

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE CLYDE, NC 28721</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 5/19/25. The complaint was substantiated (# NC00228852). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of an audit of 3 current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p>	V 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE</b> <b>CLYDE, NC 28721</b>		
(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 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, 1 of 3 paraprofessional staff (Former Staff (FS) #3) failed to demonstrate the knowledge, skills, and abilities required for the population served. The findings are:</p> <p>Review on 5/16/24 of FS #3's record revealed: -Date of hire: 10/28/24 as Direct Support Professional (DSP) (paraprofessional). -Date of separation: 3/20/25. -Disciplinary action: Verbal/Written warning dated 2/13/25 regarding: -work time and attendance. -medication administration. Actions to be taken: -will follow proper callout procedure. -will complete medication administration class on 2/13/25 to recertify.</p> <p>Review on 5/16/25 of Licensee's critical incident review regarding incident on 3/21/25 and reviewed by Licensee's Quality Management Committee on 4/4/25 revealed: -"A report was made by [Licensee] QP (Qualified Professional) [former QP] to Executive Director (ED) on March 20, 2025 in the afternoon that on March 19, 2025, [FS #3] picked up [Client #1]</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE</b> <b>CLYDE, NC 28721</b>		
(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 110	Continued From page 2  from her [local day program] at approximately 3:05pm. Staff arrived with a dog and an 'unfamiliar male' in her car. [Local day program] staff released [Client #1] to the [licensee] employee but then reported to their QP that they were concerned about the dog and the male in the vehicle. [Licensee] staff, [FS #3], left [local day program] with [Client #1] to transport her to the group home. The staff then reported issues with her car on the way to the group home, and Lead DSP [Staff #1], drove to pick up [Client #1] from [FC #3] in [local town], not far from the group home. Lead DSP witnessed the presence of a dog and a male in the vehicle and reminded the staff she could not bring visitors or pets to the group home. When [Staff #1] arrived at the group home with [Client #1] at approximately 3:40pm, staff members from [local day program] came to the group home to check on [Client #1] 'to make sure she was ok.' On Thursday (3/20/25), [licensee] QP reported to the ED, the situation. The ED then began to gather the details regarding the situation that occurred when [FS #3] picked up [Client #1] from [local day program]. After speaking with the member [Client #1] and staff from the [licensee] group home, it was determined that [FS #3] had violated [licensee]'s company policy of visitors and pets at the group home and also having unauthorized individuals around people supported during her work hours. It was determined that this was an egregious violation and the staff was immediately terminated via phone call with ED on Thursday, March 20, 2025 in the afternoon. Subsequently, [licensee] ED spoke with the [local day program] QP/Program Manager, who provided additional information and reports from her staff who released [Client #1] from [local day program] to the [licensee] employee on March 19 in the afternoon. The concern was the nature of	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE CLYDE, NC 28721</b>		
(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 110	<p>Continued From page 3</p> <p>this individual and his reputation in the community. It was also reported that the dog was barking when the staff and [Client #1] approached the car."</p> <p>Interview on 5/15/25 with Client #1 revealed: -Remembered FS #3 ... "she got fired" but didn't know why ... "she came into work naked." -Didn't remember being in FS #3's car with a dog or a man she didn't know. -"I Don't remember" being with FS #3 when she stole something from Walmart. -Never felt unsafe with FS #3.</p> <p>Attempted interview on 5/15/25 and 5/16/25 with FS #3 but did not receive a return call.</p> <p>Interview on 5/19/25 with the QP/Program manager at Client #1's day program revealed: -On 3/19/25, she received a phone call from her staff coordinating client pick up who stated the facility sent 2 cars to pick up the 2 clients and had not notified them. "[FS #3] picked up [Client #1]". In the car with FS #3, was a man staff knew had just been released from prison and didn't have a good reputation along with a pit bull dog. "They were holding the dog back, maybe just to keep him from jumping out. Our staff was very worried ....I called the group home ...[Client #1] was not home yet so we went over there...by the time we got there [Client #1] was home ...[Client #1] looked fine." -"[Client #1] was recently very distraught in my office" ... reported that FS #3 went into grocery store to buy food for herself and then made frozen food for clients.</p> <p>Interview on 5/16/25 with Staff #1 revealed: -Was the lead DSP at the facility. -On 3/19/25, had an appointment with another</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE CLYDE, NC 28721</b>		
(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 110	<p>Continued From page 4</p> <p>resident ... "told [FS #3] she didn't need to come in until 2pm that day. As it got closer to 3pm she called to say she was stuck in court house due to bomb threat ...had a friend of hers with her ...had her dog with her and didn't have time to take the dog home or go to (the group home) get the van ...said then pick [Client #1] up at [local day program] ...[local day program] was concerned that [FS #3] had a guy and a dog in the car ...called [FS #3] and she said her car was having trouble and she was stuck so I went to pick up [Client #1] from her. [Client #1] was in the front seat and the guy and dog were in the back seat ... [Client #1] said the dog was sweet ...he didn't bark or lunge at me when I approached the car ... [FS #3] couldn't get her car started and didn't make it back into work that day or since."</p> <p>Interview on 5/16/25 with the former QP revealed:          -"[Client #1] was ok with everything."          -"[Licensee] decided to terminate [FS #3]". She had "medication errors and went through medication class again". She was in to work "late lots of times and called out not following procedures" ...team lead would have to cover for her.          -Helped coach and support her through personal issues.          -"We did have a monthly staff meeting where we reviewed policies/procedures about leaving clients in the car unattended ...[FS #3] signed the supervision documentation ...February maybe."</p> <p>Interview on 5/16/25 with the ED revealed:          -[Local day program] just told us they were concerned about [FS #3] picking up [Client #1] ...they didn't give us all the details ..."          -"[FS #3]'s car broke down in town ...[Lead DSP] picked up [Client #1] and saw the unidentified male and dog ...brought [Client #1] home ...[local</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE CLYDE, NC 28721</b>		
(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 110	Continued From page 5  day program] staff were at the house checking on [Client #1] ..." -FS #3 had someone pick up or drop off food at the group home but don't know who that was ... "had been counseled about that ... reoccurrence of visitation and was terminated." -FC #3 said it was a family friend and her dog and not a big deal. -"It was our staff not doing what they were supposed to but we were not made aware of the full dynamics."	V 110		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 2 audited former staff (Former Qualified Professional (FQP) and Former Staff (FS) #3). The findings are:	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD ACRES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>211 NELLIE JOHN DRIVE</b> <b>CLYDE, NC 28721</b>		
(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 131	<p>Continued From page 6</p> <p>Record review on 5/16/25 for the FS#3 revealed: -Date of hire: 10/28/24 -Date of separation: 3/20/25 -Date of HCPR check: no documentation was available.</p> <p>Record review on 5/16/25 for the FQP revealed: -Date of hire: 7/22/24 -Date of separation: 4/14/25 -Date of HCPR check: no documentation was available.</p> <p>Interview on 5/16/25 with Human Resources Director revealed: -She was responsible for conducting the hiring background checks but didn't know what her assistant had done with the documents. She was unable to locate these HCPR forms.</p>	V 131			