, "2 months ago;" -"I need somebody (QP) who can be with me more often (full time);" -Unable to provide a personnel record for the former QP. <p>Interview on 9/28/23 with the former QP revealed:</p> <ul style="list-style-type: none"> -It was "years ago" since he had been employed at the facility as the QP; -Had provided training for staff during the past several years when requested by the Owner, but did not serve as QP during those times. <p>Additional interview on 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -Unable to provide a time period or documentation of when a QP was last employed; -Aware that a QP was required; -Responsible for hiring staff and ensuring supervision requirements were met. <p>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.</p>	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days</p>	V 112		

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B. WING

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GREENSBORO, NC 27406**

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V 112	<p>Continued From page 3</p> <p>of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>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:</p> <p>Reviews on 9/15/23 and 9/18/23 of client #1's record revealed: -Date of admission 11/13/20;</p>	V 112		

MHL041-736

A. BUILDING: _____

B. WING _____

COMPLETED

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V 112	<p>Continued From page 4</p> <p>-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;</p> <p>-Treatment Plan dated 7/20/22 with updates 10/7/22, 1/3/23 and 4/14/23 signed by the client and the former Qualified Professional (QP) A1 included, "Therapist will provide counseling to decrease maladaptive behaviors;"</p> <p>-No documentation that client #1 had received therapy since 8/12/21.</p> <p>Interview on 9/18/23 with client #1 revealed:</p> <p>-Staff had not discussed her treatment plan or goals with her;</p> <p>-Signed forms when the Owner requested.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #2's record revealed:</p> <p>-Date of admission 7/23/18;</p> <p>-Diagnoses included Mild IDD, Schizoaffective Disorder, Post Traumatic Stress Disorder and Seizure Disorder;</p> <p>-Treatment Plan dated 6/26/23 not signed by the client, her guardian or the QP.</p> <p>Interview on 9/18/23 with client #2 revealed staff had not discussed her treatment plan or goals with her.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #3's record revealed:</p> <p>-Date of admission 5/26/09;</p> <p>-Diagnoses included Mild IDD, Major Depressive Disorder, Down's Syndrome and Gastroesophageal Reflux Disease (GERD);</p> <p>-Treatment Plan dated 8/31/22 with updates 11/18/22, 2/10/23 and 5/26/23 signed by the client</p>	V 112		

	MHL041-736	A. BUILDING: _____ B. WING: _____	C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 112	<p>Continued From page 5</p> <p>on 8/31/23 and 5/26/23 with no QP signature.</p> <p>Interview on 10/9/23 with client #3 revealed: -Staff had not discussed her treatment plan or goals with her; -Signed forms when the Owner requested.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #4's record revealed: -Date of admission 12/26/11; -Diagnoses included Mild IDD, Schizophrenia, Hypertension and GERD; -Treatment Plan dated 6/17/23 signed by the client and an unknown QP.</p> <p>Interview on 10/9/23 with client #4 revealed: -Staff had not discussed her treatment plan or goals with her; -Signed forms when the Owner requested.</p> <p>Interviews and observation on 9/28/23 and 10/9/23 at 12:34pm with the former QP A1 revealed: -Employed as the QP for sister facility A-day program from 3/2023 - 5/2023; -"There shouldn't be 1 treatment plan or assessment with my name on it because I refused to sign them. She (the Owner) asked me to copy the old ones (treatment plans) and I did that;" -Observed her review of signature with title of MS (Master of Science) QP on client #1's treatment plan and denied it was her signature; -"They did a great job on forging my signature. That's not my signature and I would not sign MS, I sign M. Ed (Master of Education)."</p> <p>Interview on 10/9/23 with the Owner revealed: -Treatment Plans were supposed to be completed by the QP;</p>	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> -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. <p>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.</p>	V 112		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <ol style="list-style-type: none"> (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. <p>(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.</p>	V 115		

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V 115	<p>Continued From page 7</p> <p>unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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). The findings are:</p> <p>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</p>	V 115		

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V 115	<p>Continued From page 8</p> <p>mind off my problems."</p> <p>Interview on 9/15/23 with client #1 revealed: -Transported by a church van on Sundays to a local church without staff supervision; -No activities at the facility or outings; -Facility activities and outings were needed to benefit her mental and physical health; -"Idle mind is the devil's workshop."</p> <p>Reviews on 9/15/23 and 9/18/23 of client #2's record revealed: -Date of admission 7/23/18; -33 years old; -Diagnoses included: Mild IDD, Schizoaffective Disorder, Seizure Disorder and Post Traumatic Stress Disorder.</p> <p>Interview on 9/15/23 with client #2 revealed: -Transported to sister facility A-day program Monday - Friday, "to give us something to do;" -Attended church without staff supervision once with client #1 but she had a panic attack and hadn't returned; -No activities at the facility or outings; -Outings and facility activities were needed to benefit her mental health.</p> <p>Reviews on 9/15/23 and 9/18/23 of client #3's record revealed: -Date of admission 5/26/09; -50 years old; -Diagnoses included: Mild IDD, Major Depressive Disorder, Down's Syndrome and Gastrointestinal Reflux Disease (GERD); -Treatment Plan dated included, "...demonstrates determination when encouraged and empowered to participate in activities but lacks the confidence to complete task without this intervention...feels as if her recent increase in mental health</p>	V 115		

Division of Health Service Regulation

STATE FORM

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If continuation sheet 9 of 67

