

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST HILLCREST DDA HOME, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>925 SOUTH CHURCH STREET BURLINGTON, NC 27215</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 23, 2025. The complaint was unsubstantiated (Intake #NC00231492). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for six and has a current census of four. The survey sample consisted of audits of three current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1  can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement their policies regarding pre-screening and admission affecting one of three audited clients (#3). The findings are:</p> <p>Review on 6/19/25 of the facility's admission policy revealed: -There was no documentation regarding who will perform the admission assessments and time frames for completing assessment. -There was no documentation regarding screenings to include an assessment of the individual's presenting problem or need, whether the facility can provide services to address the individual's needs and the disposition to include referrals and recommendations.</p> <p>Review on 6/18/25 of client #3's record revealed: -Admission date of 6/15/25. -Diagnoses of Intellectual Developmental Disabilities- Mild, Major Depressive Disorder and Anxious Distress. -There was no documentation of a screening to determine if the facility could provide services. -An admission assessment was present but did not contain completed information such as a presenting problem, behavioral concerns, the need for residential services, and complete medication information dosing schedule, and reason for the medication.</p> <p>Interview on 6/18/25 with Owner/Director/Qualified Professional #2 (QP #2) revealed:</p>	V 105		

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V 105	Continued From page 3  -She was responsible for the decision to accept client #3 on a "trial" basis. -She was responsible for completing the intake documentation upon client #3 entering the facility's services on 6/15/25. -Accepting client on a trial basis was due to client's parents request as they were considering a different facility for placement. -The regular documentation which would be contained in client's record including a completed assessment, medication information, MAR (Medication Administration Record), and consents were not completed due to this being a trial placement.  Interview on 6/19/25 with the Owner/Director/QP #2 revealed: -She completed the admission assessment upon the day of client #3 arrival. -She thought she had completed the prescreening and application.  This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B violation and must be corrected within 45 days.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of	V 107		

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V 107	Continued From page 4  the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.	V 107		

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V 107	Continued From page 5  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete personnel record affecting two of three audited staff (#2 and #3). The findings are:  Review on 6/18/25 of the personnel record for staff #2 revealed: -Hire date of 6/14/25. -She was hired as a Direct Care Worker. -No documentation of educational verification.  Review on 6/18/25 of the personnel record for staff #3 revealed: -Hire date of 10/1/24. -She was hired as a Direct Care Worker. -No documentation of educational verification.  Interview on 6/18/25 with the Owner/Director/Qualified Professional (QP) #2 revealed: -She had requested proof of education from both staff. -The staff informed her they were still waiting to get their transcripts from their schools. -She confirmed the facility failed to have a complete personnel record for staff #2 and staff #3.	V 107		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate	V 109		

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V 109	<p>Continued From page 7</p> <p>abilities to meet the needs of clients. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0201 (V105), Governing Body Policies. Based on record review and interviews, the facility failed to implement their policies regarding screening and admission criteria affecting one of three audited clients (#3).</p> <p>Cross Reference: 10A NCAC 27G .0205 (V111), Assessment/Treatment/Habilitation Plan. Based on record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting one of three audited clients (#3).</p> <p>Cross Reference: 10A NCAC 27G .0206 (V113), Client Records. Based on observation, record review and interview, the facility failed to maintain a complete record for one of three audited clients (#3).</p> <p>Review on 6/18/25 of Owner/Director/QP #2's record revealed: -Date of Hire is 1/1/2024. -Her Title/Position was Director/Qualified Professional Backup. -Job Duties included acting as a QP backup to the primary QP.</p> <p>Review on 6/25/25 of the Plan of Protection dated 6/23/25 written by the Owner/Director/QP #2 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? West Hillcrest Management team will insure prior to hiring staff, they will meet all state requirement, and all required documents will be present before employment is offer. West Hillcrest will also train</p>	V 109		



