

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL045-067</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/09/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HILLPARK GROUP HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>175 ELSON AVENUE<br/>HENDERSONVILLE, NC 28739</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| V 000                                                          | INITIAL COMMENTS<br><br>An annual survey was completed on 10/9/25.<br>Deficiencies were cited.<br><br>This facility is licensed for the following service<br>category: 10A NCAC 27G .5600C Supervised<br>Living for Adults with Developmental Disabilities.<br><br>The facility is licensed for 6 and has a current<br>census of 4. The survey sample consisted of<br>audits of 3 current clients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V 000                                                                                         |                                                                                                                          |                                                        |
| V 118                                                          | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION<br>REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall<br>only be administered to a client on the written<br>order of a person authorized by law to prescribe<br>drugs.<br>(2) Medications shall be self-administered by<br>clients only when authorized in writing by the<br>client's physician.<br>(3) Medications, including injections, shall be<br>administered only by licensed persons, or by<br>unlicensed persons trained by a registered nurse,<br>pharmacist or other legally qualified person and<br>privileged to prepare and administer medications.<br>(4) A Medication Administration Record (MAR) of<br>all drugs administered to each client must be kept<br>current. Medications administered shall be<br>recorded immediately after administration. The<br>MAR is to include the following:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the<br>drug. | V 118                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| V 118                                                          | <p>Continued From page 1</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> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician, failed to keep the MAR current affecting 3 of 3 audited clients (#1,#2,#3). The findings are:</p> <p>Review on 10/6/25 of Client #1's record revealed:<br/>-Date of admission: 8/3/20.<br/>-Diagnoses: Moderate Intellectual Developmental Disability (IDD), Vitamin D Deficiency, Unspecified Psychosis, Unspecified Mood Disorder, Obsessive Compulsive Disorder, Epilepsy, Spastic Diplegia Cerebral Palsy, Hydrocephalus, Blindness in 1 eye, Low Vision in the other eye.<br/>-Physician's orders dated 9/19/25 included:<br/>    -Permethrin Cream 5% (scabies) Apply to affected areas, leave on 8 hours overnight then wash off in shower, repeat in 2 weeks.</p> <p>Review on 10/6/25 of MARs 8/1/25-10/6/25 for Client #1 revealed:<br/>-Permethrin Cream was documented as not available on 9/22/25. There was no documentation of application on or after 9/19/25.</p> <p>Review on 10/6/25 of Client #2's record revealed:</p> | V 118                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 118                                                          | <p>Continued From page 2</p> <p>-Date of admission: 10/26/20.</p> <p>-Diagnoses: Moderate IDD, Type II Diabetes Mellitus, Major Depressive Disorder, Insomnia, Unspecified Hearing Loss, Down Syndrome, Asthma.</p> <p>-Physician's orders dated 9/19/25 included:</p> <p>-Permethrin Cream 5% (scabies) Apply to affected areas, leave on 8 hours overnight then wash off in shower, repeat in 2 weeks.</p> <p>Review on 10/6/25 of MARs 8/1/25-10/6/25 for Client #2 revealed:</p> <p>-Permethrin Cream documented as applied 9/25/25-10/5/25. (11 doses)</p> <p>Review on 10/6/25 of Client #3's record revealed:</p> <p>-Date of admission: 7/22/13.</p> <p>-Diagnoses: Mild IDD, Type II Diabetes Mellitus, Vitamin D Deficiency, Hyperlipidemia, Major Depressive Disorder, Anxiety Disorder, Fragile X, Tourette's.</p> <p>-Physician's order dated 9/18/25 included:</p> <p>-Permethrin Cream 5% (scabies) Apply chin to toes, leave on 8 hours overnight then wash off in shower. Repeat in 2 weeks.</p> <p>Review on 10/6/25 of MARs 8/1/25-10/6/25 for Client #3 revealed:</p> <p>-Permethrin Cream was documented as unavailable on 9/22/25. There was no documentation of application on or after 9/18/25.</p> <p>Observation on 10/7/25 at approximately 3:15pm of permethrin cream for Client #1 and Client #2 with label dispense date of 9/22/25 and handwritten date on the box of 9/24/25.</p> <p>Observation on 10/7/25 at approximately 4:50pm of permethrin cream for Client #3 with label dispense date of 9/19/25 and handwritten date on the box of 9/24/25.</p> | V 118                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 118                                                          | <p>Continued From page 3</p> <p>Interview on 10/6/25 with Client #1 revealed:<br/>-" ...take meds (medications) but don't know what<br/>...don't remember a cream ..."</p> <p>Interview on 10/7/25 with Client #2 revealed:<br/>-When asked anything about his medications he<br/>responded, "yes."</p> <p>Interview on 10/6/25 with Client #3 revealed:<br/>-"I take my meds morning and evening ...don't<br/>know what they are ...I put lotion all over my legs<br/>every night."</p> <p>Interview on 10/7/25 with Staff #2 revealed:<br/>-Medications were delivered to the<br/>office/vocational center and the nurse would bring<br/>them to the facility.<br/>-"We get it (medications at the facility) from the<br/>nurse when she comes ...she doesn't come in<br/>every day ..."<br/>-The nurse manages the quick MAR system and<br/>adds the orders.<br/>-Permethrin was ordered for all clients and staff<br/>when Client #3 brought scabies home from work.<br/>The medication was delivered to the office. Staff<br/>dated the outside of the box (permethrin) when<br/>they opened it.<br/>-Was not aware Client #2 was getting it every<br/>night..."have not seen any evidence of scabies."</p> <p>Interview on 10/7/25 with Staff #3 revealed:<br/>-She worked 2nd shift at the facility.<br/>-Permethrin was given to Client #1 and Client #3<br/>once ...will be given again in 2 weeks. "Client #2<br/>gets it every night cause that's what is in the<br/>MAR. When it came in (the facility) it wasn't on<br/>the MAR ...the nurse said go ahead and<br/>administer and she would add it to the quick<br/>MAR."</p> | V 118                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 118                                                          | <p>Continued From page 4</p> <p>-Staff only applied cream to spots on CLient #2's arms and legs not to his whole body ..."tried to make the cream last so only applied to main (body) parts."</p> <p>Interviews on 10/8/25 and 10/9/25 with the Licensee's Director of Nursing (DON) revealed:<br/>-Reviewed orders for permethrin with the Medical Director (MD) ..."the nurse transcribed the order incorrectly ...[MD] said [Client #2] had no presentation of any concern based on staff observation and had no potential for adverse reaction for receiving it (permethrin) every day ..."<br/>-Medication (permethrin) for Client #1 and Client #2 was delivered to the office 9/23/25 from the out of state pharmacy.<br/>-"The (facility) nurse assumed the medication would come in on 9/22/25 and did not reset the quick Mar system. When it came in, [Staff #3] called the nurse who said go ahead and give ...actually gave medication on 9/24 (2025) when staff were unable to document on MAR."