

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL041-822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  CARTER GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 EAST BESSEMER AVENUE GREENSBORO, NC 27405			
(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 May 20, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5500C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 9 and has a current census of 8. The survey sample consisted of audits of 3 current clients.	V 000			
V 513	27E .0101 Client Rights - Least Restrictive Alternative  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.	V 513			

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

OWNER

6/5/25

STATE FORM

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RIIM11

If continuation sheet 1 of 3

*Angoy Carter*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL041-622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  CARTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 EAST BESSEMER AVENUE GREENSBORO, NC 27405		
(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 513	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive methods to ensure client privacy and promote a respectful environment. The findings are:</p> <p>Finding #1: Observation on 5/20/25 between 2:26 pm and 3:15 pm of the facility revealed: -Clients #1 and #5's shared bedroom had 1 camera located on top of Client #1's clothes wardrobe. A 2nd camera was attached in the corner of the right wall below the ceiling molding. -Client #2 had 1 camera attached to a corner wall of his bedroom, located above his clothes wardrobe and below the ceiling molding. -Clients #3 and #7's shared bedroom had 1 camera located on a black-colored shelf approximately 2-3 feet down from the ceiling and above the TV near the corner of the room. A 2nd camera was located on the left top of the bedroom door frame. -Client #8's bedroom had 1 camera located on a black-colored shelf in the corner of his bedroom between 2 windows and above his TV. -Client #4's bedroom had 1 camera located on a black-colored shelf in the corner of his bedroom to the right of his window. -Client #6's bedroom had 1 camera located above the inside door frame at the ceiling. -Each of the cameras in each of the clients' bedrooms were pointed in the direction of each client's bed.</p> <p>Interview on 5/20/25 with Client #3 revealed: -The cameras were in the bedrooms for staff "to turn on and see if you're all right. I feel like I'm on</p>	V 513			

Division of Health Service Regulation  
STATE FORM

5800

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If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL041-822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  CARTER GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 EAST BESSEMER AVENUE GREENSBORO, NC 27406			
(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 513	Continued From page 2  TV ...  Interview on 5/20/25 with the Administrator/Owner revealed: -There were cameras in all the clients' bedrooms. -Client #1 had a history of falling and he used the cameras to check on the clients to ensure their safety. -He was the only staff who had access to look at the camera footage. -The cameras were plug-ins and were put up in the clients' bedrooms 2-3 months ago. -He was not aware cameras were not allowed in clients' bedrooms. -He would take down all the cameras in the clients' bedrooms today, 5/20/25.	V 513	Removed all cameras in bedrooms on date of inspection while consultant present	5/20/25	
	Finding #2 Observation on 5/20/25 between 2:26 pm and 3:15 pm of the facility revealed: -A lock was on the door of a refrigerator located in the hallway directly across from the kitchen. The lock was on the side of the refrigerator door and required a key to lock and unlock.  Interview on 5/20/25 with the Administrator/Owner revealed: -The lock on the refrigerator door was to prevent Client #3 from going into the refrigerator and taking items out that did not belong to him. -Use of the lock had not been approved by the facility's Human Rights Committee (HRC) and was not in any of the clients' treatment plans. -He would follow up and see about getting HRC approval of the lock or remove it.		Removed lock immediately on Date of inspection while consultant present	5/20/25	

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August Carter 6/5/25