Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING MHL080097 10/16/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **208 HICKORY LANE** HICKORY LANE SALISBURY, NC 28146 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS A complaint survey was completed on 10/16/24. One complaint was substantiated (intake #NC222519) and the other one was unsubstantiated (intake #NC222527). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 112 V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan ASSESSMENT AND 10A NCAC 27G .0205 TREATMENT/HABILITATION OR SERVICE **PLAN** (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 of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (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; RECEIVED (4) a schedule for review of the plan at least annually in consultation with the client or legally NOV 12 2024 responsible person or both; (5) basis for evaluation or assessment of DHSR-MH Licensure Sect 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

Division of Health Service Regulation

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

STATE FORM

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If continuation sheet 1

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL080097			10/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	208 HICKO	RESS, CITY, STA	ATE, ZIP CODE		
HICKORY	LANE		Y, NC 28146			
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V 112	Continued From page	e 1	V 112			
	obtained.		U			
	facility failed to impler meet the individual net #2). The findings are: Reviews on 10/9/24 arecord revealed: - Admission Date: 2/1 - Diagnoses: Moderat Obsessive-Compulsiv D/O; Attention Deficit (eating non-food items Sensorineural Hearing restricted hearing on Asthma; Congenital Deartial Trisomy - No goals nor strateg going into other client fights with other client fights with other client Interview on 10/14/24 - She did not know of address the behaviors other clients. Interview on 10/14/24 - The only strategy he	ews and interviews, the ment goals and strategies to seeds of 1 of 3 clients (Client and 10/14/24 of Client #2's 7/23 e Intellectual Disabilities; to Disorder (D/O); Autistic Hyperactivity D/O; PICA so of infancy and childhood; g Loss, unilateral, with the contralateral side; the contralateral side; the formities of Hip; and the side of th		QP will schedule with Behavior Specialist provide training on cubehaviors for Client #2. Adminstrator will re-inservice the Direct Support Supervisor (DSS and Direct Support Professiona (DSP) scheduling and appropria coverage. Adminstrator will review schedul to ensure adequate coverage is provided during waking hours. IDT team will conduct random phone and/or visual checks at le 3 times per week for the next 30. The Nursing Team with Primary Care Provider and/or Psycholog Provider to re-evaluate the effectness of current medications.	e) I te e e ast days	

Division of Health Service Regulation

(X3) DATE SURVEY Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: _ AND PLAN OF CORRECTION C 10/16/2024 B. WNG_ MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE SALISBURY, NC 28146 (X5)HICKORY LANE PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PREFIX TAG V 112 Continued From page 2 V 112 bedrooms would be the use of medication. Interview on 10/14/24 with staff #3 revealed: - The only goal or strategy she knew to address the fights between client #2 and other clients was to use a "PRN" (as needed medication to calm client). Interview on 10/16/24 with the Administrator/Qualified Professional (QP) revealed: - There were no goals nor strategies in client #2's treatment plan to address his behavior of going into other clients' bedrooms and having fights with other clients. She had not been made aware if a treatment team had been scheduled to address client #2's behaviors of going into other clients' bedrooms and fights with other clients. - "That is scheduled today to reach out to [client #2's] Behavioral Specialist to schedule a treatment team meeting." RHA Health Services will ensure V 290 V 290 27G .5602 Supervised Living - Staff appropriate DSP staffing is in place at all times at the Hickory Lane facility in STAFF 10A NCAC 27G .5602 (a) Staff-client ratios above the minimum order to protect the people supported numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to and other DSP staff members.in the enable staff to respond to individualized client facility. 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

STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL080097 B. WNG C NAME OF PROVIDER OR SUPPLIER 10/16/2024 STREET ADDRESS, CITY, STATE, ZIP CODE HICKORY LANE **208 HICKORY LANE** SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE **DEFICIENCY**) V 290 Continued From page 3 V 290 the home or community without supervision for The IDD Administrator will re-inserviced, Direct specified periods of time. Support Supervisor and all Direct Support Staff to ensure client #2 has 1:1 staffing during (c) Staff shall be present in a facility in the following client-staff ratios when more than one waking hours. child or adolescent client is present: 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 The QP and IDD Administrator will children or adolescents with developed an emergency back-up developmental disabilities shall be served with one staff present for every one to three clients plan for DSP staffing issues that arise present and two staff present for every four or more clients present. However, only one staff daily at the facility. The clinical and need be present during sleeping hours if administrative team members will cover specified by the emergency back-up procedures determined by the governing body. shifts as needed when other DSP (d) In facilities which serve clients whose primary staff are unavailable to work. No other diagnosis is substance abuse dependency: at least one staff member who is on client than Client #2, requires a 1:1 staff. duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and 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 interviews, record reviews, and observations, the facility failed to ensure staffing to meet the individualized needs of the clients served. The findings are: Division of Health Service Regulation

