

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/30/2026
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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on January 30, 2026. The complaints were substantiated (Intake #NC235369 and #NC235495). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10ANCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility has a current census of 6. The survey sample consisted of audits of 6 current clients.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff</p>	V 108	<p>V108: QP started Client Specific Inservice with current DSP on 1/19/2026 and will continue to conduct Inservice with all remaining staff; as well as new staff coming</p>	2/16

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

Dr. K Pryor-Goins
STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE
Dr. K Pryor-Goins
TITLE
IDD Regional Operations Director
(X6) DATE
2/9/2026 | 1:33 PM

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V 108	<p>Continued From page 1</p> <p>member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audited paraprofessionals (#1, #2, and #5) and 2 of 4 audited sister facility A paraprofessionals (#A10 and #A11) and 1 of 3 audited Qualified Professionals (Administrator/QP) received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 12/29/25 of Staff #1's personnel record revealed: -Date of hire: 4/10/25 as direct support professional (DSP). -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 12/29/25 of Staff #2's personnel record revealed: -Date of hire: 3/12/25 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Review on 1/26/26 of Staff #5's personnel record revealed: -Date of hire: March 2008 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 1/26/26 of Staff #A10's personnel record revealed: -Date of hire: 12/23/24 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 12/29/25 of Staff #A11's personnel record revealed: -Date of hire: 12/1/25 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 1/6/26 of the Administrator/QP's personnel record revealed: -Date of hire: 2/10/25. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Interview on 12/29/25 with Staff #1 revealed: -Did not receive specific training regarding each of the clients.</p> <p>Interview on 1/6/26 with Staff #2 revealed: -Received "no training in client specifics for Hawthorne (Hawthorne House) clients."</p> <p>Interview on 1/9/26 with Staff #5 revealed: -Did not receive specific training regarding each of the clients. -"[Administrator/QP] had never worked in the house (facility) with those guys (clients) ...she (Administrator/QP) said 'I don't know these folks (clients).'"</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>Interview on 1/8/26 with Staff #A10 revealed: -Did not recall any client specific training but "...learned about clients by going through their files ..." -DSP staff "have always been the ones to tell new staff about clients."</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #A11 revealed: -Worked alone for a 12-hour shift at the facility on Saturday 12/27/25 and worked with Staff #5 on Sunday 12/28/25. Prior to that, had only worked at sister facility A and was a sister facility A staff. -"I didn't know who needed what" while working with clients at the facility. -"[Client #1] was telling me about the residents (clients), but I had no specific trainings about the clients at this facility (Hawthorne House)...didn't know about [Client #3's] allergy to red dye; didn't know [Client #6's] food needed to be blended and thickened liquids ...would not have known anything if [Client #1] had not told me everything!" -"On Christmas evening, helped [Staff #A10] change [Client #6] once, but had no specific client training." -"[Clients #6] and [Client #A9] ...have to be cautious with (transfers for) both ...[Staff #A10] showed me how to transfer [Client #6] prior to that ...I got in front of [Client #A9] and got the sling behind her then tilted her chair ...[Staff #5] helped me with getting [Client #A9] into the shower, I bathed her then she (Staff #5) assisted me getting her (Client #A9) out ...I knew nothing about [Client #1], [Client #2], [Client #3] or [Client #6]." -"[Staff #5] helped me get [Client #A9] into the shower Sunday (12/28/25) morning ...she got the boys (Clients #A7 and #A8) in the shower then helped me give [Client #6] a bed bath ...didn't know his normal routine...we finally got to him</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>Sunday morning 10-11am ...He was sitting in his poop and wet diaper ...didn't know if he had been changed or positioned overnight ..."</p> <p>-"[Client #A7] and [Client #A8] ...showered independently but [Client #A7] will just stand in the water if not supervised."</p> <p>-"Boys (Clients #A7, #A8) slept most of the weekend ...[Client #A7] is more open with what he's doing where [Client #A8] is more sneaky ...have incestual relationship ...even with 2 staff, tough to always keep a eye on the boys."</p> <p>Interview on 1/15/26 with the Administrator/QP revealed: -Worked 3rd shift alone at the facility on 12/27/25 from 9:30pm to 9:00am, 12/28/25 from 9:30pm to 9:00am, and on 12/29/25 from 8:00pm to 7:30am. -"Never worked direct care prior to that night ...I did bed checks, did laundry ... Sunday night, put everyone to bed ..." -"Didn't know the clients, but did basic personal care stuff."</p> <p>Interview on 1/5/26 with the QP revealed: -Was hired on 12/1/25. -"Can't verify (client specific) training occurred." -Created client specific training documentation for each client which will be used in the future for training all staff at the monthly meetings.</p> <p>Interview on 1/6/26 with the Talent Acquisition Team Recruiter revealed: -"The QPs were responsible for training client specifics for DSP staff."</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope (V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		

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V 109	Continued From page 5	V 109		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 2 of 3 audited Qualified Professionals (Administrator/QP and Program Manager/QP) (PM/QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 1/6/26 of the Administrator/QP's personnel record revealed: -Date of hire: 2/10/25. -Date of suspension: 12/31/25. -Date of termination: 1/5/26.</p> <p>Review on 1/26/26 for PM/QP's personnel record revealed: -Date of hire: 5/27/24.</p> <p>Interview on 12/29/25 with Staff #1 revealed: -There was limited staffing for the facility. The Administrator/QP instructed the staff to keep the clients at the Licensee's vocational (voc) center until 8pm because there was no staff scheduled to work at the facility and administer clients their medications (beginning 12/15/25).</p> <p>Interviews on 1/6/26 and 1/22/26 with Staff #2 revealed: -The PM/QP said to take the sister facility A clients to the facility to sleep due to the lack of staff. -"[PM/QP] came out, but only helped with transportation ...he could have just gone to [sister facility A]...[PM/QP] said keep the clients at the voc (vocational) center because the state ratio at the voc center was higher at 1:6 ..."</p>	V 109	<p>V 109: The RHA Regional Director of Operations will Inservice the Program Manager, QPs, Direct Support Supervisors and Direct Support Professionals at Calloway and Hawthorne by 2/16/26</p>	2/16

