

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
NAME OF PROVIDER OR SUPPLIER HARDEE ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1612 HARDEE ROAD KINSTON, NC 28504		
(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	INITIAL COMMENTS An annual survey was completed on September 27, 2024. 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 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients	V 000			
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (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. (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.	V 111			

RECEIVED

OCT 24 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

Melinda Gardner

I/DD Regional Administrator

10/16/24

STATE FORM

6899

JHMI11

If continuation sheet 1 of 5

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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	<p>Assessment/Evaluation will be obtained and placed in client #1's record. QP will monitor annually.</p>	11/26/24

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARDEE ROAD GROUP HOME

**1612 HARDEE ROAD
KINSTON, NC 28504**

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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	<p>An HCPR will be run and placed in staff record at local level. HR will ensure this is completed and monitor annually.</p>	11/26/24

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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	The recliner will be replaced. A thorough cleaning of the group home will be done. Light bulbs will be replaced. Nightstand knob will be replaced. QP and/or GHM will ensure this items are completed and monitor monthly.	11/26/24

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V 736	Continued From page 4 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. 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.	V 736			