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B. WING

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V 115	<p>Continued From page 9</p> <p>symptoms need to be addressed through psychosocial rehabilitation, involvement in community outings, structured workshops, and increased social opportunity."</p> <p>Interview on 10/9/23 with client #3 revealed: -No activities provided at the facility or outings offered other than attending church on Sundays; -Didn't want to attend church; -"I would like to go to the store more."</p> <p>Reviews on 9/15/23 and 9/18/23 of client #4's record revealed: -Date of admission 12/26/11; -Diagnoses included: Mild IDD, Schizophrenia, Hypertension and GERD; -Treatment Plan dated 6/17/23 included, "It is important that she (client #4) have a routine to follow and activities to keep her occupied."</p> <p>Interview on 10/9/23 with client #4 revealed: -No activities available at the facility; -No outings available except attending church on Sundays; -Didn't want to attend church.</p> <p>Interview on 10/5/23 with staff #2 revealed: -"She (the Owner) won't let them (clients) go anywhere because she doesn't want to pay for gas;" -"She's (the Owner) too cheap to do anything with them (clients);" -"If they (clients) was able to go somewhere, they wouldn't be sneaking out of the house (facility)."</p> <p>Interviews on 9/15/23 and 10/9/23 with the Owner revealed: -"The staff take them (clients) out if they want to go out. Sometimes they don't want to go out. The staff take them to park on outing and just drive</p>	V 115		

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V 115	<p>Continued From page 10</p> <p>around on the weekend mostly;"</p> <p>-A church van transported client #1 to church on Sundays but the other clients didn't want to attend;</p> <p>-Facility staff had never asked her to pay for gas in order to take the clients on outings;</p> <p>-"I'm going to insist on them (facility staff) doing that. Put gas in, bring me a receipt and I'll reimburse you. Since they mentioned it to you, I'm going to insist on them taking them out every other weekend."</p> <p>-"I went to Nigeria and I bought them a game. I may buy them another game."</p> <p>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.</p>	V 115		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201</p>	V 132		

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

**[REDACTED] 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;

[REDACTED] owner is responsible for all corrective action.

Effective immediately 10/10/2023 and ongoing, the owner [REDACTED]

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

██████████ owner is responsible for
all corrective action.

Effective immediately and ongoing, the owner ██████████
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.

NUMBER OF CORRECTION	IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING _____	COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 132	<p>Continued From page 11</p> <p>are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: 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). The findings are:</p> <p>Review on 9/15/23 of FS #4's personnel record revealed: -Date of hire 7/12/23; -No documentation of title or date of termination;</p>	V 132		

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING: _____	C 10/09/2023
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V 132	<p>Continued From page 12</p> <p>-Documentation of Abuse/Neglect/Harm/Exploitation/Mistreatment training completed 7/11/23.</p> <p>Review on 9/15/23 of clients #1 and #2's records revealed no documentation of consent of guardian to consume alcohol.</p> <p>Review on 9/14/23 of the Incident Response Improvement System (IRIS) revealed no health care personnel allegations submitted in 2023.</p> <p>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.</p> <p>Interviews on 9/21/23 and 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -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 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 just did the interviews;" -Didn't submit health care personnel allegation to IRIS because she didn't think the allegation was true; -"Of 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 all allegations. <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse,</p>	V 132		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING _____	C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 13 Neglect or Exploitation (V512) for a Type A1 violation and must be corrected within 23 days.	V 132		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.	V 290		

V132 G.S. 131E-256(9) HEALTH CARE PERSONNEL REGISTRY

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

[REDACTED] 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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406		
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V 290	Continued From page 14 (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) 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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record 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."	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 290	Continued From page 15 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	V 290		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 290	<p>Continued From page 16</p> <p>by public transportation.</p> <p>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.</p> <p>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."</p> <p>Finding #2: Clients were left at sister facility B with 1 staff and 4 additional clients.</p> <p>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.</p> <p>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 area," -The Owner informed her that she had to be transported to sister facility B because the staff kept quitting;</p> <p>Finding #3: Client #4 was left at the facility without supervision.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 290	<p>Continued From page 17</p> <p>Interview on 9/15/23 with client #1 revealed client #4 was left unsupervised (date unknown) at the facility when former staff (FS) #4 transported the other 3 clients to a local store.</p> <p>Interview on 9/27/23 with client #2 revealed FS #4 had left the clients unsupervised (date unknown) at the facility once.</p> <p>Interview on 10/9/23 with client #4 revealed she had been left at the facility more than once unsupervised while staff transported the other 3 clients to a local store.</p> <p>Finding #4: Client #1 was transported to church on Sundays by a church van.</p> <p>Interview on 9/15/23 with client #1 revealed she was transported to church on Sundays by a church van unsupervised by staff.</p> <p>Interviews on 9/15/23, 9/21/23 and 10/9/23 with the Owner revealed: -Clients were transported to and from sister facility A-day program by public transportation; -Clients were transported to sister facility B after they left sister facility A-day program when staff were running late; -"We do that (transport clients to sister facility B) because of lack of staff...When the staff is running late, I'll tell [public transportation] to drive them (clients) to the other group home (sister facility B) for an hour or 2;" -There were 4 additional clients and 1 staff at sister facility B; -"The last time it (clients transported to sister facility B) happened was 2 days ago (9/13/23). The staff had an appointment. Her son had an appointment, so she was a little bit late," -Client #4 was the only client allowed to remain in</p>	V 290		