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V 109	<p>Continued From page 7</p> <p>Interview on 12/29/25 with Staff #3 revealed: -"The former QP was fired ...she had been covering all these shifts ...former House Manager (HM) quit ...above the QP was [PM/QP] and [Administrator/QP] and they just don't pick up ..."</p> <p>Interview on 1/8/26 with Staff #A7 revealed: -According to the Administrator/QP and the PM/QP, " ...ratio for voc services 1:6 (staff to clients) was different than for residential 1:4 ..." and many staff had called out sick but " ...nobody called us (local) workers to see about us coming in ..."</p> <p>Interview on 1/8/26 with Staff #A10 revealed: -Was instructed to keep the facility clients at the vocational center due to the staffing ratio requirements of needing two staff for 6 clients, but " ...after 8PM 1 person (staff) was fine."</p> <p>Interview on 1/6/26 with Staff #A11 revealed: -Worked 12 hour shifts on Saturday (12/27/25) and Sunday (12/28/25) at the facility ..."I was alone on Saturday and with [Staff #5] on Sunday ...I didn't know Hawthorne (Hawthorne House clients) ...called [Administrator/QP] and [PM/QP] frequently with no answer ...[PM/QP] called back to tell me they were still looking for relief ...called (Licensee's) compliance hotline to report ratio was now 7:1 (seven clients to 1 staff at the facility which was licensed to serve 6 clients) ...[Senior Vice President] responded to hotline." -The Administrator/QP instructed Staff #A11 not to shower Client #A9 on Saturday 12/27/25 and told her, "no, [Client #A9] could wait to shower on Sunday (12/28/25) morning."</p> <p>Interviews on 12/29/25 and 1/6/26 with the Unit Clerk revealed:</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>-The Administrator/QP decided that when only one staff worked, that the clients needed to remain at the vocational center for up to 12 hours and eat dinner there instead of their residential facility.</p> <p>-"[PM/QP] doesn't return calls at all."</p> <p>-"Told [Administrator/QP] in person or on the phone and texted her when we were going to be short staffed ...[Administrator/QP] would respond and say, 'I don't have anybody to send' ...sorta fell on me (to find staff) ..."</p> <p>Interviews on 12/29/25 and 1/16/26 with the QP revealed:</p> <p>-The Administrator/QP and the PM/QP "made the call to move [sister facility A clients] to Hawthorne (Hawthorne House)...[PM/QP] was on call and [Administrator/QP] was his backup ...it was the perfect storm during the holidays, sickness and lack of staff."</p> <p>-On Thursday 12/25/25, "[Administrator/QP] told me to put the houses (facility and sister facility A) together ...all 3 residents from [Sister facility A] are their own guardians ...no one told me to contact [facility] residents to ask about clients staying in their rooms ...[Administrator/QP] was handling everything."</p> <p>-"[PM/QP] doesn't really know non ICFs (intermediate care facilities) ...it's hit or miss if he responds ...he says he's dealing with ICFs ...he and [Administrator/QP] would say they were picking up shifts but then would not."</p> <p>Interview and text on 1/15/26 and interview on 1/28/26 with the PM/QP revealed:</p> <p>-"I must have made the decision to merge the houses (facility and sister facility A) if [Administrator/QP] was not available ...I don't know who made decision to merge houses ...apparently I gave the authorization to merge</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>(the two facilities). So, it's my fault, but we never knew that we couldn't. No one has ever told us that we couldn't"</p> <p>"My understanding is that the voc center ratio is 1:6 (staff to clients), non ICF is 1:4..."</p> <p>Interview on 1/15/26 with the Administrator/QP revealed: -"Didn't know about the merging of the 2 homes until I got back on Saturday(12/27/25) .. I was off Christmas day and Fridaywas not notified of merging until Saturday .. [PM/QP] was working ...him (PM/QP) and whoever he spoke with made decisions."</p> <p>"I suggested clients stay at day program during 2nd shift the week before Christmas, due to lack of staffing and would still able to do meaningful activities."</p> <p>Interview on 1/23/26 with the Regional Operations Director revealed: -"Was on vacation during Christmason Saturday (12/27/25) learned compliance had received a call from the compliance hot line ...staff stated they were by themselves ...immediately called [Administrator/QP] who didn't answer ...called the home (facility) no one answered ...[Administrator/QP] called back 'I'm aware, I'm on it' didn't realize houses (facility and sister facility A) were merged.... "</p> <p>-A communication was sent with staff names and phone numbers which could be used in an emergency before the holidays.</p> <p>"No one ever reported we had to merge houses at voc center... Never did she (Administrator/QP) tell me she was merging at voc center...."</p> <p>"We could have gotten some help there" if made aware of what was happening at the facility and sister facility A.</p> <p>"[Administrator/QP] worked her butt off, but</p>	V 109		

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V 109	Continued From page 10 decision making was missing." This deficiency is cross referenced into 10A NCAC27G.5601 Scope (V298) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (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	V 113	V 113: QP/House Manager will conduct In Service with staff on the procedure of Check and Changes. House Manager will do daily checks on the Check and Change log to make sure they are being completed within the next thirty days.	3/31

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V 113	<p>Continued From page 11</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of services provided for 1 of 6 audited clients (#6). The findings are:</p> <p>Review on 1/7/26 of Client #6's record revealed: -Date of admission: 1/6/07. -Diagnoses: Edema, Seizure Disorder, Dysphagia, Neuromuscular Dysfunction of Bladder, Erythema, Constipation, Barrett's Esophagus without Dysplasia, Gastro-esophageal Reflux Disease (GERD), Allergic Rhinitis, Venous Insufficiency, Raynaud's Syndrome, Glaucoma-bilateral, Paraplegia, Spastic Hemiplegia, Cerebral Palsy, Sleep Apnea, Moderate Intellectual Developmental Disabilities, Anxiety Disorder. -Treatment plan dated 9/1/25 revealed: "...He requires full physical assistance in most areas of personal care and hygiene. He needs assistance with toileting/changing/wiping/diapering ..." -Review of Check and Change Log: Instructions included checking on Client #6 every three hours</p>	V 113		

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V 113	<p>Continued From page 12</p> <p>for a total of 8 checks during a 24 hour period to change his undergarments and document the service. This service was only documented anywhere from 1-6 times for each 24 hour period 10/1/25-1/1/26 with no documentation on 10/5/25, 11/17/25-11/22/25, 12/15/25, 12/27/25-12/30/25 for a total of 17 days.</p> <p>Interview on 1/16/26 with the Unit Clerk revealed: -She filed Client #6's Check and Change Logs but was unable to locate several of the logs.</p> <p>Interview on 1/23/26 with the Qualified Professional (QP) revealed: -"The expectations of the changing charts (Check and Change Log) is that all staff complete it every 2-3 hours depending on the individual (client)."</p> <p>Interview on 1/15/26 with the Administrator/QP revealed: -Worked 3rd shift on 12/27/25 and 12/28/25. -"Didn't know the clients, but did basic personal care stuff ...I don't know if there was a (Check and Change) log (for Client #6) but I didn't document (checks or changes)."</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the</p>	V 114		