PRINTED: 10/25/2024 FORM APPROVED

(X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING: STATEMENT OF DEFICIENCIES C. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 10/16/2024 B. WING MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE (X5) COMPLETE SALISBURY, NC 28146 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE HICKORY LANE DATE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG V 290 Continued From page 4 V 290 Reviews on 10/9/24 and 10/14/24 of Client #2's record revealed: - Admission Date: 2/17/23 - Diagnoses: Moderate Intellectual Disabilities; Obsessive-Compulsive Disorder (D/O); Autistic D/O; Attention Deficit Hyperactivity D/O; PICA (eating non-food items) of infancy and childhood; Sensorineural Hearing Loss, unilateral, with restricted hearing on the contralateral side; Asthma; Congenital Deformities of Hip; and - A Behavioral Support Plan dated 6/15/24 "1. Taking objects that do not belong to him. 2. Intentionally urinating and defecating in areas other than the toilet. He also urinates in his bed 3. Tearing and destroying items that are his or that belong to others. 4. Inappropriate sexual contact with others and for exposing himself. 5. Picking the skin on his fingers and biting his 6. Self-injurious Behaviors (SIB) such as head banging, hitting his body against items that can cause injury. 7. Biting and chewing non-food items. 8. Making false allegations. Approved Restrictive interventions currently in place per his ISP (Individual Support Plan)... [Client #2's] bedroom door has chimes on it to alert the staff due to the severity of his target behaviors. The RHA (Licensee) team felt it was necessary to know [client #2's] whereabouts day and night in the home. He continues to need 24/7 supervision and structure to keep him safe... Try to primarily verbal redirection...The use of any least restrictive physical intervention should be employed with discretion...and as a last resort...If If continuation sheet 5 of 27

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S.	TATEMENT OF DEFICIENCIES	ulation			PDINT	FD
1A	ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FO	ED: 10/25/2024
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		1	A. BOILDING: _		(X3) DATE	SURVEY
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NA	ME OF PROVIDER OR SUPPLIER	1	B. WNG			
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HIC	KORY LANE	STREET	ADDRESS, CITY, STAT	E ZID on	10/	16/2024
	- CANE	208 HIC	CKORY LANE	E, ZIP CODE		
l (X	4) ID SUMMASS		LANE			- 1
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1 1	MEGOLATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CO	DDCo	
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\	Continued From page 5				APPROPRIATE	COMPLETE
- 1	maded i form page §			DEFICIENCY)	TUATE	DATE
ı	it is impossible to be to	client #2] de-escalate and	V 290			
1	he gets aggress:	client #2] de-escalate and				
1	he gets aggressive and simply wait with him and	or starts walking away				1
1	simply wait with him and assistance."	ask for back				
1	assistance."	or back up				1
- 1						1
1	Review on 10/9/24 of an dated 9/17/24 revealed:					- 1
1	dated 9/17/24 revealed:	Internal Incident Report				1
1	- Staff making	Polit				- 1
1	- Staff making report: sta	aff #4				- 1
1	out of incident allow		1			1
- 1	I Tille of Incident: 7:15 -					
	Cilelit #/ Came out - r	I to the second				- 1
1	entered into another at	nis bedroom and				1
1	entered into another client While in the bedroom a fig fight several more fights en	t's (client #1) bedroom				1
1	fight sover-	Int ensued. After that				
1	fight several more fights en	nsued Staff (staff # # #				1
- 1	broke up several fights. The	le fighting I				
	and off until the shift almos	t and lasted on				1
		rended. (11:00 pm)."				- 1
1	Review on 10/9/24 of "Nurs by the Registered Nurse (R					- 1
1	by the Posist	sing Note" completed				1
1	by the Registered Nurse (R - Date: 9/11/24	N) revealed:				- 1
1	- Date: 9/11/24	, redied.				
1	- "This nurse completed a fu	III books	1			1
1	assessment on resident (clie	in flead to toe				- 1
	administrator's request. Duri	ent #2) per				1
1	Dime size knot made St. Duri	ing the assessment				
	Dime size knot noted medial posterior left head, this	forehead and				
1	posterior left head, this nurse scratch to L (left) forehead as	noted a bright				- 1
1	scratch to L (left) forehead ar	oprovimental and				- 1
	scratch to L (left) forehead and long, 1/2 inch bright red scrat forehead. Approximately 1/2	tob to line				1
1	forehead Approximatel	critic right corner of				- 1
1	scratch on bridge of nose and Approximate 2.5 inch scratch	Inch bright red				- 1
1	Approximate 2.5	under right eve				- 1
1 1.	Approximate 2.5 inch scratch middle of nose to top of mount	traveling from				1
1 :	middle of nose to top of mouth nch bright red mark near right	Approvi				1
1 1	nch bright red mark near right	i, Approximate 1/4				1 1
k	ointed piece of cartila	lagus (a small,				1 1
e	ar that covers the	ne outside of the				1 1
C	ar that covers the ear canal) heek, Three healed scratches	and upper right				1 1
ri	heek, Three healed scratches ght upper arm varying in size	noted to antonia				
10	ght upper arm varying in size. nterior left upper arm approximations.	Bruico				
aı	nterior left upper arm approxin ngth and dime size in diamete	Druise noted to				1
le	ngth and dime size :	nately 2 inches in			1	1
no	oted to posterio-1	er. Healed scratch				
111	oted to posterior L hand and winch. Bright red scratch ranging	rist approximately				
ision of Haak	nch. Bright red scratch rangin Service Regulation	of from lowers :				
TATE FORM	Service Regulation	gom lower right				
LIORM		1				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE S	ETED			
AFAIT	OF DEFICIENCIES	(X1) PROVIDER/3011 ELEMINICATION NUMBER:	A. BUILDING:			C 16/2024			
AND PLAN O	F CORRECTION		B. WING		1 10/	10/2021			
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NAME OF P	ROVIDER OR SUPPLIER	208 HICKO	ORY LANE RY, NC 28146		PRECTION	(X5)			
HICKORY	LANE		ID ID	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	SHOULD BE	COMPLETE DATE			
(X4) ID PREFIX TAG	SLIMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)					
IAG			V 290						
V 29	neck to upper right long. Various heale middle of torso. Various noted on bilateral Lead) (staff #5) pile assessment. Adm - Date: 10/19/24 - "Seen by nursin cuts noted on corremarkably. No risites. No new middle body assession at time of assession needed." Interviews on 10 with client #1 re - In August 202 and staff #4 ware - Client #2 had him out of my 10 - When he pust to go back to 10 - Staff #4 told behavioral issuit - Client #2 we client #2 "kep coming into note - "[Client #2] times. It was and when 2 note he could be a staff was a staff was and when 2 note incide with locking the staff was a staff was and when 2 note incide with staff was a staff was and when 2 note incide with staff was a staff was and when 2 note incide with staff was a staff was and when 2 note incide with staff was a staff was and when 2 note incide with staff was a staff was and when 2 note incide with staff was a staff wa	chest approximate 4 incressed scratches noted to right and rious healed scratches along right red perpendicular in medial back approximately 4 cratches, wounds or bruising legs. RTL (Residential Team resent in home during ministrator notified of findings" g today. Previous abrasions and assumer (client #2) has healed edness noted previous observed arks seen on consumer during ment. Consumer denies any pain sment. This nurse to follow up as a consument. This nurse to follow up as consumer during ment. This nurse to follow up as consumer during ment. This nurse to follow up as consumer during and client #2 got into a fight the only staff working that night. It come into his room and "I pushed froom." The deficient #2, staff #4 told client #2 is own bedroom. The troming out of his room and into my room." The coming out of his room and into my room." The came into my room probably like 5 in inghttime before 3rd shift came in dishift ends." The sasleep in his bedroom during the consumer into my room during	2 en 0 ee 2)						
	from the ins	ide of the bedroom. told me to lock my door so [client #	#2]			If continuation sheet	7 of 27		
	- "[Stall #4]	entation	6899	GOU911					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES PRINTED: 10/25/2024 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED MHL080097 NAME OF PROVIDER OR SUPPLIER B. WING C STREET ADDRESS, CITY, STATE, ZIP CODE HICKORY LANE 10/16/2024 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE (X5)V 290 Continued From page 7 COMPLETE DEFICIENCY) DATE V 290 could not come in." - In the den area, "I restrained [client #2] that night. I got on him (client #2). [Client #2] was on his back on the floor and I was on top of him holding his hands. [Client #2] got up and tried to hit me. [Staff #4] said to me '...let him (client #2) - Staff #4 got a chair and sat in a chair near the computer area in den (between client #1's bedroom and client #2's bedrooms). "Trying to block [client #2] from going into my room." - Client #2 "tried to get to my room (again) and he pushed [staff #4] when he was sitting in the - When client #2 tried to come into his room again, he scratched client #2's neck, face and back. "I have long nails because I don't like to cut - When he scratched client #2, "[staff #4] told me to let him go and go to my room...I went to my - While in the den area, he hit client #2 with a belt. He hit client #2 on his stomach, his bottom and face. Staff #4 told him to "give me the belt." - Client #2 tried to grab a plastic bottle and he grabbed the bottle first and threw the bottle outside. - At some point in the night he "stomped" on client #2 in the stomach in the den. "[Staff #4] said to 'stop doing that' and I stopped. [Staff #4] told [client #2] to go to his room and he told me to go to my room." - A plastic light switch cover in the den was broken when he pushed client #2 into the light switch. When this occurred staff #4 told them to stop fighting. - A plastic outlet cover was broken when he pushed client #2 into the outlet and his leg hit the - There had been prior incidents of fights between Division of Health Service Regulation STATE FORM