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V 290	<p>Continued From page 18</p> <p>the facility unsupervised; -Not aware that unsupervised time wasn't documented in client #4's Treatment Plan; -On Sundays, a church van transported client #1 to church unsupervised by staff; -Responsible for ensuring that clients were always supervised as required.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 violation and must be corrected within 23 days.</p>	V 290		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>Finding #1 The facility failed to obtain medical care for client #1 after she was prostituted by former staff (FS) #4.</p> <p>Interview on 10/9/23 with client #1 revealed:</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 291	<p>Continued From page 20</p> <ul style="list-style-type: none"> -One of the men she had sexual intercourse with refused to wear a condom; -Informed staff A2 and the Owner she had vaginal itching after being prostituted; -Staff A2 informed her she was not able to schedule her an appointment for medical care without the approval of the Owner; -The Owner refused to schedule her an appointment for medical care. <p>Interview on 9/28/23 with the former Qualified Professional (QP) A1 revealed:</p> <ul style="list-style-type: none"> -Talked with client #1 numerous times since she informed staff A2 that she was prostituting; -Client #1 complained of vaginal itching; -Client #1 also informed her that she had asked staff A2 and the Owner for medical care related to the vaginal itching and they refused to schedule an appointment for her; -"She (the Owner) don't take them (clients) to any appointments. [Client #1] told her, her privates (vagina) were itching and [the Owner] said you shouldn't have done that (prostitute)." <p>Interviews on 9/18/23 and 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -Client #1 had not received medical care after she informed her she had been prostituting; -Didn't see the need for client #1 to be tested for sexually transmitted diseases or pregnancy; -"No, she (client #1) didn't see the doctor. She wasn't complaining of anything. She said the guy used a rubber (condom);" -Responsible for ensuring clients received medical care as needed. <p>Finding #2 The facility failed to obtain therapy for client #1.</p> <p>Interview on 9/15/23 with client #1 revealed:</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 291	<p>Continued From page 21</p> <ul style="list-style-type: none"> -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. <p>Interview on 9/19/23 with former staff #4 revealed:</p> <ul style="list-style-type: none"> -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." <p>Interview on 9/28/23 with the former QPA1 revealed:</p> <ul style="list-style-type: none"> -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]." <p>Interviews on 9/15/23 and 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -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; -"We're looking for a new therapist. We have called another therapist (date unknown) to see if 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 291	Continued From page 22 they can take her (client #1). We're trying to get a therapist to talk to her to take care of that incident (prostituting). We ask [client #1's primary care physician (PCP)]. He is supposed to refer her to a therapist;" -Unable to provide documentation regarding the dates and contact information for the therapist she contacted or the date she contacted client #1's PCP; -Responsible for ensuring clients received psychiatric care as needed. Finding #3 The facility failed to ensure aid with obtaining a new guardian for client #1. Interviews on 9/15/23 and 9/18/23 with client #1 revealed: -Guardian had refused to communicate with her since she was admitted to the facility; -Requested to have her medical provider (date unknown) remove her birth control implant because it expired in September 2023; -The medical provider refused because, "...they have to talk to my guardian because it's a procedure." Attempted interviews with client #1's guardian on 9/18/23, 9/19/23 and 9/20/23 were not successful as she didn't respond to voicemails. Interview on 9/28/23 with the former QP A1 revealed the Owner was unable to contact client #1's guardian while she was employed (March 2023 - May 2023). Interviews on 9/15/23 and 10/9/23 with the Owner revealed: -Client #1 requested her medical provider remove her birth control implant because it expired; -"The doctor said they can't take it out unless her	V 291			

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V 291	<p>Continued From page 23</p> <p>guardian signs. The guardian, we can't, she don't want that to be removed,"</p> <p>"We can't get in touch with her (guardian) either. I called her (guardian) and she blocked our line (date unknown);"</p> <p>-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;"</p> <p>-Hadn't attempted to notify the Clerk of Court of the issues with client #1's guardian;</p> <p>-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.</p> <p>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.</p>	V 291		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL</p> <p>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).</p>	V 318		

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)

[REDACTED]-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.

Division of Health Service Regulation

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V 318	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations against health care personnel within 24 hours of becoming aware of the allegation affecting 1 of 1 audited former staff (FS) (#4). The findings are:</p> <p>Review on 9/15/23 of FS #4's personnel record revealed: -Hire date 7/12/23; -No documentation of job title or termination date.</p> <p>Review on 9/14/23 of the Incident Response Improvement System (IRIS) revealed no health care personnel allegations submitted in 2023.</p> <p>Interview on 9/15/23 with the Owner revealed: -Informed (date unknown) by client #1 and staff A2 that FS #4 had coerced client #1 to prostitute from the facility; -"That was, I didn't put that (date allegation was reported) down. That was a week or so ago. I don't have the date of it;" -Aware that the allegation should have been submitted to IRIS timely; -"I didn't do IRIS yet. I'm still getting information together to do that."</p> <p>Additional interview on 10/9/23 with the Owner revealed: -Responsible for submitting allegations against health care personnel to IRIS timely; -Submitted report to IRIS regarding allegation against FS #4.</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER
MERCY HOME SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**3221 EDENWOOD DRIVE
GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 318	<p>Continued From page 25</p> <p>Review on 9/22/23 of the IRIS revealed: -Date provider learned of incident 8/28/23; -Date submitted 9/20/2023; -"Exploitation...It was reported that client (#1) was engaged in sexual activities with a stranger based on information provided by the staff. Owner reported that upon finding of the facts, staff was terminated on the very date the incident was reported which is 08/18/2023...It was reported that staff (FS #4) allowed client (#1) to be engaged in sexual activity by a stranger."</p> <p>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.</p>	V 318		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p>	V 366		