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V 114	<p>Continued From page 13</p> <p>facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 1/9/26 of the facility's fire drill reports for period January 2025 through December 2025 revealed: -No documentation of drills conducted for: -1st shift (7am-3pm) in 1st quarter (January-March) 2025. -1st or 2nd shifts (3pm-11pm) in 3rd quarter (July-September) 2025. -2nd or 3rd shifts (11pm-7am) in 4th quarter (October-December) 2025.</p> <p>Review on 1/12/26 of facility's disaster drill reports revealed: -No documentation of drills conducted for: -1st, 2nd or 3rd shifts in 1st, 2nd (April-June), and 3rd quarters 2025. -3rd shift in 4th quarter 2025.</p> <p>Interview on 12/29/25 with Client #1 revealed: -"Go out front to the vans (on the driveway) ...have a (fire) drill every month." -Denied any knowledge of a disaster drill.</p> <p>Interview on 12/29/25 with Client #2 revealed: -"Have (fire) drills ...don't remember the last one."</p>	V 114	<p>V 114: QP/House Manager will conduct an In Service with all Direct Care Professionals on the policy and procedures of conducting a Fire and Disaster Drill. House Manager will make sure that all shifts have completed a fire and disaster drill within the 30 days.</p>	3/31

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V 114	<p>Continued From page 14</p> <p>-Denied any knowledge of a disaster drill.</p> <p>Interview on 12/29/25 with Client #3 revealed: -"Go to the van (on the driveway) for fire drill." -Denied any knowledge of a disaster drill.</p> <p>Interview on 1/12/26 with the Qualified Professional (QP) revealed: -There was an annual schedule in the front of the fire and disaster drill notebook. -The Home Manager or QP "would have been responsible" for following the schedule to make sure drills were completed. There had been "lots of staff turnover" including HMs and QPs. -She would make sure the fire and disaster drills were completed in the future.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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>	V 118	<p>V 118: Nursing has been and will continue to monitoring the EMAR system daily, and communicating all omitted medications to the Program Manager and IDD Regional Director. Nursing will also do conduct an In Service with staff on the importance of communicating with them if there is medication error or medication question.</p>	3/31

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V 118	<p>Continued From page 15</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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: Based on record review, interview, and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current affecting 3 of 6 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 1/5/26 of Client #1's record revealed: -Date of admission: 1/6/07. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Anxiety Disorder, Intermittent Explosive Disorder, Bipolar Disorder, Autistic Disorder, Attention Deficit Hyperactivity Disorder (ADHD). -Physician's orders dated 11/6/24 included: -Carbamazepine 100 milligram (mg) Extended Release (ER) (bipolar)-2 tablets (tabs) daily at bedtime with 400mg tab. -Carbamazepine 400mg ER-1 tab daily at bedtime with 200mg. -Docusate 100mg (constipation)-1 capsule (cap) daily at bedtime.</p>	V 118		

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V 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Physician's orders dated 8/30/25 included: <ul style="list-style-type: none"> -AZO Urinary Tract Tab (prevent urinary tract infection)-1 tab twice daily. -Physician's orders dated 10/6/25 included: <ul style="list-style-type: none"> -Ziprasidone 40mg (bipolar)-1 cap every morning and discontinue 20mg daily. -No physician's order for Ziprasidone 20mg daily. <p>Review on 12/29/25 of Client #1's MARs for period 10/1/25-12/28/25 revealed:</p> <ul style="list-style-type: none"> -The following medications were not documented as administered on 10/7/25: <ul style="list-style-type: none"> -Carbamazepine 100mg. -Carbamazepine 400mg. -Docusate 100mg. -AZO Urinary Tract Tab for the evening dose. -Ziprasidone 40 mg. -Ziprasidone 20mg was documented as administered 10/1/25-10/7/25, 10/9/25, 10/10/25 (9 doses). <p>Interview on 12/29/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> -"I don't know what (medications) I take." -"Staff don't forget (to administer medications)." <p>Review on 1/5/26 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 7/30/20. -Diagnoses: Mild IDD, Seizure Disorder, Schizoaffective Disorder, Attention Deficit Disorder (ADD). -Physician's orders dated 11/6/24 included: <ul style="list-style-type: none"> -Trazadone 100mg (sleep)-2 tabs daily at bedtime. -Physician's orders dated 1/13/25 included: <ul style="list-style-type: none"> -Quetiapine 50mg (sleep)-1 tab daily at bedtime. -Physician's orders dated 9/9/25 included: <ul style="list-style-type: none"> -Lamotrigine 150mg (epilepsy)-1 tab twice daily with 200mg tab. -Lamotrigine 200mg-1 tab twice daily with 	V 118		

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V 118	<p>Continued From page 17</p> <p>150mg tab.</p> <p>Review on 12/29/25 of Client #2's MARS for period 10/1/25-12/28/25 revealed: -The following medications were not documented as administered on 10/7/25: -Lamotrigine 150mg. -Lamotrigine 200mg for the evening dose. -Quetiapine 50mg. -Trazadone 100mg.</p> <p>Interview on 12/29/25 with Client #2 revealed: -Staff administer the following medications to "...Abilify, Dilantin, Lamictal, Vitamin D3, Melatonin and nasal spray ..." -Had never missed any medications.</p> <p>Review on 1/5/26 of Client #3's record revealed: -Date of admission: 1/27/25. -Diagnoses: Moderate IDD, Epilepsy, ADHD, Anxiety Disorder. -Physician's order dated 5/6/25 included: -Ciclopirox Solution 8% (toe fungus)-apply to affected areas daily at bedtime or 8 hours before washing. -Fluticasone Spray 50 micrograms (mcg) (allergies)-1 spray in each nostril twice daily. -Guanfacine ER 4mg (ADHD)-1 tab daily at bedtime. -Triamcinolone Cream 0.1% (dermatitis)-apply a thin layer to affected areas twice daily. -Physician's order dated 9/17/25 included: -Terbinafine Cream 1% (rash)- apply twice daily for 30 days.</p> <p>Review on 12/29/25 of Client #3's MARS for period 10/1/25-12/28/25 revealed: -The following medications were not documented as administered/applied on 10/7/25:</p>	V 118		

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V 118	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Ciclopirox Solution 8%. -Fluticasone Spray 50mcg for the evening dose. -Guanfacine ER 4mg. -Triamcinolone Cream 0.1% for the evening dose. -Terbinafine Cream 1% for the evening dose. <p>Interview on 12/29/25 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Was unable to identify what medications were prescribed. "I don't know." -Had never refused any medications. <p>Review on 1/19/26 of staff time sheets revealed:</p> <ul style="list-style-type: none"> -Staff #A10 worked 2nd shift (2:53pm-10:50pm) on 10/7/25 at the facility. <p>Interview on 1/26/26 with Staff #A10 revealed:</p> <ul style="list-style-type: none"> -"I don't remember that night (10/7/25) specifically ... I always complete the med (medication) pass (administration) on paper MAR when I can't get in the system (electronic MAR tracking system) ...there's always a paper MAR in the house (facility)." <p>Interview on 1/6/26 with the Unit Clerk revealed:</p> <ul style="list-style-type: none"> -Was responsible for scheduling doctor appointments and calling in refill prescriptions to the pharmacy but did not review MARs. -Sometimes staff were scheduled at the facility that were not trained in medication administration and "staffing has been all over the place." -The Registered Nurse (RN) and Licensed Practical Nurse (LPN #1) from our regional office came to the facility "sometimes" and checked the MARs and medications. -Sometimes the electronic MAR tracking system is "down" and staff document on the paper MAR. -She made copies of each MAR monthly to put in the facility. 	V 118		

