

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE SOLUTIONS AT HEATHER VIEW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3/18/26. 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>The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified</li> </ol>	V 367		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 367	<p>Continued From page 1</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>definition of a level II or level III incident;                      (2) restrictive interventions that do not meet the definition of a level II or level III incident;                      (3) searches of a client or his living area;                      (4) seizures of client property or property in the possession of a client;                      (5) the total number of level II and level III incidents that occurred; and                      (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:                      Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/18/26 of the Local Hospital's "After Visit Summary" for client #1 revealed:                      - Date: 12/6/25-12/15/25                      - "Chest pains."</p> <p>Review on 3/18/26 of the Incident Response Improvement System (IRIS) revealed:</p>	V 367		

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- There was no IRIS report for when 911 was called to the facility for client #1 on 12/6/25</li> </ul> <p>Review on 3/18/26 of "Consumer Incident Report" revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 12/6/25</li> <li>- "[Client #1] c/o (complained of) SOB (shortness of breath) and difficulty breathing. 911 was called."</li> <li>- "[Client #1] was sent to [local hospital]."</li> </ul> <p>Interview on 3/17/26 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Sometime in December 2025 client #1 went to the hospital "for two weeks."</li> <li>- Client #1 "was breathing crazy all day long."</li> <li>- He went to his bedroom to lay down and then came back to her and asked her to go to the hospital.</li> <li>- She called the House Manger who told her to "call 911."</li> </ul> <p>Interview on 3/18/26 with the Licensee/Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- She really had not thought about doing an IRIS report for the 12/6/25 incident.</li> </ul>	V 367		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside</p>	V 774		

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V 774	<p>Continued From page 4</p> <p>table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to have minimum furnishings for a client bedroom which included a separate bed, bedding, pillow, bedside table and storage for personal belongings. The findings are:</p> <p>Observations on 3/18/26 at approximately 2:24 pm of client #1's bedroom and client #2's bedroom revealed: - There were no bedside tables in client #1's bedroom nor in client #2's bedroom.</p> <p>Interview on 3/18/26 with the Licensee/Qualified Professional revealed: - "I don't know if they (the clients' bedrooms) ever had bedside tables."</p>	V 774		