V318 130 .0102 HCPR -24 HOUR REPORTING

10A NCAC 130 .0102 – INVESTIGATING AND REPORTING HEALTHCARE PERSONNEL

**[REDACTED] 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.

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 26</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 27</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	<p>Continued From page 28</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>Interviews on 9/15/23 and 9/21/23 with the Owner revealed: -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</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT 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:	V 367		

V366 27G .0603 Incident Response Requirements

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

[REDACTED]-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: MHL041-736	A. BUILDING: _____ B. WING _____	COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 30 (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C	V 367		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING: _____	PROVIDER COMPLETE C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 31 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit 2 level III incident reports within 72 hours of becoming aware of the incidents. 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;	V 367		

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING: _____	COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 32</p> <p>-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.</p> <p>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.</p> <p>Review on 9/14/23 of the Incident Response Improvement System (IRIS) revealed no incidents reported in 2023.</p> <p>Interviews on 9/15/23 and 9/21/23 with the Owner revealed: -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; -Didn't think that the allegation regarding alcohol met the criteria to be submitted to IRIS; -Informed that FS #4 had assisted client #1 to prostitute from the facility; -Not able to provide the date that she learned 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;" -Aware that the incident should have been submitted to IRIS; -"I didn't do IRIS yet...I'm still getting information together to do that;"</p>	V 367		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: MHL041-736	A. BUILDING: _____ B. WING: _____	COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 33 -Responsible for timely submission of incident reports. 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 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by:	V 512		

V36/ 2/G .0604 Incident Reporting Requirements

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

[REDACTED] 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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 512	<p>Continued From page 34</p> <p>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:</p> <p>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).</p> <p>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).</p> <p>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).</p> <p>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).</p>	V 512			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER
MERCY HOME SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**3221 EDENWOOD DRIVE
GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 35</p> <p>Cross-Reference: 10A NCAC 27G .5602 Staff (V290). 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).</p> <p>Cross-Reference: 10A NCAC 27G .5603 Operations (V291). 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).</p> <p>Cross-Reference: 10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel (V318). Based on record reviews and interviews, the facility failed to report allegations against health care personnel within 24 hours of becoming aware of the allegation affecting 1 of 1 audited former staff (FS) (#4).</p> <p>Cross-Reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required.</p> <p>Cross-Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to submit 2 level III incident reports within 72 hours of becoming aware of the incidents.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 512	<p>Continued From page 36</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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."</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 512	<p>Continued From page 37</p> <p>Reviews on 9/15/23 and 9/18/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> -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 weak 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 to get others to purchase weed and alcohol for her and staff should be aware of this...drugs and 	V 512		

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V 512	<p>Continued From page 38</p> <p>alcohol only exasperate [client #1's] hallucinations...can be taken advantage of easily...will do anything that is asked of her, even if it is illegal...needs to learn boundaries and she needs to learn when someone is taking advantage of her...needs to understand that she can be hurt or taken advantage of when interacting with complete strangers...staff need to assist her with understanding relationships."</p> <p>Reviews on 9/15/23 and 9/18/23 of client #2's record revealed: -Treatment Plan dated 6/26/23 included, "[Client #2] is very vulnerable and will follow others to feel included in the crowd...often gets in trouble with crowds that she hangs around with...needs services and supports to assist her with managing her impulsive behaviors...needs support with structure and intensive supervision to assist her with people skills and with other community enhanced skills to increase her functional limitations and to decrease her maladaptive behaviors...needs support to assist her with making the right choices...difficult moments such as her drug use and noncompliance."</p> <p>Interview on 10/9/23 with the Owner revealed: -Cameras had been installed in the facility as a deterrent but were never connected to record; -Responsible for ensuring all clients were free of exploitation and neglect.</p> <p>Finding #1: FS #4 coerced client #1 into prostituting from the facility.</p> <p>Review on 9/14/23 of screenshots from an escort service website revealed: -Profile posted 8/19/23; -8 pictures of client #1 in various poses and</p>	V 512		

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V 512	<p>Continued From page 39</p> <p>stages of undress and 1 picture of FS #4; -"Bbw (big beautiful woman) wanting to satisfy any and evrything u want me to doso come f**k me."</p> <p>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;"</p>	V 512		
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V 512	<p>Continued From page 40</p> <ul style="list-style-type: none"> -She had not seen FS #4 or had contact with her since FS #4 was questioned by the Owner; -Agreed to prostitute because she didn't want FS #4 mad at her; -"I have a problem with saying no. I should have said no. I knew something wasn't right;" -Observed client when she reviewed pictures from her profile and identified it was her in the pictures along with FS #4 in a picture that included a link to her (FS #4's) profile; -The profile pictures for the website were taken by FS #4 in the staff bedroom of the facility. <p>Interview on 9/18/23 with client #2 revealed:</p> <ul style="list-style-type: none"> -The Owner informed her FS #4 was terminated from the facility because she had assisted client #1 with prostituting; -"I didn't know nothing about it (prostitution) until [client #1] told me. When it happened, I was in the hospital;" -FS #4 had made a profile for client #1 on a website that advertised prostitution. <p>Review on 9/22/23 of the Incident Response Improvement System revealed:</p> <ul style="list-style-type: none"> -Date of incident: 8/18/23; -Date provider learned of incident: 8/28/23; -Date submitted: 9/20/23; -Submitted by the Owner; -Exploitation checked; -"It was reported that client (#1) was engaged in sexual activities with a stranger based on information provided by the staff. Owner reported that upon finding of the facts, staff (FS #4) was terminated on the very date the incident was reported which is 08/18/2023;" -"Incident Prevention: Staff (FS #4) failed to follow facility's rules;" - "Allegation Description: It was reported that staff (FS #4) allowed client to be engaged in sexual 	V 512		

