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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MRED:			X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
	MHL041-622		B. WING		05/20/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CARTER GROUP HOME  3101 EAST BESSEMER AVENUE  GREENSBORO, NC 27405							
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was 2025. A deficiency was	s completed on May 20, as cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
	_	d for 9 and has a current rey sample consisted of ents.					
V 513	513 27E .0101 Client Rights - Least Restrictive Alternative		V 513				
	10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE  (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:  (1) using the least restrictive and most appropriate settings and methods;  (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;  (3) providing choices of activities meaningful to the clients served/supported; and  (4) sharing of control over decisions with the client/legally responsible person and staff.  (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:  (1) using the intervention as a last resort; and  (2) employing the intervention by people trained in its use.						

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			
			A. BOILDING.				
		MHL041-622	B. WING		05	5/20/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
CARTER	CDOUD HOME	3101 EA	ST BESSEMER AV	ENUE			
CARTER	GROUP HOME	GREENS	SBORO, NC 27405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 513	Continued From page	e 1	V 513				
	failed to use the least ensure client privacy environment. The find	n and interview, the facility restrictive methods to and promote a respectful					
	3:15 pm of the facility -Clients #1 and #5's s camera located on to wardrobe. A 2nd cam corner of the right wa -Client #2 had 1 cam of his bedroom, locat wardrobe and below -Clients #3 and #7's s camera located on a approximately 2-3 fee above the TV near th camera was located of bedroom door frameClient #6's bedroom black-colored shelf in between 2 windows a -Client #4's bedroom black-colored shelf in to the right of his wind -Client #8's bedroom above the inside door -Each of the cameras	shared bedroom had 1 p of Client #1's clothes lera was attached in the II below the ceiling molding. lera attached to a corner wall led above his clothes the ceiling molding. Ishared bedroom had 1 black-colored shelf let down from the ceiling and le corner of the room. A 2nd on the left top of the  had 1 camera located on a the corner of his bedroom and above his TV. had 1 camera located on a the corner of his bedroom dow. had 1 camera located					
	-The cameras were in	with Client #3 revealed: n the bedrooms for staff "to u're all right. I feel like I'm on					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-622	B. WING		05/20/2025	
				TE 710 0005	05/2	.0/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA F <b>BESSEMER A</b>			
CARTER	GROUP HOME		ORO, NC 2740			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID  PROVIDER'S PLAN OF CORRECTION  PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
V 513	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 513	DEFICIENCY)		
	Interview on 5/20/25 revealed: -The lock on the refrict Client #3 from going it taking items out that curve of the lock had reacility's Human Right was not in any of the	with the Administrator/Owner gerator door was to prevent into the refrigerator and did not belong to him. not been approved by the is Committee (HRC) and clients' treatment plans. and see about getting HRC				

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