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V 109	<p>Continued From page 8</p> <p>staff in managing patient [client] records.</p> <p>Describe your plans to make sure the above happens. Develop a plan of double verifying that each staff information is present prior to starting work, provide extra training on records retention, audit file monthly and document, QP/Staff will properly screen all clients prior to enrollment, all clients screening document will be completed and sign by both client and responsible party, all clients' intake/ consents will be completed and sign by client /guardian, all clients PCP (Person-Centered Plan) will be sign and dated by client/guardian/ QP, all clients' medications will be listed on chart and a MARS will be completed for those clients prior to enrollment and West Hillcrest staff will also request all clients [electronic medical record] information for last hospital visit summary."</p> <p>The facility served adult clients with developmental disabilities (Major Depressive Disorder, Intellectual Developmental Disabilities- Mild, Anxious Distress). The Owner/Director/QP #2 did not follow any specific assessment/screening procedure and accepted a client on a trial basis. The Owner/Director/QP #2 did not complete an admission assessment and screening prior to client #3 being admitted to the facility. By not completing an admission assessment and screening they were unable to determine if the facility had the ability to meet the needs of client #3. QP #2 did not create a complete record including consents, physician's orders, and MAR.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 109		

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V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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V 111	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting one of three audited clients (#3).</p> <p>Review on 6/18/25 of client #3's record revealed: -Admission date of 6/15/25. -Diagnoses of Intellectual Developmental Disabilities- Mild, Major Depressive Disorder and Anxious Distress. -There was no assessment completed prior to delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Interview on 6/18/25 with staff #1 revealed: -She was informed by the Owner/Director/Qualified Professional (QP #2) client #3 was trying out the placement. -She didn't know much about client #3. -She did not receive a chart on client #3. -She was to help client #3 learn the routine of the program</p> <p>Interview on 6/18/25 with the Owner/Director/Qualified Professional #2 revealed: -Client #3 was admitted on a "trial" basis. -Client #3 wanted to see if she would like this facility. -"This is my first time doing a trial basis for clients and their parents." -"I was not going to complete authorization and all the paperwork if the parents (client #3's) decided they did not want move forward with the admission." -Once the parents decided to move forward with placement in the facility, she would complete all the intake documentation.</p>	V 111		

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V 111	Continued From page 11  -She acknowledged the facility failed to ensure an assessment was completed prior to the delivery of service for client #3.  This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B violation and must be corrected within 45 days.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 113	Continued From page 13  (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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V 113	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a complete record for one of three audited clients (#3). The findings are:</p> <p>Review on 6/18/25 of client #3's record revealed: -Admission date of 6/15/25. -There was no complete admission assessment. -There was no signed consent that granted permission to seek medical or emergency care. -There were no physician orders in client #3's record. -There were no Medication Administration Records (MARS).</p> <p>Interview on 6/18/25 with the Owner/Director/Qualified Professional #2 revealed: -Client #3's records were currently at the office as they were preparing for another audit. -She thought she had completed the application, admission assessment and consents for client #3. -MARs were not provided as the facility did not administer medications to client #3. -"[Client #3] was taking a medication that began with the letter 's' but was given to her by her mother when she was at school, we did not have her medications at the facility." -She acknowledged the facility failed to maintain a complete record for client #3.</p> <p>This deficiency is cross referenced into 10A</p>	V 113		