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V 118	<p>Continued From page 19</p> <p>-Could not locate the October 2025 paper MAR.</p> <p>Interview on 1/12/26 with the facility's RN revealed: -Was assigned to the facility for the past two weeks. "It has been a joint effort with [LPN #1] to make sure MARs were complete in all of our homes (facilities)." -"Now have [LPN #2] on board and getting into a routine."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p>	V 121	<p>V 121: Psych reviews will be completed routine, all individuals who do not have a current psych review will be scheduled; immediately. All psych reviews will be done by March 31st.</p>	3/31

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V 121	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months for clients who were administered psychotropic medications for 3 of 6 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 1/5/26 of Client #1's record revealed: -Date of admission: 1/6/07. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Anxiety Disorder, Intermittent Explosive Disorder, Bipolar Disorder, Autistic Disorder, Attention Deficit Hyperactivity Disorder (ADHD). -Physician's orders dated 11/6/24 included: -Carbamazepine 100 milligram (mg) Extended Release (ER) (bipolar)-2 tablets (tabs) daily at bedtime with 400mg tab. -Carbamazepine 400mg ER-1 tab daily at bedtime with 200mg. -Lamotrigine 100mg ER (mood)-1 tab daily with 50mg. -Lamotrigine 50mg ER-1 tab daily with 100mg. -Physician's orders dated 7/7/23 and 10/6/25 included: -Ziprasidone 40mg (bipolar)-1 caplet (cap) daily. -Physician's orders dated 10/3/23 and 12/3/25 included: -Fluvoxamine 100mg (mood)-2 tabs daily. -There was no documentation of a 6 month drug regimen review.</p> <p>Review on 12/29/25 of Client #1's Medication Administration Records (MARs) for period 7/1/25-12/28/25 revealed: -Above medications were administered.</p>	V 121		

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V 121	<p>Continued From page 21</p> <p>Review on 1/5/26 of Client #2's record revealed: -Date of admission: 7/30/20. -Diagnoses: Mild IDD, Seizure Disorder, Schizoaffective Disorder, Attention Deficit Disorder (ADD). -Physician's orders dated 11/6/24 included: -Lamotrigine 150mg (epilepsy)-1 tab twice daily with 200mg tab. -Lamotrigine 200mg-1 tab twice daily with 150mg tab. -Quetiapine 50mg (sleep)-1 tab daily at bedtime. -Trazadone 100mg-2 tabs daily at bedtime. -Aripiprazole 10mg (schizoaffective)-1 tab daily. -Paroxetine 10mg (depression)-1 tab daily. -There was no documentation of a 6 month drug regimen review.</p> <p>Review on 12/29/25 of Client #2's MARs for period 7/1/25-12/28/25 revealed: -Above medications were administered.</p> <p>Review on 1/5/26 of Client #3's record revealed: -Date of admission: 1/27/25. -Diagnoses: Moderate IDD, Epilepsy, ADHD, Anxiety Disorder. -Physician's order dated 5/6/25 included: -Escitalopram 10mg (anxiety)-1 tab daily. -Guanfacine 4mg ER (ADHD)-1 tab daily night at bedtime. -There was no documentation of a 6 month drug regimen review.</p> <p>Review on 12/29/25 of Client #3's MARs for period 7/1/25-12/28/25 revealed: -Above medications were administered.</p> <p>Interview on 1/6/26 with the Qualified</p>	V 121		
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V 121	Continued From page 22 Professional revealed: -Was hired 12/1/25. -Was "not aware" of the required six month drug regimen review for clients who were administered psychotropic medications. -Neither the Registered Nurse (RN) nor the Licensed Practical Nurses (LPN #1) were able to locate any of the 6-month drug reviews. -The RN, LPN#1, and LPN #2 would help make sure all clients who were administered psychotropic medication have a drug regimen review every six months moving forward.	V 121		
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 interview, 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 an offer of employment for 1 of 6 audited staff (Staff #2). The findings are:	V 131	V 131: Staffing Coordinator is ensuring all current employees and new hires HCPR are in employee files. Staffing Coordinator will be ensure the Health Care Personnel Registry is checked and saved in the employee file electronically.	3/31

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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714
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V 131	<p>Continued From page 23</p> <p>Review on 12/29/25 of Staff #2's record revealed: -Date of hire: 3/12/25. -Initial HCPR check was completed 4/3/25.</p> <p>Interview on 12/29/25 with the Qualified Professional revealed: -Was not responsible for completing HCPR checks; that responsibility was with the Human Resources (HR) Department. -She didn't have access to Staff #2's personnel information. -The HCPR check dated 4/3/25 for Staff #2 was the only document provided from the HR Department.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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 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</p>	V 133	<p>V 133: Staffing Coordinator will ensure that fingerprints are retrieved for any Hawthorne employees that are required within 30 days.</p>	3/31

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V 133	<p>Continued From page 24</p> <p>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 request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this</p>	V 133		

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V 133	<p>Continued From page 25</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>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 to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p>	V 133		
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V 133	<p>Continued From page 26</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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 Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments;</p>	V 133		

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V 133	<p>Continued From page 27</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(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); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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V 133	<p>Continued From page 28</p> <p>This Rule is not met as evidenced by: 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 2 of 6 audited staff (Qualified Professional (QP) and Program Manager/QP (PM/QP)). The findings are:</p> <p>Review on 12/29/25 of the QP's record revealed: -Date of hire: 12/1/25. -Initial criminal background check was ordered on 10/15/25 but did not include fingerprints.</p> <p>Interview on 12/29/25 with the QP revealed: -Recently moved to North Carolina from another state. -Was not asked to complete a fingerprint check.</p> <p>Review on 1/26/26 of the PM/QP's record revealed: -Date of hire: 5/27/24. -Initial criminal background check was ordered on 5/3/24 but did not include fingerprints.</p> <p>Interview on 1/26/26 with the PM/QP revealed: -Moved to North Carolina from another state in 2024. -He had completed a fingerprint check when he was hired. -Could not provide any further information regarding the fingerprinting process he completed when he was hired.</p>	V 133		

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V 133	Continued From page 29 Requests from 12/29/25-1/30/26 for proof of fingerprint results for the PM/QP was not provided prior to survey exit. Interview on 12/29/25 with the Senior Vice President revealed: -Obtaining fingerprints was the responsibility of the Human Resources Department. -Would have the fingerprints for the QP completed as soon as possible.	V 133		
V 138	27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. This Rule is not met as evidenced by:	V 138	V 138: The RHA Regional Director of Operations will Inservice the Program Manager, QPs, and Direct Support Supervisors on the Policy and Procedures directed towards Emergency Relocation. QP will Inservice DSP on the policy and procedures related to Emergency Preparedness Plan for Hawthorne House, by 2/16/26 to ensure health and safety.	2/16