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(X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING: _ STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: 10/16/2024 AND PLAN OF CORRECTION B. WNG MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE (X5)SALISBURY, NC 28146 PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH CORRECTIVE ACTION SHOULD BE DATE HICKORY LANE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (X4) ID PREFIX TAG V 290 Continued From page 8 V 290 him and client #2 when client #2 went into his bedroom or when client #2 "copies me." He was unable to provide dates or how often the previous fights occurred. - He felt staff #4 tried to stop him and client #2 from fighting the night of the incident. - The fights ended that night when he and client #2 stayed in their bedroom. He was in his bedroom when 3rd shift arrived. Interview on 10/10/24 with client #2 revealed: - Denied that he and client #1 had a fight. - On 9/10/24, he did not know why he had marks, bruises, or scratches on himself. - He hurt himself "a little bit." - He felt safe in the facility. - He was not afraid to say anything. Attempted interview on 10/10/24 with client #3: - Unable to interview client #3 as he was nonverbal. Interview on 10/14/24 with client #2's Legal Guardian revealed: - It was reported that her son had been "acting out" on 9/10/24 because he was trying to go into another client's bedroom (unknown which client) and that he had marks on his body. She had not seen him since the incident. - It was also reported to her that there were allegations against a 2nd shift staff who had been suspended pending an investigation. - Her son received one-on-one care "maybe parts of the day where he has someone (staff) dedicated to him but it is not all day." - "He's (client #2) either not going to sleep or getting up during the night and that's when these incidents are happening at 10 or 11 o'clock at night and they are down to one person (staff). There is not sufficient support to handle these If continuation sheet 9 of 27 GOU911 6899

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PRINTED: 10/25/2024 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FORM APPROVED (X2) MULTIPLE CONSTRUCTION A. BUILDING: _ (X3) DATE SURVEY COMPLETED MHL080097 NAME OF PROVIDER OR SUPPLIER B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024