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V 512	<p>Continued From page 41 activity by a stranger."</p> <p>Interview on 9/27/23 with a colleague of the Owner revealed: -Client #1 informed her that FS #4 had coerced her to prostitute after she reported it to the Owner; -Talked with the Owner about the prostitution; -"I've begged [the Owner], if you don't want them (clients) let them go. 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."</p> <p>Interview on 9/28/23 with the former QP A1 revealed: -Client #1 informed her that FS #4 had coerced her to prostitute after she reported it to the Owner; -"[Client #1] is always looking for ways to get money;" -FS #4 had created client #1 a profile on a website that advertised prostitution; -Client #1 had been paid by 4 men for sexual acts that took place in the facility; -"She (client #1) had to give [FS #4] half of the profit of what she made. She (FS #4) told [client #1] she was going to beat her you know what if she didn't give her the money;" -Client #1 was present when the Owner questioned FS #4 about the prostitution; -FS #4 said, "I know you have to fire me, but this isn't true. I didn't do this."</p> <p>Interview on 9/18/23 with sister facility-day program staff A2 revealed: -Client #1 had informed her (date unknown) that FS #4, "told her she could teach her how to make more money;" -"Not sure of day reported (prostitution). It's been</p>	V 512		
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V 512	<p>Continued From page 42</p> <p>a couple of weeks now;"</p> <p>-FS #4 had created a profile for client #1 on an online website that advertised prostitution;</p> <p>-"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;"</p> <p>-"She (client #1) said she was scared...She said she was scared of [FS #4] because [FS #4] was aggressive with her;"</p> <p>-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;"</p> <p>-Assisted client #1 with deleting her profile on the website;</p> <p>-"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.</p> <p>Interview on 10/5/23 with staff #2 revealed:</p> <p>-The Owner requested she be present (8/28/23) when she questioned FS #4 about the prostitution;</p> <p>-"I seen [FS #4's] site (profile on website);"</p> <p>-FS #4 informed them her profile was old (she was 18 years old in the pictures) and she had never deleted it;</p> <p>-Profile listed FS #4 as 42 years old and the pictures were current;</p> <p>-Client #1 informed her, "I knew nothing about going online (to advertise prostitution). She introduced me to that;"</p> <p>-Client #1 informed them that she gave FS #4 some of the money she made;</p> <p>-"A quickie (15 minutes) was \$80 and an hour was \$160;"</p> <p>-"She (client #1) did it (sex for money) a few</p>	V 512		

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V 512	<p>Continued From page 43</p> <p>times but she did not want to have sex for money;"</p> <p>-FS #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;</p> <p>-FS #4 informed her, "You're still going to pay me because he came here;"</p> <p>-Client #1 didn't typically lie unless she was asked to.</p> <p>Interview on 9/15/23 with the Owner revealed:</p> <p>-Informed by client #1 that FS #4 had prostituted and coerced client to prostitute in the facility;</p> <p>-"That's (prostitution) the reason that I gave her (client #1) the 30 days (notice);"</p> <p>-"The staff (FS #4) involved denied it. I fired her immediately;"</p> <p>-Unable to provide documentation of when the allegation was reported to her;</p> <p>-"That was, I didn't put that (date) down. That was a week or so ago."</p> <p>Additional interviews and observation on 9/18/23 and 9/21/23 at 9:55am with the Owner revealed:</p> <p>-When client #1 informed her of the prostitution, "She (client #1) started crying. She said the first one paid her \$50 and the next one paid her \$150;"</p> <p>-"[FS #4] is still suspended but I don't think she's coming back;"</p> <p>-"I haven't seen the pictures (from the profile) and I don't know if they are just friend pictures or not;"</p> <p>-Observed while the Owner reviewed pictures from client #1's profile and identified both client #1 and FS #4.</p> <p>Further interview on 10/9/23 with the Owner revealed:</p> <p>-Questioned FS #4 about the allegations the day she was informed (8/28/23);</p>	V 512		

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V 512	<p>Continued From page 44</p> <p>"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."</p> <p>Finding #2: FS #4 allowed client #1 to purchase alcohol twice and allowed clients #1 and #2 to consume alcohol in the facility.</p> <p>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.</p> <p>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.</p> <p>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;"</p>	V 512		

