

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 124 RIDGE RUN MARSHVILLE, NC 28103
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on October 14, 2024. One complaint was substantiated (intake #NC00220963) and one complaint was unsubstantiated (intake #NC00222136). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 124 RIDGE RUN MARSHVILLE, NC 28103
---	--

(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 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 audited paraprofessional staff (#2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/4/24 of Staff #2's record revealed: -Hire date of 10/3/17. -Job title of Paraprofessional</p> <p>Interview on 10/4/24 with Client #1 revealed: "I don't know if [Staff #2] called anybody fat."</p> <p>Interview on 10/4/24 with Client #2 revealed: -Staff #2 was "mean" to the women clients. -"One day we had to stop and put air in the tire because the tire on the van was going flat. We asked why the tire was going flat and he said, "Because y'all are too fat"." -Could not recall the date. -"That hurt my feels and it hurt [Client #3] feelings, she cried." -Did not report the incident to other staff. -Told her family about the incident.</p> <p>Interview on 10/4/24 with Client #3 revealed:</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 124 RIDGE RUN MARSHVILLE, NC 28103
---	--

(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 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> -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 weight. -Staff #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. <p>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."</p> <p>Interview on 10/9/24 with Staff #2 revealed: -Client #2 wanted attention and she likes to "keep stuff going." -Denied yelling at the clients. -Denied talking rudely to the clients. -Denied calling 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."</p> <p>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 the clients. -"He [Staff #2] talks with a stern voice or a no nonsense voice."</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NORTH RIDGE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 124 RIDGE RUN MARSHVILLE, NC 28103
---	--

(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 110	Continued From page 3 -She would let the Director of Operations know about the allegation.	V 110		