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NAME OF PROVIDER OR SUPPLIER  <b>WEST HILLCREST DDA HOME, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>925 SOUTH CHURCH STREET BURLINGTON, NC 27215</b>		
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V 114	<p>Continued From page 16</p> <p>Review on 6/18/25 of facility's fire drills log from September 2024 through May 2025 revealed: -3rd quarter (September) 2024: There were no fire drills documented for the three shifts in the facility. -4th quarter (October, November, and December) 2024: There were no fire drills documented for the three shifts in the facility. -1st quarter (January, February, and March) 2025: No fire drill conducted on 2nd or 3rd shift. -2nd quarter (April, and May) 2025: No fire drills conducted on 2nd or 3rd shift.</p> <p>Review on 6/18/25 of facility's disaster drills log from September 2024 through May 2025 revealed: -3rd quarter (September) 2024: There were no disaster drills documented for the three shifts in the facility. -4th quarter (October, November, and December) 2024: There were no disaster drills documented for the three shifts in the facility. -1st quarter (January, February, and March) 2025: No disaster drill conducted on 3rd shift. -2nd quarter (April, and May) 2025: No disaster drills conducted on 2nd or 3rd shift.</p> <p>Interview on 6/22/25 with the House Manager revealed: -She confirmed that the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.</p> <p>Interview on 6/22/25 with the Owner/Director/Qualified Professional #2 revealed: -She confirmed that the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.</p>	V 114		

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V 118	Continued From page 17	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure the MARs were current for one of three audited clients (#2). The findings are:</p> <p>Review on 6/18/25 of client #2's record revealed: -Admission date of 9/1/21. -Diagnoses of Intellectual Developmental Disabilities (IDD), Moderate; Anxiety; Depression, Unspecified; Hypothyroidism.</p> <p>Review on 6/18/25 of client #2's physicians order dated 2/28/23 revealed: -Sodium Fluoride Crea 5000 PPM (Teeth health): Brush normal. Apply pea size amount and allow to sit one minute once daily. Do not eat, drink or rinse. Spit out excess. 5 Refills -Chlorhexidine Gluconate 0.12% solution (Teeth health): Use by mouth twice daily rinsing for 30 secs after toothbrushing. Usual dosage is 15 milliliters. Swish then spit. Do not swallow. No Refills.</p> <p>Review on 6/18/25 of client #2's record revealed: -No discontinue (D/C) order was located for the above listed medications.</p> <p>Review on 6/18/25 of client #2's MAR for January 1, 2025-June 18, 2025 revealed the medication was signed off by staff as having been administered the following dates: - Sodium Fluoride Crea 5000 PPM: -January 1-31, 2025 -February 1-28, 2025 -March 1-31, 2025 -April 1-31, 2025 -May 20-31, 2025 - Chlorhexidine Gluconate 0.12% solution: -May 20-31, 2025</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>Observation on 6/18/25 at approximately 12:25 PM of client #2's medications revealed: -Medications listed were not available.</p> <p>Interview on 6/18/25 with client #2 revealed: -She gets her medications daily. -She has not had her prescription toothpaste or mouthwash since the previous owner of the facility was providing services. -She has not had them in 2025.</p> <p>Interview on 6/18/25 with the House Manager revealed: -She administers medication as part of her duties. -She checks over MARs to ensure they are correct as part of her duties. -She was not aware of any medication errors (missed doses, clients refusing medications, errors on the MARs). -She stated that she could not locate the noted toothpaste and mouthwash. -She did not know why the toothpaste and mouthwash were not there. -After speaking to the Owner/Director/Qualified Professional (QP) #2 the House Manager reported that the medications had been discontinued.</p> <p>Interview on 6/18/25 with Pharmacist revealed: -Prescriptions for above listed medications are still active in the system. -No D/C order has been received from the dental provider. -The last time the prescriptions were filled:     - Sodium Fluoride Crea 5000 PPM: 3/31/24.     - Chlorhexidine Gluconate 0.12% solution: 5/29/24.</p> <p>Interview on 6/18/25 with the Owner/Director/QP</p>	V 118		

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V 118	Continued From page 20  #2 revealed: -The above noted medications have been discontinued. -She would contact the dental provider and pharmacy to get a copy of the D/C orders.	V 118		
V 511	27D .0303 Client Rights - Informed Consent  10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs: (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses. (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable	V 511		