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V 512	<p>Continued From page 45</p> <ul style="list-style-type: none"> -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." <p>Interview on 9/28/23 with the former QP A1 revealed:</p> <ul style="list-style-type: none"> -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." <p>Interview on 10/5/23 with staff #2 revealed:</p> <ul style="list-style-type: none"> -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. <p>Interview on 9/21/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -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 	V 512		
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V 512	<p>Continued From page 46</p> <p>(wine);"</p> <p>-Informed by client #2 that FS #4 transported the clients to a local store, and they purchased wine;</p> <p>-"She (client #2) said it was [client #1] that made her get involved;"</p> <p>-"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;"</p> <p>-Notified client #2's guardian of the incident immediately;</p> <p>-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;</p> <p>-"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]."</p> <p>Review on 10/9/23 of the Plan of Protection dated 10/9/23 written by the Owner revealed:</p> <p>-"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 occurs."</p>	V 512		

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V 512	<p>Continued From page 47</p> <p>-"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."</p> <p>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 coercing her into prostitution and financially profited from having client #1 perform sexual acts with unknown men. In addition, FS #4 allowed client #1 to purchase alcohol twice and allowed clients #1 and #2 to consume alcohol in the facility without guardian consent. As a result, client #2 was hospitalized to detox from alcohol. The Owner identified herself as the QP but did not meet the educational qualifications which resulted in the facility not having services of a QP. The Owner neglected to investigate and report or reported late allegations/incidents of prostitution and alcohol use. The Owner neglected to arrange testing for sexually transmitted diseases and pregnancy, arrange for medical care after complaints of vaginal itching, arrange therapy as requested and indicated on the Treatment Plan and aid with obtaining a new guardian for client #1. The Owner neglected to include clients and/or their guardians in the Treatment Plan process, so they were unable to provide input into the development of client goals. Treatment Plans were either not signed by clients and/or their guardians, included a QP signature that was forged or a QP signature of a staff that the</p>	V 512		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 512	Continued From page 48 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 512		
V 540	27F .0103 Client Rights - Health, Hygiene And 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;	V 540		

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)

**[REDACTED] 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

██████████ owner 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

**[REDACTED] 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)

[REDACTED]-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)**

[REDACTED] 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.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 540	<p>Continued From page 49</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) 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.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>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:</p> <p>Observations on 10/5/23 from approximately 2:20pm - 2:45pm revealed: -Both client bathrooms had a partial roll of toilet paper; -One roll of toilet paper in the kitchen cabinet.</p> <p>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)."</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 540	<p>Continued From page 50</p> <p>Interview on 10/9/23 with client #3 revealed: -There had not been any toilet paper in the facility from 10/6/23 - 10/9/23; -When the clients ran out of toilet paper during the week, they asked the owner for more while they were at the sister facility (day program) but if they ran out on the weekends, they had to wait until Monday; -The Owner had instructed her in the past to use wipes if she had them when there was no toilet paper; -Used wipes with alcohol from 10/6/23 - 10/9/23 but they burned when she wiped; -The Owner didn't provide shampoo or body wash, so she had to purchase her own.</p> <p>Interview on 10/9/23 with client #4 revealed: -There was no toilet paper in the facility for the other clients from 10/6/23 - 10/9/23; -Purchased toilet paper when she received her personal allowance but didn't share it with the other clients.</p> <p>Interview on 9/22/23 with a colleague of the Owner revealed she had purchased packs of toothpaste and soap for the clients because the Owner refused to provide them.</p> <p>Interview on 9/28/23 with the former Qualified Professional A1 revealed the Owner was informed during the last survey that she was responsible for ensuring there was enough toilet paper at the facility.</p> <p>Interview on 9/19/23 with former staff #4 revealed: -The Owner usually delivered 3 or 4 rolls of toilet paper a week to the facility; -Clients regularly ran out of toilet paper.</p>	V 540		

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V 540	Continued From page 51 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 paper; -"If you go to my group home, there is toilet paper there." 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 540		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds	V 542		

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

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

██████████ is responsible for all corrective actions.

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.

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V 542	Continued From page 52 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account.	V 542		

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V 542	<p>Continued From page 53</p> <p>This Rule is not met as evidenced by: 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 clients (#2). The findings are:</p> <p>Finding #1 Clients were denied the right to withdraw money from their account.</p> <p>Review on 9/21/23 of client #1's bank statement for the months of January 2023 - August 2023 revealed: -\$76.80 balance effective 1/1/23; -\$30 disbursed to client monthly January 2023 - March 2023; -\$40 disbursed to client April 2023; -\$50 disbursed to client May 2023; -\$40 disbursed to client June 2023; -\$25 disbursed to client monthly July 2023 - August 2023; -\$58.32 disbursed to a pharmacy.</p> <p>Interview on 9/15/23 with client #1 revealed: -Usually received \$25 a month from her personal funds; -The Owner informed her that she kept the rest of her monthly personal funds for emergencies; -Not aware that her monthly personal funds increased from \$66 to \$70 in July 2023.</p> <p>Review on 9/21/23 of client #2's bank statement for the months of January 2023 - August 2023 revealed: --\$116.27 (negative) balance effective 1/1/23; -\$20 disbursed to client March 2023;</p>	V 542		