<br/>-"When the pharmacy adds an order to the quick mar then our nurse has to edit to change the date ..."</p> <p>Interview on 10/9/25 with the Program Manager/Qualified Professional revealed:<br/>-Only had 1 nurse for the unit (10 facilities) ..."she handled all medical, medications concerns ...she was tasked with making sure meds and MARs were current ..."<br/>-"No medication requirements fell on the QP's responsibility ..."<br/>-Was not aware everyone in the facility had been prescribed permethrin.<br/>-Additional nurses had been hired and were in training.</p> <p>Due to the failure to accurately document</p> | V 118                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 118                                                          | Continued From page 5<br><br>medication administration, it could not be<br>determined if clients received their medications<br>as ordered by the physician.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V 118                                                                                         |                                                                                                                          |                                                        |
| V 131                                                          | G.S. 131E-256 (D2) HCPR - Prior Employment<br>Verification<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL<br>REGISTRY<br>(d2) Before hiring health care personnel into a<br>health care facility or service, every employer at a<br>health care facility shall access the Health Care<br>Personnel Registry and shall note each incident<br>of access in the appropriate business files.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the<br>facility failed to ensure each staff member had no<br>substantiated findings of abuse or neglect listed<br>on the North Carolina Health Care Personnel<br>Registry (HCPR) prior to date of hire for 3 of 3<br>audited staff (Staff #1, Staff #2, Qualified<br>Professional/Program Manager) (QP/PM). The<br>findings are:<br><br>Record review on 10/7/25 for Staff #1 revealed:<br>-Date of hire: 11/8/21<br>-Requests for initial HCPR were made to the<br>QP/PM 10/6/25, 10/7/25 and 10/8/25.<br>-HCPR check presented was dated 10/6/25.<br><br>Record review on 10/7/25 for Staff #2 revealed:<br>-Date of hire: 11/15/22 | V 131                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 131                                                          | Continued From page 6<br><br>-Requests for initial HCPR were made to the QP/PM 10/6/25, 10/7/25 and 10/8/25.<br>-HCPR check presented was dated 10/6/25.<br><br>Record review on 10/7/25 for the QP/PM revealed:<br>-Date of hire: 5/31/24<br>-Requests for initial HCPR were made to the QP/PM 10/6/25, 10/7/25 and 10/8/25.<br>-HCPR check presented was dated 10/6/25.<br><br>Interview on 8/11/25 with the QP/PM revealed:<br>-He didn't have access to the personnel information that might have occurred prior to his date of hire.<br>-Had requested the information from Human Resources (HR) and this was sent.                                                                                                                                                                                                                                                                                                  | V 131                                                                                         |                                                                                                                          |                                                        |
| V 133                                                          | G.S. 122C-80 Criminal History Record Check<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.<br>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The | V 133                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HILLPARK GROUP HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>175 ELSON AVENUE<br/>HENDERSONVILLE, NC 28739</b> |                                                                                                                          |                                                        |
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| V 133                                                          | Continued From page 7<br><br>national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a | V 133                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 133                                                          | Continued From page 8<br><br>request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.<br>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:<br>(1) The level and seriousness of the crime.<br>(2) The date of the crime.<br>(3) The age of the person at the time of the conviction.<br>(4) The circumstances surrounding the commission of the crime, if known.<br>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.<br>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.<br>(7) The subsequent commission by the person of a relevant offense.<br>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant | V 133                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 133                                                          | Continued From page 9<br><br>to the disqualification, but may not provide a copy of the criminal history record check to the applicant.<br>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:<br>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.<br>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.<br>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime | V 133                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 133                                                          | Continued From page 10<br><br>Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.<br>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.<br>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:<br>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.<br>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); | V 133                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| V 133                                                          | <p>Continued From page 11</p> <p>2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to request fingerprints (to include State Bureau of Investigation (SBI) national criminal background check) for individuals who had lived in North Carolina (NC) for less than five years within five business days of making the conditional offer of employment for 1 of 3 audited staff (Qualified Professional/Program Manager) (QP/PM). The findings are:</p> <p>Record review on 10/7/25 for the QP/PM revealed:<br/>-Date of hire: 5/31/24.<br/>-Requests for initial criminal background checks were made to the QP/PM 10/6/25, 10/7/25 and 10/8/25.<br/>-No documentation of criminal background check was made available.</p> <p>Interview on 10/9/25 with the QP/PM revealed:<br/>-He had completed fingerprinted at the sheriff's office when he was hired.<br/>-Had requested the information from Human Resources (HR) but was not received.</p> | V 133                                                                                         |                                                                                                                          |                                                        |