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	V 290	Continued From page 9				BE	COMPLETE		
					DEFICIENCY)	MIE	DATE		
		incidents."		V 290			1		
	1	Interviews on 10/10/24 and 10/14/24 with staff revealed:					1		
1 1	1	revealed: 10/10/24 and 10/14/24 with staff				1			
1	1	Colorina Staff	#4			1	- 1		
		- On 9/10/24 he worked alone. The incident				1	- 1		
	10	between client #1 and client #2					- 1		
		between client #1 and client #2 started "around 7:00 pm that evening and it went on until 11:00-11:30 pm "				-	- 1		
- 1	1.	11:00-11:30 pm "				1	- 1		
- 1	-	"[Client #21					- 1		
1	-	"[Client #2] kept going into [client #1's] room		1			- 1		
- 1	0	and I would go get him out of [client #1's] room Then he locked client #1's bodges"					- 1		
1	-	Then he locked client #1's bedroom from the aside to prevent client #2 from."							
- 1	In	iside to prevent client #2 frame				-	- 1		
- 1	be	nside to prevent client #1's bedroom from the edroom. He told client #1 to igne.					1		
- 1	-/	After he locked all 10 ignore client #2	- 1				- 1		
- 1	#1	came out of his bedroom. "Then there was a the client the country of the client the clie					1		
	fig	the thet was bedroom. "Then there was	- 1			1	- 1		
- 1	"9	tht (between client #1 and client #2)."	1	1			- 1		
1	- 0	Client #1 and client #2)." Is bedroom and they came out to the fight in client	1				1		
1	#1	's bedroom and they came out to the hallway.	- 1				- 1		
- 1	"11	nev were nunching	- 1				1		
- 1	bro	ke it up in the ball grapping each other I	- 1				- 1		
- 1	tog	go back into his bedroom and he walked client #1 to his bedroom.					1		
1	#2 1	to his bedroom.					- 1		
- 1	- Ac	shows the section.	- 1				- 1		
- 1	"\\0\"	s he walked client #2 to his bedroom, client #2 led something" to client #1 and elimination							
- 1	yell	led something" to client #1 and client #2 he hallway. The clients did not the man	1				- 1		
1	up ti	he hallway. The clients did not be	- 1						
1	beca	Buse he stood bet					- 1		
1	- Clie	ent #1 and client #2					1		
1	bedro	ooms for a short	1				1		
	- Clie	ooms for a short period of time.					1		
1			1				1		
1	hote	s when he moved a chair to the hallway in	1				- 1		
1	Detwe	een their bedrooms and sat in the chair.	1				1		
1	- Clier	nt #2 ran out on the back porch. He went on	1				1		
1	the ba	lick porch to get client #2. Client #1 walked					1		
1	around	him and grabby walked					1		
1	him ins	d him and grabbed client #2. Client #1 walked side. He told client #2 and brought					- 1		
1	grah a	side. He told client #2 and brought nybody."					1		
1	- Ona-	nybody."							
1	- Ouce	client #1 and client #2 were inside in the							
1	den are	ea "they started wrestling. They grabbed ther." He gave the clients "the distributions of the clients."	1						
1	each of	ther " He gave the mind. They grabbed					1		
	I hen he	pulled the clicins verbals" to stop					1 1		
Division of He	alth Service	pulled them away from each other.	1				1		
STATE FORM	-014106	regulation							
			6899				1		

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: _ C AND PLAN OF CORRECTION 10/16/2024 R. WING MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE SALISBURY, NC 28146 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION HICKORY LANE (EACH CORRECTIVE ACTION SHOULD BE DATE SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG V 290 Continued From page 10 V 290 - After that client #1 and client #2 separated for a - Then around 10:00 pm, he sat down in the chair while. that was in the hallway between client #1's bedroom and client #2's bedroom. He did this "because I knew there was going to be another - As he sat in the chair client #2 crawled on the behavior." floor to get to client #1's bedroom. - "[Client #2] would never go to bed. He might sit a few minutes and then he would be right back. This might have been the worst behavior I had seen with [client #2] that night." - At some point during the fights, client #1 brought a belt out of his bedroom and hit client #2 twice on his back. He took the belt from client #1. - The red marks on client #2's back were from when client #2 wrestled with client #1. - The scratches on client #2 occurred when client #1, who had long nails, scratched client #2. - The outlet cover in the den got broken when client #1 and client #2 wrestled and slid into it. - "I was trying to get in between them (client #1 and client #2). I was trying to break them up when they fell and slid into the wall (and broke the outlet cover)." - "I was alone and I had no help...There was a lot that happened that night." - "Even before this behavior I had asked [former QP (Qualified Professional)] for some help on my shift (3 pm- 11 pm). All [client #2's] behaviors were happening at the same time between 10 pm and 11 pm. At first [former QP] said they were going to get them some help and then later said something about the budget and they could not afford to get help." - "When [client #2] has his big behaviors there is no woman who can handle [client #2]. I can't handle [client #2] at times." - "I am stuck and I need a job."