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V 138	<p>Continued From page 30</p> <p>Based on record review and interview, the facility served more clients than the number for which it was licensed. The findings are:</p> <p>Review on 12/29/25 of the facility's license issued by the Division of Health Service Regulation (DHSR) valid through 12/31/25 revealed: -Residential capacity of 6 clients which included 1 client who was non-ambulatory.</p> <p>Review on 12/29/25 of the DHSR's Client Staff Census Form completed by the Qualified Professional (QP) on 12/29/25 revealed: -The current census for the facility was 6 clients.</p> <p>Review on 1/6/26 of the facility's Attendance Report from 12/26/25-12/30/25 revealed: -Clients #1, #2, and #6 were at the facility on 12/26/25 and 12/27/25. -Clients #1, #2, #3, and #6 were at the facility on 12/28/25 through 12/30/25.</p> <p>Review on 1/6/26 of sister facility A's Attendance Report from 12/26/25-12/30/25 revealed: -Clients #A7, #A8, #A9 were present on 12/26/25-12/30/25.</p> <p>Interview on 12/29/25 with the QP revealed: -"Multiple staff called out sick..... moved [sister facility A] clients (Clients #A7,#A8,#A9) ... " to the facility on 12/26/25.</p> <p>Interview on 12/29/25 with Client #1 revealed: -Had sister facility A clients at the facility from Friday 12/26/25 through Monday 12/29/25 because they " ...don't have enough staff ..." -"It's kind of stressing to have them (sister facility A clients) here (at the facility)." -"We have an empty room that [Client #A9] sleeps in....[Client #A8] sleeps in [Client #4's]</p>	V 138		

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V 138	<p>Continued From page 31</p> <p>room and [Client #A7] sleeps in [Client #5's] room."</p> <p>Interview on 12/29/25 with Client #2 revealed: -"We had [sister facility A clients] as house guests for 3 nights." -"[Client #A9] slept in one room that was empty (not occupied by a current resident)." -"[Client #A7] stayed in [Client #5's] room." -"[Client #A8] was staying in [Client #4's] bedroom." -"[Administrator/QP] stayed (worked) with us 3rd shift (8pm-8am) last night." -"Staff are very friendly ... they are frustrated (with staffing)... tell us not to worry (about staffing problems)."</p> <p>Interview on 12/29/25 with Client #3 revealed: -Did not have any concerns about sister facility clients staying multiple days at the facility.</p> <p>Interview on 1/13/26 with Client #3's family guardian revealed: -Returned Client #3 to the facility on Saturday 12/27/25. "There had been a house guest (Client #A9) in her (Client #3's) bed."</p> <p>Interview on 1/6/26 with Client #4 revealed: -"No, I didn't know [Client #A7] stayed in my bedroom."</p> <p>Interview on 1/9/26 with Client #4's family guardian revealed: -Was not aware another client had slept in her daughter's bed. -"I went into her (Client #4's) room when we returned ...nothing seemed disrupted at all ...I know they have had some staffing problems ...don't like the turnover, but what do you do?"</p>	V 138		

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V 138	<p>Continued From page 32</p> <p>Interview on 1/6/26 with Client #5 revealed: -"Didn't know [Client #A8] stayed in (my) bedroom ...nobody told me."</p> <p>Interview on 1/8/26 with Client #6 was attempted but was unsuccessful due to his cerebral palsy and limited expressive language.</p> <p>Interview on 1/8/26 with Client #A7 revealed: -"It was okay staying in someone else's room ...a little weird" -"Stayed in [Client #5's] room."</p> <p>Interview on 1/8/26 with Client #A8 revealed: -"It was okay (staying at sister facility A) ...it was a little different ...I had to sleep in somebody else's room ...I could've slept on the couch." -"Stayed (at the facility) 2 to 3 nights."</p> <p>Interviews on 1/6/26, 1/16/26 and 1/30/26 with Client #A9 revealed: -"I don't like being away from my home (facility), my bed, my stuff ...packed clothes for a couple of days ...[Staff #A11] went back to get more clothes." -Usually sleep in a hospital bed in sister facility A. "I can roll myself over in the bed ...slept okay...didn't fall out" (of non-hospital bed). -"Slept in [Client #3's] bed ..." -Was at sister facility A for four days from Friday 12/26/25 through Tuesday 12/30/25.</p> <p>Interview on 1/6/26 with Staff #A11 revealed: -" ...Called (Licensee's) compliance hotline to report ratio was now 7:1 (seven clients to 1 staff at the facility which was licensed to serve 6 clients) ...[Senior Vice President] responded to hotline."</p> <p>Interviews on 1/26/26 with the QP revealed:</p>	V 138		

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V 138	Continued From page 33 -Census at the facility " ...went up to 7 when [Client #3] came home ...on call staff (PM/QP) made the decision to move [sister facility A] to the facility." -"Staff enter the daily census in [electronic medical record] and I approve it. [Client #3] must have returned after the census was entered on 12/27/25." This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.	V 138		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	Continued From page 34 diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	<p>Continued From page 35</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to operate within the scope of their license and failed to provide a homelike environment for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interview, the facility failed to ensure 3 of 3 audited paraprofessionals (#1, #2, and #5) and 2 of 4 audited sister facility A paraprofessionals (#A10 and #A11) and 1 of 3 audited Qualified Professionals (Administrator/QP) received training to meet the MH/DD/SA needs of the clients.</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review and interview, 2 of 3 audited Qualified Professionals (Administrator/QP and Program Manager/QP) (PM/QP) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0404 Operations During Licensed Period (V138) Based on record review and interview, the facility served more clients than the number for which it was licensed.</p> <p>Cross Reference: 10A NCAC 27G 5602 Staff (V290) Based on record review and interview, the facility failed to ensure staffing to meet the individualized needs of the clients for 6 of 6 clients (#1, #2, #3, #4, #5, and #6) and 3 of 4 sister facility A clients (#A7, #A8, and #A9).</p>	V 289		