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V 542	<p>Continued From page 54</p> <ul style="list-style-type: none"> - \$30 disbursed to client May 2023; - \$25 disbursed to client monthly June 2023 - July 2023; - \$80 disbursed to a pharmacy. <p>Interview on 9/15/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - Usually received \$25 a month from her personal funds; - The Owner informed her that the remaining amount, "Some goes to my medical bill and some goes to my rent at the group home;" - Not aware that her monthly personal funds increased from \$66 to \$70 in July 2023. <p>Review on 9/21/23 of client #3's bank statement for the months of January 2023 - August 2023 revealed:</p> <ul style="list-style-type: none"> - \$2,785.90 balance effective 1/1/23; - \$20 disbursed to client January 2023; - \$30 disbursed to client February 2023; - \$40 disbursed to client March 2023; - \$20 disbursed to client monthly April 2023 - June 2023; - \$25 disbursed to client monthly July 2023 - August 2023; - \$364 disbursed to a pharmacy. <p>Interview on 10/9/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - Usually received \$20 or \$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. <p>Review on 9/21/23 of client #4's bank statement for the months of January 2023 - August 2023 revealed:</p> <ul style="list-style-type: none"> - \$334.21 balance effective 1/1/23; - \$20 disbursed to client January 2023; - \$30 disbursed to client February 2023; 	V 542		

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V 542	<p>Continued From page 55</p> <p>- \$20 disbursed to client monthly March 2023 - June 2023; - \$25 disbursed to client monthly July 2023 - August 2023; - \$134 disbursed to a medical provider.</p> <p>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.</p> <p>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 refused; - 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)."</p> <p>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."</p> <p>Interview on 10/9/23 with the Owner revealed: - Authorized the sister facility A-day program staff A2 to disburse \$25 a month to each client from their personal funds if the clients had money in their accounts; - Client #1 asks for money, "...to buy this buy that... If you (client #1) are asking me for money</p>	V 542		
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V 542	<p>Continued From page 56</p> <p>for something that you need other than for nails or something I would give it to her;"</p> <p>-Client #2 asks for additional money to purchase cigarettes;</p> <p>-"It's not the money, it's your health (smoking cigarettes);"</p> <p>-"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."</p> <p>Finding #2 The receipts and distribution of client's personal funds were not regulated.</p> <p>Review on 9/21/23 of client #1's bank statement for the months of January 2023 - August 2023 revealed:</p> <p>-No deposits of personal money for the months of April 2023 (\$66) and July 2023 (\$70);</p> <p>-Deposit of personal money August 2023 was \$66 rather than \$70.</p> <p>Review on 9/21/23 of client #2's bank statement for the months of January 2023 - August 2023 revealed:</p> <p>-No deposits of personal money for the months of July 2023 (\$70) and August 2023 (\$70);</p> <p>-Overdraft fee of \$36 monthly February 2023 - March 2023 and May 2023;</p> <p>-Deposit of \$30 April 2023 with no documentation.</p> <p>Review on 9/21/23 of client #3's bank statement for the months of January 2023 - August 2023 revealed:</p> <p>-Deposit of \$914 January 2023 social security with a transfer out (withdrawal) of \$875 leaving \$39 personal funds instead of \$66;</p> <p>-Transfer out of \$800 in May 2023 with no</p>	V 542		

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V 542	<p>Continued From page 57</p> <p>documentation;</p> <ul style="list-style-type: none"> -Monthly deposits of \$914 July 2023 - August 2023 with transfer outs of \$848 leaving \$66 personal funds instead of \$70. <p>Review on 9/21/23 of client #4's bank statement for the months of January 2023 - August 2023 revealed:</p> <ul style="list-style-type: none"> -No deposits of personal money for February 2023 (\$66), April 2023 (\$66), and July 2023 (\$70); -Deposit of \$66 August 2023 instead of \$70. <p>Interviews on 9/21/23 and 10/9/23 with the Owner revealed:</p> <ul style="list-style-type: none"> -Maintained all client accounts utilizing the bank statements that were emailed to her by the bank each month; -Not aware that client personal funds were increased in July 2023 from \$66 to \$70; -"I didn't get that notice that it was increased. That's why I still put the \$66 in there. I must have overlooked it. I didn't get a raise. Why should I have to give them (clients) more of my money?" -Unable to explain why there were no deposits of personal money into client #1's account for the months of April 2023 and July 2023; -"Probably I wrote her (client #1) a check from my account;" -Personal funds were not deposited into client #2's account July 2023 - August 2023 because client #2 had been in the hospital; -"When she (client #2) came back (from the hospital), I wrote her a check. I wrote it from my account. Not her account. I know there was a time she was negative. We were writing a check for her and she didn't have any money because she smokes. I took care of the fees;" -Documentation of fees deposited into client #2's account was not provided; 	V 542		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	<p>Continued From page 58</p> <ul style="list-style-type: none"> -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. <p>Finding #3 Client #2's guardian sent a check in the amount of \$300 which was not credited to the client's account.</p> <p>Review on 9/21/23 of client #2's financial records and bank statement for the months of January 2023 - August 2023 revealed:</p> <ul style="list-style-type: none"> -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. <p>Due to the lack of documentation, it was not possible to determine the credits, debits or the balance of each clients' account.</p>	V 542		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2023
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V 542	Continued From page 59 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		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review, 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.	V 736		

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.