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation PRINTED: 10/25/2024 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION FORM APPROVED (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED MHL080097 B. WNG NAME OF PROVIDER OR SUPPLIER C STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024 HICKORY LANE 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG Continued From page 11 V 290 DEFICIENCY) DATE V 290 - Prior to the 9/10/24 incident, client #2 had gone into client #1's bedroom "countless" times and had "a lot of them (fights)" with client #1. Client #2 had also gone into client #3's bedroom 3-4 times. Client #2 seemed to want to go into client #1's bedroom the most because he knows this "bothers" client #1. Review on 10/15/24 of Internal Incident Report dated 8/6/24 revealed: Staff making report: staff #4 - "Around 10:30 pm [client #2] told staff he felt like he was sick and that he had to vomit. [Client #2] stuck his hand in his mouth but he was not able to make himself vomit. Shortly after trying to make himself vomit [client #2] went into another client (client #1's) room and laid on the floor. After asking [client #2] to move out of his housemate (client #1's) room for several minutes [client #2] finally left the area. [Client #2] went right back in the other client area and a fight ensued. [Client #2] was scratched on his face and his back. Marks is showing both areas of the body. [Client #2] tried to return to the client area several times. Staff tried to talk to [client #2] several times during the shift..." - Note by former QP: "[Client #2] will be closely monitored with add'l (additional) staff in place. Med (medication) mgmt. (management) will continue. Guardian was notified and continuous follow up..." Interview on 10/10/24 with staff #1 revealed: - She worked as client #2's one-on-one staff Monday-Friday 7:00 am - 3:00 pm. From 3:00 pm until 7:00 am and on the weekends only one staff member worked with the 3 clients in the facility. - When she came to work on 9/10/24, she did not

see any marks or bruises on client #1.

	Health Service Regu	lation	(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE COMP	LETED	
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ND PLAN OF	CORRECTION	DENTIFICATION			1	0/16/2024	
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IAME OF PRO	OVIDER OR SUPPLIER	208 HICK	ORY LANE				
IICKORY L	ANE	SALISBL	JRY, NC 28146	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLETE	
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(X4) ID SUMMARY STATEMENT OF DET		ICY MUST BE PRECEDED BY FULL	TAG	CROSS-REFERENCED TO	(Y)		
PREFIX	REGULATORY O	R LSC IDENTIFYING INFORMATION)					
			V 290				
V 290	Continued From pa	ige 12					
V 200		par back [Client #2] had					
	scratches on one of	of his upper arms (unsure					
	which arm). His fa	ice had a red mark/bruise on					
	his forehead above	e his eye (unsure m					
	He had a scratch	on his face."					
		t #2] what happened. "He kept now at first and then said, 'me					
	and [client #1] we	in the den area the plastic					
	- She noticed that	light switch and outlet cover					
	were "torn up."						
	- Staff #3 and sta	ff #2 told her the light switch and					
	u t - aver had	heen bloken during					
	fight between clie	ent #1 and client #2.					
	401	10/24 with staff #3 revealed:					
1	Interview on 107	client #3's one on one staff					
1							
1							
	noticed there wa	as a hole near the light fixture in					
1							
		ner that he was pushed into the					
1		lient #1 the night before. that client #2's nose was red and the research underneath.					
1	- She noticed if	was bruised underneath.					
			•				
	start going to [client #1's] room over and over.	_				
	[Client #1] will	ignore it as long as you say ignore				1	
	When [client #	ignore it as long as your and start pushing him					
	when [client #	1) Will react and start p					
	out of there. [C	picks him up to get him out of his					
	room."	9/10/24 incident, she had sent a					
1							
	comfortable v	working alone with client #2.	nd				
	- Client #2 ha	working alone with client and add gone into client #1's bedroom a droom "a lot of times. I can't even				AC 150 SECONDARIO S	
	client #3's be	edroom "a lot of times. I dant stand				If continuation sheet	

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	CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	
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onon L	ANE	208 HI	CKORY LANE	3352	
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		TING INFORMATION)	TAG		
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	Continued From page	9 13	V 290	DEFICIENCY)
k	eep count."		V 290		
-	Prior to the 9/10/24	ncident there had been			
W	hen client #2 went in	n client #1 and client #2 to client #1's bedroom.			
In	terviews on 10/10/2/	and 10/11/24 with staff #5			
			1		
- 8	he worked as the D	rect Support Supervisor.			
but did not go into detail					
sta	ff #4 to call her if he	needed anything and he			
nev	er called back.	needed anything and he			
- St	ne went into work on	9/10/24 around 10:00			
			1		
- W	nen she came into the	e facility, client #2 stood			
outs	ide of his bedroom	and the facility was dark.			
	P HOUGELI WHAN Cha	ton a first or			
hole	in the wall above the	bloken and there was a			
1110	HEXLINOTHING sho a	0111			
a red	mark coming down t	he side torehead and			To the second se
called	the former OP who	nis upper back. She			
#2 to t	he day program so	told her to bring client hat he could be seen			
by a n	urse.	nat ne could be seen	1		
- Wher	she asked client #2	l sub a d l			
on 9/11	/24 she talked to "	² 2 back to the facility			
011 3/11		ent #2's one-on-one			
staff (st	told bont	The second secon	1		
staff (st	told her that client	#1 said he threw a	1		
staff (st - Staff # cup at c	t1 told her that client lient #2. Client #1 help staff #4 'get [clie				