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V 289	<p>Continued From page 36</p> <p>Cross Reference: 10A NCAC 27F .0103 Health, Hygiene and Grooming (V540). Based on record review, interview, and observation, the facility failed to provide personal privacy for 1 of 6 clients (#6) and failed to provide an opportunity for a shower or tub bath daily for 1 of 4 sister facility client (Client #A9).</p> <p>Finding #1 - Clients were kept at the vocational (voc) center and did not go back to the facility at the end of the day.</p> <p>Interview on 12/29/25 with Client #2 revealed: -Issues with staffing at the house (facility). -"Don't like being here (at vocational center) after workshop hours ...don't like group homes but rather be at group home than at voc center ...this is bull c**p ...They started bringing meds down here when we have to stay here."</p> <p>Interview on 12/29/25 with Staff #1 revealed: -" ...[Administrator/QP] told us to hang out here (vocational center) until time to give meds ...meds start at 8 (PM) with 1 hour before or after." -"Didn't have enough staff to be at the house (facility)."</p> <p>Interview on 1/22/26 with Staff #2 revealed: -Was instructed by the Administrator/QP to remain at the vocational center with the facility clients due to lack of staffing which prevented their return to the facility. " ...at voc center until 8PM (daily) about a week and half before Christmas ...then the next week except for Christmas day when they (clients) were home (facility)..." -"[Program Manager/QP] said they could stay at the voc center for 2nd shift due to state ratios being 1:6 (at voc center). The house ratio was 1:4."</p>	V 289		

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V 289	<p>Continued From page 37</p> <p>Interview on 12/29/25 with the Unit Clerk (UC) revealed: -Normally, clients at the vocational center " ...bring their lunch ...leave around 2:30PM...If only one staff, then clients have to stay here (vocational center) later ...Just started about 2 weeks ago ...[Administrator/QP] made the decision ...Ratio is 1:4 so have to have 2 staff at (facility) but haven't always had 2 staff available ...When clients have to stay at voc center late, make dinner, watch movies, playing games ...when they are here, I'm back there with them." -She and/or the QP would sometimes stay at the vocational center so there was a second staff present.</p> <p>Interviews on 1/5/26 and 1/28/26 with the QP revealed: -"Hawthorne clients stayed (at the vocation center) until 8PM Monday to Friday (12/15/25-12/19/25) but were at the house (facility) over the weekend. Some people (clients) left for Christmas so we were down to 4 (clients) and could stay at home (facility)[Staff #2] was the only 2nd shifter for Hawthorne." -Kept facility clients at vocational center when there was only one 2nd shift staff person scheduled to work. -The QP and the UC were at the vocational center for additional support staff when facility clients stayed later into the evening until 8PM. -Fed the clients dinner at the vocational center when they remained at the center after 2:30PM. -On 12/29/25, she stayed with Staff #A11 at the vocational center with 7 total clients from the facility and sister facility A until 8PM due to a lack of staffing.</p> <p>Interview on 1/15/26 with the Administrator/QP</p>	V 289		

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V 289	<p>Continued From page 38</p> <p>revealed: -"I suggested [facility] clients staying at day (vocational) program during 2nd shift the week before Christmas due to lack of staffing."</p> <p>Finding 2 - Facility clients and their legal guardians did not know that sister facility A clients were moved to the facility and allowed to sleep in the beds of the facility clients.</p> <p>Interview on 1/13/26 with Client #3's family guardian revealed: -"[Client #3] said 'somebody slept in my bed' ...she knew it ...Her dad just started stripping the bed himself." -Did not receive any notification that sister facility clients were staying in her daughter's bedroom.</p> <p>Interview on 1/9/26 with Client #4's family guardian revealed: -"No one contacted me (about other clients sleeping in Client #4's bedroom) ...when we came back [Staff #2] told me they were doing an inventory of rooms to make sure things weren't missing."</p> <p>Interview on 1/9/26 with Client #5's family guardian revealed: -"Was not made aware of another client (Client #A7) sleeping in [Client #5]'s room."</p> <p>Interview on 1/8/26 with Staff #4 revealed: -" ...Did not put on new sheets (on the beds of the facility's clients) when they (sister facility A clients) went in there (to the bedrooms) ...the sheets looked cleaned ...didn't change them the next morning ..."</p> <p>Interview on 1/26/26 with Staff #5 revealed: -"Twins (Client #A7 and Client #A8) did not get</p>	V 289		
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V 289	<p>Continued From page 39</p> <p>clean sheets" when they moved from sister facility A to the facility. Was not aware if the sheets and bedding were changed when the sister facility A clients left the facility.</p> <p>Interview on 1/12/26 with Staff #A11 revealed: -Was unaware if bed linens were changed when sister facility A clients slept in the beds at the facility. -"I don't know if anyone changed the sheets ... don't think they were changed prior to or after ...[Client #3] said, 'someone slept in my bed' ...her dad was already stripping the bed ...[Client #A9] did sleep in [Client #3's] bed Friday (12/26/25) then stayed in spare room ...sheets were washed frequently in extra bedroom because they were wet."</p> <p>Interview on 1/6/26 with Senior Vice President revealed: -"Would have expected parents/guardians to be notified of combining houses (facility and sister facility A) but there was no indication notification was made." -" ...The Program Manager (PM/QP) and the Administrator (Administrator/QP) managed combining houses to make sure everyone had a bed." -"This wasn't staffing issue, it was unplanned, uncontrolled circumstances with people calling out of work with illness during holidays ... We had staff covered for each house but with the holiday people were not in town and staff we had were sick ...It was the next best thing we could do." -The Administrator/QP was suspended 12/31/25 and terminated 1/5/26.</p> <p>Review on 1/30/26 of Plan of Protection dated 1/30/26 and signed by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 289		

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V 289	<p>Continued From page 40</p> <p>10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) cross reference</p> <p>1. The RHA (licensee) Regional Director of Operations will Inservice the, QPs, Direct Support Supervisors (DSS) and Direct Support Professionals (DSP) at [sister facility A] and Hawthorne (Hawthorne House) (facility) by 2/16/26 to ensure supervision is adequate based on People supported Individualized service needs.</p> <p>10A NCAC 27F .0103 Client Rights- Health, Hygiene, Grooming (V540) cross reference</p> <p>10A NCAC 27G .0202 Personnel Requirements (V108) cross reference</p> <p>10A NCAC 27G .5602 Staff (V290) cross reference</p> <p>1. QP started Client Specific Inservice with current DSP on 1/19/2026, and will continue to conduct Inservice with all remaining staff; as well as new staff coming on. All training for current staff will be completed on 2/16/26.</p> <p>2. QP will Inservice DSP, and Direct Support Supervisor at Hawthorne and [sister facility A] by 2/16/26 about participants (clients) rights in respect to the participants privacy, dignity and respect.</p> <p>3. IDT (interdisciplinary team) will meet by 2/16/26 to review PCPs (person centered plans) and BSPs (behavior support plans) and Identify additional staffing needs of People Supported (clients) to ensure Health & Safety and adequate support in their current residential setting.</p> <p>10A NCAC 27G .0404 Operations during Licensed Period (V138) cross reference</p> <p>1. The RHA Regional Director of Operations will Inservice the Program Manager, QPs, and Direct Support Supervisors on the Policy and Procedures directed towards Emergency Relocation. QP will Inservice DSP on the policy</p>	V 289		

