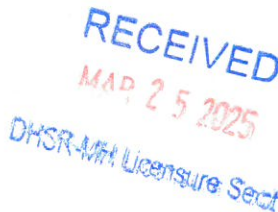


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2025	
NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM, INC-HART COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE		
V 000	INITIAL COMMENTS 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.	V 000	 <p>The facilities reported to Meck Co and submitted an IRIS report.</p> <p>The delay to fully report was due to 1)an attempt to determine if the alleged report could be substantiated or 2) if staff involved were spreading gossip.</p> <p>In addition, 3)The alleged staff member was away on personal leave which had been longed planned.</p> <p>The follow by IRIS investigator noted an error which was completed and internal investigation reports to DHHS and the HCPR section were submitted.</p> <p>The DHHS Health Care Personnel Investigation letter was received. The report to HCPR was completed and the report unsubstantiated .</p>			
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care 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).	V 132		2/18/2025		
				3/6/25		
				3/10/25		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

22MH11

If continuation sheet 1 of 3

Beth Callahan, Executive Director 3-20-2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HINDS' FEET FARM, INC-HART COTTAGE

**14525 BLACK FARMS ROAD
HUNTERVILLE, 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) COMPLETE DATE
V 132	<p>Continued From page 1</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that the Health Care Personnel Register (HCPR) was notified of all allegations against health care personnel. The findings are:</p> <p>Review on 3-3-25 of the facility's incident reports for 12-1-24 to 2-28-25 revealed a report to the North Carolina Incident Response Improvement System (IRIS) submitted by the Executive Director (ED) on 2-20-25 reporting the following incident: "Let it be known that a Residential Staff member (staff #1) stated that she overheard co-workers discussing an alleged video of a resident masturbating in his private room. When asked if she had seen anything she had not but knew others (staff) were talking about it (video). As our internal investigation was in process ultimately there was one Residential staff (staff #4) stating they had seen something on a coworker's (staff #5) phone, but it was blurry. The employee (staff #5) being reported of this offense is out of the country on personal leave. Our resident's (client #1) family/guardian was informed and a DSS APS (Department of Social Services Adult Protective Services) report was filed. The individual who as a Traumatic Brain Injury was questioned and does not recall anyone taking a picture or video. [Local county DSS] resolved to not open a case due to the individual having support in place and not harm was reported."</p>	V 132	<p>The reported allegations were determined to require no further investigations by Mecklenburg Co. DSS nor the NC DHHS HCP Investigator.</p> <p>Upon Hinds' Feet Farm's internal investigations and reporting, staff # 4 was given a Corrective Action Plan and the allegation was unsubstantiated due to staff # 5 having not returned. #5 has not returned to the country following a preapproved personal leave and has now extended thus resulting in termination.</p> <p>Plan of Correction :</p> <p>1. This Administration has reviewed NC GS 122C and the processes of reporting. This administrator discussed with the investigator proper reporting and time frames and the difficulty of what to do when.</p> <p>2. Administration updated the IRIS, completed the internal investigation and submitted documents to DHHS HCPI (the alleged staff member remains out of the country but was questioned over the phone. she denied the allegation.</p> <p>POC 3. Administration has compiled the following to begin staff training that will be done during monthly supervision. The education and training will include:</p>	<p>3/3/2025</p> <p>3/4/2025</p> <p>3/6/2025</p>

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