STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL090-171 NAME OF PROVIDER OR SUPPLIER STREET A			(X2) MULTIPLE CONSTRUCTION (. A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHI 000 171	B. WING		40/44/2024	
			10/14/2024			
AME OF F	ROVIDER OR SUPPLIER	_ 124 RID		STATE, ZIP CODE		
IORTH F			VILLE, NC 28	3103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
V 000	INITIAL COMMEN	TS	V 000			
	on October 14, 202 substantiated (inta complaint was uns #NC00222136). A This facility is licent category: 10A NCA Living for Adults with This facility is licent	sed for 6 and has a current urvey sample consisted of				
V 110	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession	g/Supervision 204 COMPETENCIES AND F PARAPROFESSIONALS on privileging requirements fo onals shall be supervised by an ional or by a qualified	V 110	V110 Staff # 2 assigned RELIAS training: Communicating Effectively Boundaries in the Treatment Relationship to be completed by 11/1/24	11/15/2	
	Subchapter. (c) Paraprofession knowledge, skills a population served. (d) At such time as employment syster then qualified profe professionals shall	s a competency-based m is established by rulemaking essionals and associate demonstrate competence. hall be demonstrated by ls including: ledge; ness; ; g;	,	All staff attend the in-person Minds training.	et 12/1/24	
ORATORY		DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE	(X6) DATE	
eslie	Flowers, 5	Inr Quality Manag	rement	Director 10/25/24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171 NAME OF PROVIDER OR SUPPLIER STREET			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHI 000 171	B. WING		10/14/2024		
		DDRESS, CITY, ST		10/	14/2024		
		124 RID	GE RUN				
NORTH	RIDGE GROUP HOME	MARSH	VILLE, NC 281	03			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
V 110	Continued From page	ge 1	V 110				
	develop and implem for the initiation of the	skills; and ody for each facility shall nent policies and procedures ne individualized supervision ch paraprofessional.					
	audited paraprofess demonstrate the kn	et as evidenced by: views and interviews, 1 of 3 sional staff (#2) failed to owledge, skills and abilities ulation served. The findings					
	Review on 10/4/24 -Hire date of 10/3/1 -Job title of Parapro						
		4 with Client #1 revealed: f #2] called anybody fat."					
	-Staff #2 was "mean -"One day we had to because the tire on asked why the tire w "Because y'all are to						
	feelings, she cried."	and it hurt [Client #3] ncident to other staff.					
		4 with Client #3 revealed:					
sion of He TE FORI	ealth Service Regulation		6899 MA	NEM11	If continu	ation sheet 2	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL090-171	B. WING		10/	14/2024
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
IORTH I	RIDGE GROUP HOM	E 124 RIDG MARSHV	E RUN ILLE, NC 2810	3		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF			
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	ige 2	V 110			
	-Staff #2 called her fat on the transportation van.					
		air in the tire, and I asked him				
		the tire and he (Staff #2) said				
	we (clients)were to -She is trying to los					
	-Staff #2 made her					
	-"Whenever I ask him (Staff #2) to take me					
	somewhere he says "no, you can walk"."					
	-Did not report the i	incident to anyone.				
	Interview on 10/4/2	4 with Client #4 [.]				
		tire on the van was going flat				
		oo fat and needed to				
	exercise."					
	-"It really hurt [Clier	nt #3] feelings. She cried."				
	Interview on 10/9/2	4 with Staff #2 revealed:				
		ttention and she likes to "keep				
	stuff going."	Prove Contraction of the Contrac				
	-Denied yelling at the -Denied talking rud					
	-Denied calling any					
		ere too fat, I said we are too				
	fat."					
		time one of the clients needed				
		on the transportation van.				
		ne needing assistance to get e clients walk just fine and can				
	do for themselves.					
	Interview on 10/9/2	4 with the House Manager				
	revealed:	5				
		of Staff #2 calling the clients				
	"fat."	antal agid any thing a have it to				
		ents] said any thing about it to time I'm hearing this."				
		Staff #2 raise his voice or yell at				
	the clients.					
		with a stern voice or a no				
	nonsense voice."					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-171		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
			B. WING				
		•		10/	10/14/2024		
		124 RID	.DDRESS, CITY, ST GE RUN	ATE, ZIP CODE			
IORTH	RIDGE GROUP HOMI		VILLE, NC 2810	03			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 110	Continued From pa	age 3	V 110				
	-She would let the I about the allegation	Director of Operations know n.					
rision of He	ealth Service Regulation						

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