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V 289	<p>Continued From page 41</p> <p>and procedures related to Emergency Preparedness Plan for Hawthorne House, by 2/16/26 to ensure health and safety.</p> <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1. Direct Support Supervisor hired on 1/19/2026 . The DSS will ensure appropriate staffing for [Sister Facility A] and Hawthorne is in place or provide coverage during call outs or vacant positions. 2. The QP will develop a back emergency plan to address staffing ratios and ensure the residents are protected. 3. Clinical and Management teams may cover shifts when other Direct Support Professionals are not available. 4. All facility staff will be trained in the form of in-service to notify the Executive Director/VP (Vice President) for approval of emergency relocation of any People Supported by 2/16/26. The identified deficiency has been reviewed, and corrective action is in progress. Client Specific training has started with the DSP, as well as communication with Guardians has been increased. Personnel requirements are being reviewed and corrected to ensure compliance with applicable regulations. Policies and procedures are being reinforced, and responsible staff are being educated on requirements. Compliance will be monitored through ongoing audits. The Director and Vice President are responsible for oversight. Full compliance is expected by February 16th (2026)." <p>Facility is licensed for 6 individuals with 1 non-ambulatory diagnosed with mild and moderate IDD, Autism Disorder, Cerebral Palsy, Anxiety Disorder, Schizoaffective Disorder, Epilepsy, ADHD. Most DSP staff worked at both</p>	V 289	<ol style="list-style-type: none"> 1. Direct Support Supervisor will ensure appropriate staffing for [Sister Facility A] and Hawthorne is in place or provide coverage during call outs or vacant positions. 2. The QP will develop a back emergency plan to address staffing ratios and ensure the residents are protected. 3. Clinical and Management teams may cover shifts when other Direct Support Professionals are not available. 4. All facility staff will be trained in the form of in-service to notify the Executive Director/VP (Vice President) for approval of emergency relocation of any People Supported by 2/16/26. The identified deficiency has been reviewed, and corrective action is in progress. Client Specific training has started with the DSP, as well as communication with Guardians has been increased. Personnel requirements are being reviewed and corrected to ensure compliance with applicable regulations. Policies and procedures are being reinforced, and responsible staff are being educated on requirements. Compliance will be monitored through ongoing audits. The Director and Vice President are responsible for oversight. Full compliance is expected by February 16th (2026) 	2/16
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V 289	<p>Continued From page 42</p> <p>the facility and sister facility A, although they did not receive training on clients with whom they were working. Beginning 12/15/25, the 6 facility residents were required to stay at the vocational center until 8PM, well past their typical dismissal of 2:30PM. Decision to keep 6 facility clients at the vocational center for 12 hour days was made by the Administrator/QP due to short staffing. Additional decision was made by the program manager to merge sister facility A with the facility due to lack of staff. Three sister facility A clients, Clients #A7, #A8, #A9, slept at the facility without trained staff to care for the specific needs of the clients. Staff acknowledged they were not instructed to change the linens on the client's beds either before or after the sister facility A clients stayed. From Friday evening (12/26/25) until Tuesday morning (12/30/25), these 3 sister facility A clients (including Client #A9 who is non-ambulatory) moved to the facility with Client #1, Client #2 and Client #6 (non-ambulatory) for 4 nights. A 4th facility client (Client #3) returned Saturday afternoon/evening raising the facility census to 7, above their licensed capacity for 3 nights. On Saturday 12/27/25, Staff #A11 worked alone for 12 hours having to manage checking/changing 2 non-ambulatory clients (#6, #A9) every 2-3 hours and monitor 2 client brothers (#A7, #A8) with sexualized behaviors keeping them within line of sight. Staff #A11 had never worked in the facility and had no training on the facility clients. Staff #A11 relied on Client #1 to tell her about the extensive supports needed for Client #6 such as pureed food and thickened liquids. Client #A9 was assisted with a shower on Sunday morning using Client #6's roll in shower while he waited in soiled adult incontinence briefs for staff assistance in his bed. The Administrator/QP never reported to her</p>	V 289		

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V 289	Continued From page 43 regional supervisors during their minimally weekly calls, of the significant staffing shortages, merging clients at the vocational center, merging of the facilities nor did she request support to fill many staffing needs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days..	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients	V 290	V 290: IDT will meet by 2/16/26 to review PCPs and BSPs and Identify additional staffing needs of People Supported to ensure Health & Safety and adequate support in their current residential setting.	2/16

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V 290	<p>Continued From page 44</p> <p>present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staffing to meet the individualized needs of the clients for 6 of 6 clients (#1, #2, #3, #4, #5, and #6) and 3 of 4 sister facility A clients (#A7, #A8, and #A9). The findings are:</p> <p>Review on 1/5/26 of Client #1's record revealed: -Date of admission: 1/6/07. -Diagnoses: Mild Intellectual Developmental Disability (IDD), Anxiety Disorder, Intermittent Explosive Disorder, Bipolar Disorder, Autistic Disorder, Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Review on 1/5/26 of Client #2's record revealed: -Date of admission: 7/30/20. -Diagnoses: Mild IDD, Seizure Disorder, Schizoaffective Disorder, Attention Deficit Disorder (ADD).</p>	V 290		

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V 290	<p>Continued From page 45</p> <p>Review on 1/5/26 of Client #3's record revealed: -Date of admission: 1/27/25. -Diagnoses: Moderate IDD, Epilepsy, ADHD, Anxiety Disorder. -Treatment plan dated 6/1/25 revealed Client #3 required supervision and verbal prompting with activities of daily living (ADLs).</p> <p>Review on 1/5/26 of Client #4's record revealed: -Date of admission: 9/1/08. -Diagnoses: Down Syndrome, Moderate IDD, Mood Disorder, Autism. -Treatment plan dated 4/10/25 revealed Client #4 required supervision and verbal prompting with ADLs.</p> <p>Review on 1/5/26 of Client #5's record revealed: -Date of admission: 12/19/19. -Diagnoses: Moderate IDD, Schizoaffective Disorder. -Treatment plan dated 8/29/25 revealed Client #5 needed reminders to complete ADLs. -Behavior support plan dated 7/31/25 to address target behaviors of stealing from others and physical aggression.</p> <p>Review on 1/7/26 of Client #6's record revealed: -Date of admission 1/6/07 -Diagnoses: Edema, Seizure Disorder, Dysphagia, Neuromuscular Dysfunction of Bladder, Erythema, Constipation, Barrett's Esophagus without Dysplasia, Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Venous Insufficiency, Raynaud's Syndrome, Glaucoma-bilateral, Paraplegia, Spastic Hemiplegia, Cerebral Palsy (CP), Sleep Apnea, Moderate IDD, Anxiety Disorder. -Treatment Plan effective 9/1/25: "Needs full</p>	V 290		