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V 511	<p>Continued From page 21</p> <p>treatment/habilitation option available at the facility. (d) Documentation of informed consent shall be placed in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to document consent for treatment was obtained for two of three audited clients (#1 and #3). The findings are:</p> <p>Review on 6/18/25 of client #1's record revealed: -Admission date of 2/2/25. -Diagnoses of Intellectual Developmental Disabilities (IDD), Schizoaffective Disorder-Bipolar Type Post Traumatic Stress Disorder and Fetal Alcohol Syndrome. -There was no documentation of a signed consent authorizing the facility to provide treatment.</p> <p>Review on 6/18/25 of client #3's record revealed: -Admission date of 6/15/25. -Diagnoses of Intellectual Developmental Disabilities- Mild, Major Depressive Disorder and Anxious Distress. -There was no documentation of a signed consent authorizing the facility to provide treatment.</p> <p>Surveyor attempted to speak with the legal guardian for client #1 and did not receive a callback.</p> <p>Interview on 6/18/25 with the Owner/Director/Qualified Professional (QP) #2 revealed:</p>	V 511		

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V 511	Continued From page 22  -She thought the consent form was completed for client #1. -Client #3 was a "trial basis" so the paperwork was not completed. -Acknowledged the facility failed to document consent for treatment for client #1 and client #3.	V 511		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, and attractive manner. The findings are:  Observation on 6/18/25 at approximately 1:42 PM revealed:  Kitchen: -Three triangular pieces of linoleum missing from the floor (approximately 3"x5", 2"x3", and 1"x1") where the wood under the linoleum could be seen. -Six triangular shaped gouges in the linoleum of the floor ranging approximately 1 ½"x2"-1"x1 ½". Outside: -Six Mud Dauber Wasp nests on the outside wall next to the back door. -Three Mud Dauber Wasp nests on the back of the house. -Two Mud Dauber Wasp nests on the left side of the house. -A nickel to quarter-sized hole in a glass storm	V 736		

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V 736	<p>Continued From page 23</p> <p>window next to the back door (window is client #1's room).</p> <p>-Two bricks on the outside windowsill of the kitchen window under the window air conditioning unit.</p> <p>-Two piles of debris (at top of stairs leading down to the basement door, next to front porch).</p> <p>-Left side of house next to front porch: 3 full sized bricks, 4 approximately 2/3 bricks, 6 approximately 1/2 bricks, 4 partially buried bricks, 2 pieces of broken clay pot approximately 4"x6" and 4"x4" triangular pieces, a piece of metal (L-shaped, rusty, and approximately 20" long), wood branch approximately 18" long and 1 1/2" thick, 3 pieces of plywood approximately 4"x8", 4"x2", and 5"x3", multiple pebbles, rocks and cement pieces ranging from 1" to 3"</p> <p>-At top of stairs leading down to the basement door: 2 full bricks, 1 three brick stack (held together by mortar/cement), 6 approximately 1/2 bricks, 7 brick pieces- approximately 1/3 of a brick to an approximately 1" corner piece, multiple bricks partially buried, 1 clay pot piece partially buried.</p> <p>Interview on 6/18/25 with the House Manager revealed:</p> <p>-She was aware of the damage to the kitchen floor, and that the floor was in the process of being replaced.</p> <p>-No specific timeline was provided for when the work is expected to be done.</p> <p>-She was aware of the hole in the glass storm window, and it was believed to have been done by a former client.</p> <p>-She was not aware of the wasp nests, or the debris left on the outside of the house.</p> <p>-She acknowledged that the facility was not maintained in a safe, clean, and attractive manner.</p>	V 736		



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V 736	Continued From page 24  Interview on 6/18/25 with the Owner/Director/Qualified Professional (QP) #2 revealed: -She was not aware of the wasp nests, or the debris left on the outside of the house. -She acknowledged that the facility was not maintained in a safe, clean, and attractive manner. -She stated that these issues would be addressed ASAP. -No specific timeline was provided.	V 736		