6899 GOU911 If continuation sheet 14 of 27

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION Division of Health Service Regulation COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: _ C AND PLAN OF CORRECTION 10/16/2024 B. WNG MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE SALISBURY, NC 28146 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE HICKORY LANE (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG V 290 Continued From page 14 V 290 - She felt the fight between client #1 and client #2 on 9/10/24 caused the marks, bruises, and scratches to client #2. - All 3 clients had one on one services during the weekdays from 7:00 am - 3:00 pm. At all other times, including the weekends only one staff worked. - Staff #3 and former staff #7 told her they were "afraid" to work alone with client #2. - She felt more staff working on 2nd and 3rd shift during the weekdays and weekends would help a - Prior to 9/10/24 client #2 had gone into the other clients' bedrooms and had fights with client #1. Attempted interview on 10/11/24 with the former - Unsuccessful as the phone number no longer QP: worked. Interview on 10/14/24 with staff #6 revealed: - She worked as client #1's one on one staff for 2 weeks. - She had not witnessed any fights between client #1 and client #2. - She had witnessed client #2 going to client #1's bedroom door and client #3's bedroom door "about every day." Interviews on 10/11/24 and 10/16/24 with the Administrator/QP revealed: - She had become the acting QP when the former QP gave immediate notice and left on 9/21/24. - During an internal investigation about the 9/10/24 incident, "[client #1] admitted to hitting [client #2] with a belt. He admitted to hitting or pushing [client #2] into the wall and the scratches on [client #2] were caused by [client #1's] If continuation sheet 15 of 27 fingernails." **GOU911**

Division of Health Service Regulation PRINTED: 10/25/2024 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL080097 B. WNG NAME OF PROVIDER OR SUPPLIER C STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024 HICKORY LANE 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG V 290 Continued From page 15 DEFICIENCY) DATE V 290 - Staff #4 had worked 2nd shift alone since she had been the Administrator (November-December 2023). - The 3 clients in the facility had one on one services during the weekdays from 7:00 am-3:00 pm because that was all their plans authorized. Client #2 received one on one services because he did not like being part of a group. - She knew that client #2 had a history of going into client #1's bedroom but did not know how many times this had occurred. She had always "heard" it was client #1's bedroom that client #2 would try to go into. She had not heard that client #2 had gone into client #3's bedroom. - "I heard they (client #1 and client #2) were arguing prior to 9/10/24 and [client #2] would go after [client #1]." She did not know how many times this had occurred. - "What we are going to do (from here on out) is put another staff in the home on 2nd shift to have the extra supervision. [Client #2's] meds are being re-evaluated again today because he is tired and irritable all day due to staying up at night." Review on 10/15/24 of the Plan of Protection dated 10/15/24 written by the Administrator/QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. The RHA (Licensee) Administrator will re-Inservice the Direct Support Supervisor and all Direct Support Professional at Hickory Lane to ensure supervision is adequate, there will be additional staff during waking hours. The RHA Clinical Team (Administrator, QP, Nursing Staff, Hab (Habilitation) Spec (Specialist), Administrative Staff, etc.) will do a random phone and/or visual checks at least 3 times per week with the Hickory Lane DSP Division of Health Service Regulation STATE FORM

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	Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			С
AND PLAN OF	CORRECTION				10	/16/2024
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NAME OF PRO	OVIDER OR SUPPLIER	208 HICKO	RY LANE			
		SALISBUR	Y, NC 28146	PROVIDER'S PLAN OF COR	RECTION	(X5) COMPLETE
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,,			V 290			
V 290	Continued From pa	ge 16				
1		Toam to ensure				
	appropriate staffing	is in place at the home for the				
	next 30 days.	II discuss with Primary				
	3. The Nursing T	eam will discuss with Primary /or Psychological Provider to				
	Care Provider and	ectiveness of current				
medications. Describe your plans to make sure the above happens. 1. The Direct Support Supervisor will ensure appropriate staffing for [client #2] is in place or come in and ensure coverage is appropriate for			1			
			1			
	the Hickory Lane	location.	1			
	plan to address s	staffing ratio and one				
	residents are pro	tected.				
	3. Clinical and	Management Team may cover r Direct Support Professionals				
	shifts when other are not available	" Dilect Gabban				
			1			
	The facility serv	ed clients with diagnoses of	1			
	Moderate Intelle	ectual Disabilities;				
	Obsessive-Con	npulsive D/O, Addition	1			
	Attention Defici	t Hyperactivity 5707				
	Loss, unilateral	de; Asthma; Congenital	1			
	Deformities of	Hip; and Partial Trisomy. On				
1	9/10/24 staff #	Hip; and Partial History. 4 worked alone when several fights 4 hour period, between client #2	1			
	occurred over	a 4-hour period after client #2				
	and client #1.	The fights occurred and one and the ent into client #1's bedroom and the				
	repeatedly we	ant into client #1's bedieved up the ting had to repeatedly break up the				
1	fights The sta	aff reported they cannot handle	off			
	client #2 alon	e and need additional help. The sta				
	also reported	being affaid to work distributed one				
1	client #2. Du	iring the week the 13:00 pm until 7:0	00			
	staff member	staff who worked on every shift on				
	am and one the weekend	stan who women a				If continuation sheet 17 of
	the weekend		6899	GOU911		

Division of Health Service Regulation PRINTED: 10/25/2024 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED MHL080097 B. WNG NAME OF PROVIDER OR SUPPLIER C STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024 HICKORY LANE 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5)TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE Continued From page 17 V 290 DEFICIENCY DATE V 290 This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days. V 318 13O .0102 HCPR - 24 Hour Reporting V 318 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL 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). This Rule is not met as evidenced by: Based on interviews, the facility failed to report all allegations against health care personnel within QP will re- inservice staff on report 24 hours of the health care facility becoming ing incidents immediately as they aware of the allegation. The findings are:

Division of Health Service Regulation

Review on 10/9/24 of the North Carolina Incident Response Improvement System (IRIS) revealed:

- Submitted by: the Former Qualified Professional

- Date of Incident: 9/10/24

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occur. QP will submit IRIS reports

within 24hrs of incidents.

