Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL			
			D. WING			
		MHL090-171	B. WING		10/1	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NODTIL	DIDGE CDOUD HOME	124 RIDG	E RUN			
NURTH	RIDGE GROUP HOME	MARSHV	ILLE, NC 28	103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on October 14, 202 substantiated (intak complaint was unsu #NC00222136). A complaint was unsu the complaint was unsu the complaint was unsu the complaint was unsufficient with the complaint with the complaint was unsufficient with the complaint was unsufficient	deficiency was cited. sed for the following service C 27G .5600A Supervised h Mental Illness. sed for 6 and has a current urvey sample consisted of				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be a paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofessional subchapter. (d) At such time as employment system then qualified professionals shall	cified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based a is established by rulemaking, assionals and associate demonstrate competence. all be demonstrated by a including: edge; ess;				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY LETED
		MHL090-171	B. WING		40/4	4/2024
NAME OF I	PROVIDER OR SUPPLIER		I.	STATE, ZIP CODE	10/1	4/2024
	RIDGE GROUP HOME	124 RIDG		577(1E, 211 GODE		
		MARSHV	ILLE, NC 28	103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 110	(6) communication (7) clinical skills. (f) The governing to develop and impler for the initiation of the plan upon hiring eather than the initiation of the plan upon hiring eather than the initiation of the plan upon hiring eather than the plan upon hiring eather	o skills; and pody for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.	V 110			
	audited paraprofess demonstrate the kn required by the pop are: Review on 10/4/24	sional staff (#2) failed to lowledge, skills and abilities sulation served. The findings of Staff #2's record revealed:				
	-Hire date of 10/3/1 -Job title of Parapro					
		4 with Client #1 revealed: ff #2] called anybody fat."				
	-Staff #2 was "mea -"One day we had to because the tire on asked why the tire of "Because y'all are to -Could not recall the -"That hurt my feels feelings, she cried." -Did not report the in- -Told her family about	e date. s and it hurt [Client #3] ' incident to other staff.				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME 124 RIDGE RIN MARSHVILLE, NC 28103 PREFIX SUMMARY STATEMENT OF DEPICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME 124 RIDGE RUN MARSHVILLE, NC 28103 CAUTION CAUT	AND I DAVIS OF CONTROL			A. BUILDING.				
NORTH RIDGE GROUP HOME 124 RIDGE RUN MARSHVILLE, NC 28103 28103			MHL090-171	B. WING		10/1	4/2024	
CALL DESCRIPTION CALL	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PRÉFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) V 110 Continued From page 2 -Staff #2 called her fat on the transportation van"We were putting air in the tire, and I asked him what happened to the tire and he (Staff #2) said we (clients) were too fat." -She is trying to lose weightStaff #2 may be reference to staff." -Did not report the incident to anyone. Interview on 10/4/24 with Client #4: -"[Staff #2] said the tire on the van was going flat because we were too fat and needed to exercise." -"It really hurt (Client #3) feelings. She cried." Interview on 10/9/24 with Staff #2 revealed: -Client #2 wanted attention and she likes to "keep stuff going." -Denied veiling at the clientsDenied talking rudely to the clients "fat." -"I didn't say they were too fat, I said we are too fat." -Could not recall a time one of the clients needed assistance getting on the transportation van"I don't recall no one needing assistance to get on the van. All these clients walk just fine and can do for themselves." Interview on 10/9/24 with the House Manager revealed: -Had no knowledge of Staff #2 calling the clients "fat." -"None of them [clients] said any thing about it to me. This is the first time I'm hearing this." -Never witnessed Staff #2 raise his voice or yell at	NORTH I	RIDGE GROUP HOME			103			
-Staff #2 called her fat on the transportation van"We were putting air in the tire, and I asked him what happened to the tire and he (Staff #2) said we (clients)were too fat." -She is trying to lose weightStaff #2 made her "feel bad""Whenever I ask him (Staff #2) to take me somewhere he says "no, you can walk"." -Did not report the incident to anyone. Interview on 10/4/24 with Client #4: -"[Staff #2] said the tire on the van was going flat because we were too fat and needed to exercise." -"It really hurt [Client #3] feelings. She cried." Interview on 10/9/24 with Staff #2 revealed: -Client #2 wanted attention and she likes to "keep stuff going." -Denied yelling at the clientsDenied talking rudely to the clientsDenied talking any of the clients "fat." -"I didn't say they were too fat, I said we are too fat." -Could not recall a time one of the clients needed assistance getting on the transportation van"I don't recall no one needing assistance to get on the van. All these clients walk just fine and can do for themselves." Interview on 10/9/24 with the House Manager revealed: -Had no knowledge of Staff #2 calling the clients "fat." -"None of them [clients] said any thing about it to me. This is the first time I'm hearing this." -Never witnessed Staff #2 raise his voice or yell at	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
-"He [Staff #2] talks with a stern voice or a no nonsense voice."	V 110	-Staff #2 called her -"We were putting a what happened to twe (clients)were to -She is trying to los -Staff #2 made her -"Whenever I ask h somewhere he says -Did not report the interview on 10/4/2-"[Staff #2] said the because we were to exercise." -"It really hurt [Client Interview on 10/9/2-Client #2 wanted a stuff going." -Denied yelling at the -Denied talking rude -Denied calling any -"I didn't say they we fat." -Could not recall a sasistance getting of -"I don't recall no or on the van. All thes do for themselves." Interview on 10/9/2-revealed: -Had no knowledge "fat." -"None of them [clieme. This is the first -Never witnessed Sthe clients"He [Staff #2] talks" -"He [Staff #2] talks"	fat on the transportation van. air in the tire, and I asked him he tire and he (Staff #2) said of fat." e weight. "feel bad". im (Staff #2) to take me s "no, you can walk"." ncident to anyone. 4 with Client #4: tire on the van was going flat too fat and needed to at #3] feelings. She cried." 4 with Staff #2 revealed: ttention and she likes to "keep ne clients. ely to the clients. of the clients "fat." ere too fat, I said we are too time one of the clients needed on the transportation van. he needing assistance to get e clients walk just fine and can 4 with the House Manager e of Staff #2 calling the clients ents] said any thing about it to time I'm hearing this." staff #2 raise his voice or yell at		DELITORITY			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:					
MHL090-171 B. WING	10/14/2024				
NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 124 RIDGE RUN MARSHVILLE, NC 28103					
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECT TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE	PLAN OF CORRECTION (X5) TIVE ACTION SHOULD BE COMPLETE DED TO THE APPROPRIATE DATE FICIENCY)				
V 110 Continued From page 3 -She would let the Director of Operations know about the allegation. V 110					

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