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V 736	<p>Continued From page 60</p> <p>Review on 10/9/23 of the survey results of DHSR Construction Section dated 10/4/23 revealed:</p> <ul style="list-style-type: none"> -At the time of the survey it was observed that the side door does not fully open due to dragging on the floor. This is not compliant with the rule. Take the necessary steps to repair the door so that it opens fully and does not impede egress; -At the time of the survey it was observed that there is vegetation growing up the side of the building at the front porch, at the left side door and the back left corner. This is not compliant with the rule. Take the necessary steps to remove and manage the vegetation growth; -At the time of the survey it was observed that there is a table and chair on the left side of the house that is deteriorating. This is not compliant with the rule. Take the necessary steps to remove these items. This deficiency was previously cited during our March 11, 2022 biennial survey, take action to correct this deficiency; -At the time of the survey it was observed that the left side door handrail is not secured and is in a condition of disrepair. This is not compliant with the rules. Take the necessary steps to repair or replace the handrail so that it prevents someone from stepping off the side porch; -At the time of the survey it was observed the 1st and 2nd bedrooms to the right of the front entrance had window air conditioner units blocking the egress window. This is not compliant with the rule. Take the necessary steps to make sure there is at least one available window for an emergency egress in the event of a fire." <p>Interview on 10/5/23 with staff #2 revealed, "Their (clients) living conditions are just horrible."</p> <p>Interview on 10/9/23 with the Owner revealed: -The maintenance man removed the air</p>	V 736		

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V 736	<p>Continued From page 61</p> <p>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.</p> <p>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.</p>	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>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:</p> <p>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.</p> <p>Interview on 10/9/23 with client #1 revealed: -There were bedbugs in the facility;</p>	V 738		

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NAME OF PROVIDER OR SUPPLIER
MERCY HOME SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**3221 EDENWOOD DRIVE
GREENSBORO, NC 27406**

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V 738	<p>Continued From page 62</p> <p>- "We do have them (bedbugs). They're in my bed;"</p> <p>- Informed the Owner of the bedbug issue numerous times (dates unknown);</p> <p>- "She (the Owner) sprays alcohol. She said that will make them go away but that don't do nothing."</p> <p>Interview on 9/28/23 with sister facility A-day program former Qualified Professional revealed:</p> <p>- There had been bedbugs at the facility and the 2 sister facilities;</p> <p>- "That's (bedbugs) one of the reasons that I left. She (Owner) won't do anything about it;"</p> <p>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:</p> <p>- "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."</p> <p>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.</p> <p>Interview on 10/5/23 with staff #2 revealed:</p> <p>- There were currently bedbugs in the facility in client #1 and #4's bedrooms;</p> <p>- Pest control had sprayed the facility, but she wasn't sure how long it had been.</p> <p>Interview on 9/15/23 with the Owner revealed:</p> <p>- The facility had bedbugs during the previous year of 2022 but none during the current year;</p> <p>- "We have somebody come and spray. The last he come was in March or April (2023);"</p>	V 738		

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V 738	Continued From page 63 -Unable to provide documentation of pest control during the year of 2023. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 738		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on record reviews, interviews and observations the facility failed to maintain water temperatures of 100 - 116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Interviews on 10/4/23 with the Division of Health Service Regulation (DHSR) Construction Section revealed: -Biennial Survey and complaint investigation completed at the facility on 10/4/23 from approximately 10:20am - 12:00pm; -Water temperature of 135 degrees in the hallway bathroom; -According to the Owner, the landlord was responsible for the maintenance and upkeep of the property; -Informed the Owner that maintaining water	V 752		

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V 752	<p>Continued From page 64</p> <p>temperatures as required was her responsibility and required a Plan of Protection.</p> <p>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.</p> <p>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."</p> <p>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."</p> <p>Interviews on 10/9/23 with clients #1, #2, #3 and #4 revealed the water in their bathrooms was hot but they had never been burned and were able to</p>	V 752		

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V 752	<p>Continued From page 65</p> <p>adjust the temperature.</p> <p>Interview on 10/5/23 with staff #2 revealed: -Not aware that water temperature in areas utilized by clients were required to be 100 - 116 degrees; -Not aware that the water temperature in both clients' bathrooms was too hot.</p> <p>Interview on 10/9/23 with the Owner revealed: -Informed by the DHSR Construction Section on 10/4/23 that the water temperature in both client bathrooms was too hot; -Construction Section requested the water temperature be checked 3 times a day; -"I saw the one (water temperature log) on Friday (10/6/23) and it was ok. He (maintenance) came on Friday (10/6/23). The highest was 119. He told me it was going to come down because he just fixed it (water temperature). I haven't checked it this weekend (water temperature log). The weekend lady (staff #3) she checked it 3 times a day. It's coming down. The clients never complained;" -Not aware of the water temperature parameters; -Responsible for ensuring water temperatures in areas of the facility utilized by clients met requirements.</p> <p>Review on 10/9/23 of the Plan of Protection signed and dated 10/9/23 by the Owner revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Own (Owner) have called maintenance guy have called to fix all that need to be fix. -Describe your plans to make sure the above happens. The maintenance person will write down all the work he did."</p> <p>Facility clients had diagnoses that included Mild</p>	V 752		
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V 752	Continued From page 66 Intellectual Developmental Disability, Down's Syndrome, Schizophrenia, Schizoaffective Disorder, Seizure Disorder and various other medical conditions. Water temperature checks were not documented since the last DHHS Construction Section biennial survey on 3/11/22, therefore it was impossible to determine how long the water temperature was above the acceptable range of 100 - 116 degrees Fahrenheit. On 10/4/23 and 10/5/23, hot water temperature checks revealed water temperatures of 130 - 135 degrees Fahrenheit in both client bathrooms. Clients utilize both bathrooms for washing hands and bathing. This deficiency constitutes a Type A2 violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 752		