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Division of Health Service Regular STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		С	6/2024
		MHL080097	B. WING		10/10	5/2024
		MHL080097	DRESS, CITY, STATE	E, ZIP CODE		
IAME OF PRO	OVIDER OR SUPPLIER	208 HICK	ORY LANE			
HICKORY L	ANE	SALISBU	RY, NC 28146	PROVIDER'S PLAN OF CORI	RECTION	(X5) COMPLETE
(X4) ID PREFIX TAG	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
1/040	Continued From pa	ge 18	V 318	Type text here		
V 318	- "An investigation of look into an allegathome. SU (support administrator that [the back of his necessity."	was initiated on 09/12/2024 to ion of abuse while in the ted user) (client #1) informed staff #4] grabbed [client #2] at k to remove him from hitting				
	facility against hear "Date submitted - "Incident date: 9 - "Accused Individent Interview on 10/1 revealed: - She did not repabout the abuse	24 of reports made by the alth care personnel revealed: 9/19/24" //10/24" dual Information: [staff #4]" 6/24 with the Administrator/QP ort within 24 hours of learning allegations because she thought ed to fax over the report to health after the internal investigation was		The Adminstrator/ QP will en allegations will be reported in around time. QP will retain p	nsure that all n a 24 hr turn proof of submiss	ion.
	completed.	ent Response Requirements	V 366			
	10A NCAC 27G RESPONSE RI CATEGORY A (a) Category A implement writt response to lev shall require th (1) atten of individuals i (2) dete (3) deve measures acc timeframes no (4) dev		s e e			

Division of Health Service Regulation PRINTED: 10/25/2024 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED MHL080097 B. WNG NAME OF PROVIDER OR SUPPLIER C STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024 HICKORY LANE 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE Continued From page 19 V 366 DEFICIENCY DATE V 366 assigning person(s) to be responsible for implementation of the corrections and preventive measures; 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 maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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 (1) immediately securing the client record by: obtaining the client record; (A) (B) making a photocopy; (C) certifying the copy's completeness; and transferring the copy to an internal (D) review team; 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

review the copy of the client record to Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080097		(X2) MULTIPLE CON A. BUILDING: B. WING			C 16/2024
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	208 HICK	RY, NC 28146			(X5)
HICKORY LANE			PROVIDER'S PLAN OF CO		COMPLETE
(X4) ID SUMMARY S PREFIX (EACH DEFICIENT TAG REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF OFFICIENCY) (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	Allino	DATE
		V 366			
and make recommend occurrence of future (B) gather of (C) issue write within five working preliminary findings. LME in whose catcle located and to the if different; and (D) issue a find owner within three final report shall be catchment area the LME where the clifical written report identified by the iniculude all public incident, and shaminimizing the orall documents neavailable within the LME may give the three months to (3) immediately immedia	and causes of the incident endations for minimizing the endations of the incident. The soff act shall be sent to the endate area the provider is LME where the client resides, and written report signed by the endate months of the incident. The endate endate is located and to the endate endate is located and to the endate endat				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation PRINTED: 10/25/2024 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: (X3) DATE SURVEY COMPLETED MHL080097 B. WNG NAME OF PROVIDER OR SUPPLIER C STREET ADDRESS, CITY, STATE, ZIP CODE 10/16/2024 HICKORY LANE 208 HICKORY LANE SALISBURY, NC 28146 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG V 366 Continued From page 21 DEFICIENCY) DATE V 366 This Rule is not met as evidenced by: Based on record review and interviews, the QP will collaborate with Behavior facility failed to implement written policies Specialist regarding interventions to governing their response to level II incidents as address behaviors and preventative required. The findings are: measures. The nursing team with the Primary Care Review on 10/9/24 of Internal Incident Report /Pychological Provider will meet to disc dated 9/17/24 revealed: uss the effectiveness of current medica - Staff making report: staff #4 - Date of Incident: 9/10/24 - Time of Incident: 7:15 pm - "[Client #2] came out of his bedroom and entered into another client's (client #1) bedroom. While in the bedroom a fight ensued. After that fight several more fights ensued. Staff broke up several fights. The fighting lasted on and off until the shift almost ended." Review on 10/15/24 of Internal Incident Report dated 8/6/24 revealed: - Staff making report: staff #4 - "Around 10:30 pm [client #2] told staff he felt like he was sick and that he had to vomit. [Client #2] stuck his hand in his mouth but he was not able to make himself vomit. Shortly after trying to make himself vomit [client #2] went into another client (client #1's) room and laid on the floor. After asking [client #2] to move out of his housemate (client #1's) room for several minutes [client #2] finally left the area. [Client #2] went right back in

the other client area and a fight ensued. [Client #2] was scratched on his face and his back. Marks is showing both areas of the body. [Client

(X3) DATE SURVEY Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A. BUILDING: ___ IDENTIFICATION NUMBER: AND PLAN OF CORRECTION C 10/16/2024 B. WNG MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE SALISBURY, NC 28146 HICKORY LANE (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PREFIX TAG Type text here V 366 Continued From page 22 V 366 Staff tried to talk to [client #2] several times during the shift..." Review on 10/10/24 of the Incident Response Improvement System (IRIS) revealed: - No risk/cause analysis was submitted into IRIS for the incidents which occurred on 8/6/24 and 9/10/24. Interview on 10/16/24 with the Administrator/QP - She did not determine the cause of the incident. - She did not develop and implement corrective measures - She did not develop and implement measures to prevent similar incidents - She did not assign staff members to be responsible for implementation of the corrections and preventative measures. V 367 V 367 27G .0604 Incident Reporting Requirements INCIDENT 10A NCAC 27G .0604 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

