

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2024
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NAME OF PROVIDER OR SUPPLIER HARDEE ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1612 HARDEE ROAD KINSTON, NC 28504
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 27, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide documentation that an assessment was completed prior to the delivery of services for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 9/26/24 of client #1's record revealed: -Admitted 8/15/22. -Diagnoses of Mild Intellectual Disability, Asperger's Syndrome, Obsessive Compulsive Disorder and Epilepsy. -No documentation of an assessment.</p> <p>Interview on 9/26/24 client #1 stated: -He lived at the facility for "awhile."</p> <p>Interview on 9/26/24 the Qualified Professional stated: -She could not locate the assessment for client #1.</p> <p>Interview on 9/27/24 the Intellectual Developmental Disability Administrator stated: -Client #1's assessment may not have transferred after the company's acquisition. -She would ensure client #1's record was updated with an assessment.</p>	V 111		

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V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 2 of 3 audited staff (#1, and Group Home Manager). The findings are:</p> <p>Review on 9/26/24 of staff #1's personnel record revealed: -A hire date of 5/1/23. -Position: Paraprofessional -No evidence of an HCPR check.</p> <p>Interview on 9/26/24 staff #1 stated she was full time at the facility and worked through the previous company.</p> <p>Review on 9/26/24 of the Group Home Manager's personnel record revealed: -A hire date of 5/1/23 -Position: Group Home Manager -No evidence of a HCPR check.</p>	V 131		

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V 131	Continued From page 3 Interview on 9/26/24 the Group Home Manager stated she had worked at the facility through the previous company. Interview on 9/26/24 the Intellectual Developmental Disability Administrator stated: -She understood the requirement to ensure the HCPR was accessed prior to employment. -She would ensure the HCPR was completed and filed in staff #1's and the Group Home Manager's personnel files.	V 131		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a clean and attractive manner. The findings are: Observation on 9/26/24 between 1:33pm- 1:50pm during tour of the facility revealed: -The recliner in the living room had an approximately 2 inch small tear on the seat. -Client #1's bedroom had dirt, hair throughout the floor. -Client #5's bedroom closet on the right side of the room had brown stains on the bottom half of the doors and heavy dust above the closet door frame. -The return vent in the hallway had heavy dust. -The hall bath had rusted and brown areas around the shower handle; dark residue in	V 736		

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V 736	<p>Continued From page 4</p> <p>between the entire seams of the shower wall; a 6 bulb light fixture with 1 bulb not working and 5 bulbs were covered in dust. -Client #3's nightstand was missing a knob on the bottom drawer.</p> <p>Interview on 9/27/24 the Intellectual Developmental Disability Administrator stated she understood the facility was required to be maintained in a clean and attractive manner.</p>	V 736		