Divisin of Health Service Regulation STAMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AN PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL0601306 B. WING 03/06/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14525 BLACK FARMS ROAD HINDS' FEET FARM, INC-HART COTTAGE **HUNTERSVILLE, NC 28070** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 3-6-25. A deficiency was 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 currently has a census of 3. The survey sample consisted audits of 3 current clients. The facilities reported to Meck Co and V 132 G.S. 131E-256(G) HCPR-Notification, submitted an IRIS report. V 132 Allegations, & Protection 2/18/2025 The delay to fully report was G.S. §131E-256 HEALTH CARE PERSONNEL due to 1)an attempt to determine if REGISTRY the alleged report could be (g) Health care facilities shall ensure that the substantiated or 2) if staff involved Department is notified of all allegations against were spreading gossip. health care personnel, including injuries of unknown source, which appear to be related to In addition, 3)The alleged staff member any act listed in subdivision (a)(1) of this section. was away on personal leave which (which includes: had been longed planned. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services The follow by IRIS investigator noted as defined by G.S. 131E-136 or hospice services an error which was completed as defined by G.S. 131E-201 are being provided. and internal investigation reports b. Misappropriation of the property of a resident to DHHS and the 3/6/25 in a health care facility, as defined in subsection HCPR section were submitted. (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. The DHHS Heatlh Care Personnel c. Misappropriation of the property of a Investigation letter was received. The healthcare facility. report to HCPR was completed and the d. Diversion of drugs belonging to a health care 3/10/25 report unsubstantiated. facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Division of Health Service Regulation

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

ecutive Director

(X6) DATE

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 03/06/2025 MHL0601306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 14525 BLACK FARMS ROAD HINDS' FEET FARM, INC-HART COTTAGE **HUNTERSVILLE, NC 28070** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 132 The reported allegations were V 132 Continued From page 1 determined to require no Facilities must have evidence that all alleged further investigations acts are investigated and must make every effort by Mecklenburg Co. DSS to protect residents from harm while the nor the NC DHHS investigation is in progress. The results of all HCP Investigator. investigations must be reported to the Department within five working days of the initial Upon Hinds' Feet Farm's internal notification to the Department. investigations and reporting, staff # 4 was given a Corrective Action Plan This Rule is not met as evidenced by: and the allegation was unsubstantiated Based on record review and interviews the facility due to staff # 5 having not returned. #5 failed to ensure that the Health Care Personnel has not returned to the country following Register (HCPR) was notified of all allegations a preapproved personal leave and has against health care personnel. The findings are: now extended thus resulting in termination. Review on 3-3-25 of the facility's incident reports Plan of Correction: for 12-1-24 to 2-28-25 revealed a report to the North Carolina Incident Response Improvement This Administration has reviewed System (IRIS) submitted by the Executive NC GS 122C and the processes Director (ED) on 2-20-25 reporting the following of reporting. This administrator 3/3/2025 incident: "Let it be known that a Residential Staff discussed with the investigator member (staff #1) stated that she overheard proper reporting and time frames and co-workers discussing an alleged video of a the difficulty of what to do when. resident masturbating in his private room. When asked if she had seen anything she had not but 2. Administration updated the IRIS, knew others (staff) were talking about it (video). completed the internal investigation 3/4/2025 As our internal investigation was in process and summitted documents to DHHS ultimately there was one Residential staff (staff #4) stating they had seen something on a **HCPI** coworker's (staff #5) phone, but it was blurry. (the alleged staff member remains out of the country but was The employee (staff #5) being reported of this questioned over the phone, she denied offense is out of the country on personal leave. Our resident's (client #1) family/guardian was the allegation. informed and a DSS APS (Department of Social Services Adult Protective Services) report was POC 3. Administration has compiled 3/6/2025 filed. The individual who as a Traumatic Brain the following to begin staff training Injury was questioned and does not recall anyone that will be done during monthly taking a a picture or video. [Local county DSS]

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reported."

resolved to not open a case due to the individual

having support in place and not harm was



supervision. The education and

training will include:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

COMPLETED

MHL0601306 B. WING ______ 03/06/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HINDS' FEET FARM, INC-HART COTTAGE 14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070				
(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) COMPLE DATE
	Continued From page 2 -No documentation of reporting to HCPR of an allegation against staff #3 for videoing client #1 masturbating in his room. Review on 3-4-25 of the NC IRIS system revealed an IRIS report completed by the ED documenting a 2-18-25 allegation that staff #5 videoed client #1 masturbating in his room. Interview on 2-28-25 and 3-3-25 with the ED revealed: -She became aware of the allegation on 2-18-25 when staff #1 informed her that she (staff #1) had heard a rumor that staff #5 had a video of client #1 masturbating in his roomShe began an internal investigation on 2-18-25 and interviewed client #1 who denied any knowledge of anyone taking a picture or video of him (client #1)She (ED) interviewed staff #4 who stated she had seen a video on staff #5's phone but was unable to identify who was in the video or what the person was doing in the video because the video was blurry"I didn't think I needed to report her (staff #5) to HCPR because it was just a rumor. I never found any evidence of a video. No one said they had seen a video, it was just talk between staff."	V 132	3.1 The staffs signed acknowledgments regarding Personal Cell Phone Usage 3.2 The Abuse, Neglect, Exploitation Policy 3.3 The Clients Rights (particularly on Privacy) and review of NC GS 122c 53 3.4 HFF"s Getting It Right Training and signed acknowledgments that are upon hire and annual thereafter 3.5 Recent Annual paperwork signed by all staff Jan - Feb 2025) 3.6 in addition, each employee is required to complete the BIA NC courses and specifically, the Sexual Disinhibition after Brain Injury. Training Packets Completed Measures for monitoring will be by all QPs for use of personal phones by staff and in monthly supervision those involved will be evaluated for understanding of policies related to privacy, Abuse and Neglect through Q and A. Training / Supervision of the above to be completed for current staff and all new hires	3/10/25

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If continuation sheet 3 of 3