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		MHL080097	B. WING		С	
NAME OF PR	ROVIDER OR SUPPLIER	CTDEEX			1	0/16/2024
HICKORY	LANE	300 HIG	ADDRESS, CITY, STAT	E, ZIP CODE		
			CKORY LANE			
(X4) ID	SUMMARY	STATEMENT OF DEFICIE	BURY, NC 28146			
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V 367	Continued From page	ge 23		DEFICIENCY)		
1		,	V 367			
	information:					
	 reporting p 	rovider contact and				
	dentification informa	ition;				
	client ident	ification information;				
((3) type of incident;					
(4) description	of incident				
(:	5) status of the	e effort to determine the				
C	ause of the incident;	and				
(6	other individ	duals or authorities notified				
0	r responding.	addis or authorities notified				
(t) Category A and B	providers shall explain any				
m	issing or incomplete	information and				
st	all submit an undet	information. The provider				
re	port recipients by the	ed report to all required				
da	By whenever:	e end of the next business				
(1	-y whichever.					
		has reason to believe that				
or	omination provided in	The report march				
(2)	oneous, misleading	or otherwise unreliable; or			[
(-)	rije biodider	Ontains information				
160	fulled on the incider	of form that was previously				
	a valiable.				1	
(C)	Category A and B p	providers shall submit,			1	
upo	on request by the LA	AF other information				
ODI	arried regarding the	incident including:				
(')	nospital recor	ds including confidential				
into	illiation,					
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(d)	outcycly A all I A h	TOVIDORE Shall I				
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incid	ents involving a click	pry of all level [I]				
Heal	th Service Regulation	nt death to the Division of				
	an oci vice Medilialiu	n Within 70 have 6				
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CITCITI	death within seven	days of use of				
or res	suallit, the provider s	shall report the death				
1						

(X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING: C STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: 10/16/2024 AND PLAN OF CORRECTION B. WNG_ MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE SALISBURY, NC 28146 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE HICKORY LANE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG V 367 Continued From page 24 V 367 immediately, as required by 10A NCAC 26C .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: medication errors that do not meet the definition of a level II or level III incident; restrictive interventions that do not meet the definition of a level II or level III incident; searches of a client or his living area; seizures of client property or property in (3)(4) the possession of a client; the total number of level II and level III (5)incidents that occurred; and 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. QP will re-service the Direct Support Supervisor and Direct This Rule is not met as evidenced by: Support Staff on incident reporting Based on record reviews and interviews, the facility failed to report all Level III incidents to the what defines an IRIS report. QP will report Level II and Level III into the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the IRIS reporting system. catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: If continuation sheet 25 of 27

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PRINTED: 10/25/2024 (X1) PROVIDER/SUPPLIER/CLIA FORM APPROVED IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: __ (X3) DATE SURVEY COMPLETED

			A. BUILDING:			(X3) DAT	E SURVEY	٠
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	VIDER OR SUPPLIER			B. WNG			С	
HICKORY LA	NE	S	REET ADDRESS,	DDRESS, CITY, STATE, ZIP CODE)/16/2024	
			O HICKORY I	NE	Z. CODE			
(X4) ID PREFIX	SUMMARY STAT	SA	LISBURY, NC	28146				
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V 367 Co			1	AG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY	HOULD BE	(X5)	ı
	ntinued From page 2	5			DEFICIENCY)	PROPRIATE	COMPLETE DATE	
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Review on 10/9/24 of Internal Incident Report dated 9/17/24 revealed:								
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While	in the hedros	s (client #1) bedroom					- 1	
fight :	Several more fact.	crisued. After that					- 1	
sever	al fights The fight	nsued. Staff broke up lasted on and off until	1				- 1	
the sh	nift almost ended."	lasted on and off until					1	
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datad	w on 10/15/24 of Inte 8/6/24 revealed	rnal Incident Day					- 1	
- Stoff	8/6/24 revealed:	moldern Report					- 1	
- "Aro	making report: staff #	4	1				1	
he was	sick and that I	2] told staff he felt like	1				- 1	
stuck h	is hand in his "	to vornit. [Client #2]	1				- 1	
to make	himself vonit ou	out he was not able	1				- 1	
make h	imself vomit (-1:	iy after trying to					1	
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finally la	1's) room for several the area. [Client #2]	minutes Iclient #22	1				- 1	
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Marks is	showing ball	and his back.					- 1	
#2] tried t	O return to the	if the body. [Client					- 1	
Staff tried	to talk to foliant was	area several times.						
during the	shift"	everal times	1				- 1	
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Review on	10/10/24 of the Nort	h Carolina I					1	
- No IBIC	Improvement System eport was submitted	(IRIS) revoct-						
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5. 10/24 and	d 8/6/24 incident.	S THIS LIE						
Interview or	10/16/24							
revealed:	n 10/16/24 with the A	dministrator/OP						
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on 9/10/24 a	cident reports had not and 8/6/24 because "I	been completed					1 1	
alth Service Regu	lation	f this was peer					- -	
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PRINTED: 10/25/2024 FORM APPROVED

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 10/16/2024 B. WING _ MHL080097 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 208 HICKORY LANE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SALISBURY, NC 28146 (X5) COMPLETE HICKORY LANE DATE ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG V 367 Continued From page 26 on peer (rhysical fighting) we always do it as a V 367 Level 1."