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V 290	<p>Continued From page 46</p> <p>assistance, monitoring, and supervision from familiar staff and family for communication, mobility, transportation, community integration, sustenance, hydration, hygiene, activities of daily living, medication management, seizure management, appointments, activities that he chooses to participate, prevention of exploitation, and all-around health. Extensive supports are noted for turning, positioning, lifting, transfers, and therapy services ...He requires full physical assistance in most areas of personal care and hygiene. He needs assistance with toileting/changing/wiping/diapering, and transfers. With mobility, he uses a wheelchair but is no longer able to propel himself; Assistance is needed for shaving, dressing, hair care, bathing, washing, oral hygiene, and maintaining his health and safety. All meals are prepared purred for him and staff always assist him with eating/drinking and monitoring for safety. He is at considerable risk of choking. Liquids require thickening. Staff must be incredibly careful to do this extremely slow for him not to gag, spit up, throw up or get choked. Has recurring cellulitis and skin breakdown and is at elevated risk for pressure sores. Repositioning is done several times per day."</p> <p>Review on 1/6/25 of Client #A7's record revealed: -Date of admission to sister facility A: 6/9/21. -Diagnoses: Moderate IDD, ADHD, Fetal Alcohol Syndrome (FAS). -Behavior support plan dated 7/16/25 to address target behaviors of engaging in incestuous relationship with his brother, Client #A8, and touching self inappropriately in public and aggression toward others.</p> <p>Review on 1/6/26 of Client #A8's record revealed: -Date of admission to sister facility A: 6/9/21.</p>	V 290		

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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714
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V 290	<p>Continued From page 47</p> <p>-Diagnoses: Mild IDD, FAS, Allergic to Bee Stings.</p> <p>-Behavior support plan dated 7/14/25 to address target behaviors of engaging in incestuous relationship with his brother, Client #A7, and touching self inappropriately in public and aggression toward others.</p> <p>Review on 1/6/26 of Client #A9's record revealed:</p> <p>-Date of admission to sister facility A: 7/1/15.</p> <p>-Diagnoses: Mild IDD, CP, Osteoporosis, Sleep Apnea, GERD, Spasmodic Torticollis, Major Depressive Disorder, Psychotic Disorder, Adjustment Disorder, Quadriplegia.</p> <p>-Treatment plan dated 7/16/25 revealed Client #A9 required "will have assistance for all activities of daily living ...has a history of pressure sores and urinary tract infections (UTI) ...uses a CPAP (continuous positive air pressure) nightly ...uses a power wheelchair for mobility, a lift to assist with transitioning her from her bed to chair and chair to shower chair ...requires awake staff to ensure she is turned over in the middle of the night to prevent sores and other skin infections."</p> <p>Review on 1/19/26 of staff timesheets for 12/26/25-12/30/25 revealed:</p> <p>12/26/25: Staff #2 worked from 2PM-10:58PM.</p> <p>12/26/25-12/27/25: Staff #4 worked from 7:59PM-9am.</p> <p>12/27/25: Staff #A11 worked from 8:04am-10:40PM.</p> <p>12/27/25-12/28/25: Administrator/QP worked 9:30PM-9:00am.</p> <p>12/28/25: Staff #A11 worked 8:44am-9:02PM; Staff #5 worked 8am-8:30PM.</p> <p>12/28/25-12/29/25: Administrator/QP worked 8PM-9:30am.</p> <p>12/29/25: Staff #A8 worked 6:50am-3:45PM, Staff #1 worked 7:15am-4:30PM, Staff #3 worked</p>	V 290		

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V 290	<p>Continued From page 48</p> <p>from 6:56am-3:50PM. 12/29/25: Staff #A11 worked from 1:30PM-10:53PM. 12/29/25-12/30/25: Staff #A10 worked 6:25PM-7:27am. 12/30/25: Staff #3 worked 6:53am-3:45PM, Staff #A7 worked 7:07am-4:30PM, and Staff #1 worked 7:17am-3:59PM.</p> <p>Interview on 1/8/26 with Staff #1 revealed: -Client #6 required staff to change his undergarments every two to three hours and that "...can take about 30 minutes ..." -There is a "...lack of communication about staffing ...just have to stay here (at the facility) till another staff shows up ..."</p> <p>Interview on 1/8/26 with Staff #4 revealed: -Client #6 and Client #A9 need to be checked on and have their undergarments changed every 2-3 hours. "[Client #A9] was a challenge ...I managed ...tough getting morning going ...felt overwhelmed ..."</p> <p>Interviews on 1/9/26 and 1/26/26 with Staff #5 revealed: -"As soon as I got there, [Client #A9] was crying ... (her) bed was soaked and she had had a bowel movement ...[Client #A9] was very upset ...she had not bathed in 48 hours ...tried to calm her down ...she was in a regular old bed (non-hospital bed), so it took me and [Administrator/QP] to lift her ...helped get her in shower chair ...her shower (at sister facility A) is a lot bigger than [Client #6's] shower, but we managed ...[Staff #A11] came in and [Administrator/QP] left. -"[Client #6] was in his bed while we had [Client #A9] in the shower (in the bathroom attached to Client #6's bedroom) both had poop and pee on them ... had to put [Client #A9] in shower chair</p>	V 290		

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V 290	<p>Continued From page 49</p> <p>and in the shower with [Staff #A11] ...Then I prompted [Client #A7 and Client #A8] (to shower) ...then got [Client #6] up and gave him a sponge bath ...he (Client #6) had some spots on his bottom (buttocks) that were healing ...have to have eyes on twins (Client #A7 and #A8), can't leave them alone ...While [Staff #A11] was giving [Client #6] sponge bath, I put [Client #3] in the shower."</p> <p>Interview on 1/8/26 with Staff #A7 revealed: -When staff have to check and change Client #6 and Client #A9 who require complete assistance with transfers and toileting, it can take over 10-15 minutes and showering for these clients can take over 30-40 minutes. -"[Client # A9] can't help staff get her into the lift or shower chair ...person (staff) that doesn't know her ...I don't think would be safe ...she's (Client #A9) over 200 pounds ...I wouldn't try it myself." -"[Client #6] takes about 20 minutes to change (his undergarments) and has to be changed every 3 hours. It's been a few years since he was able to notify staff he was wet." -"Twins (Clients #A7 and #A8) have to be in line of site all the time ...they are sneaky ...do the best I can watching when caring for [Client #A9]." -Needed more staff on each shift at the facility and sister facility A to provide care for the clients. -According to the Administrator/QP and the Program Manager, " ...ratio for voc (vocational) services 1:6 (staff to clients) was different than for residential 1:4 ...nobody was coordinating all this ...there was no med (medication) tech (technician) on Saturday (12/27/25) or Sunday (12/28/25) ...it was a c**p show trying to get staff confirmed ...nobody called us (local) workers to see about us coming in ..."</p> <p>Interview on 1/8/26 with Staff #A10 revealed:</p>	V 290		
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V 290	<p>Continued From page 50</p> <p>- "Had been short staff for a while." - "Have to watch the twins (Client #A7, #A8) all the time ...always touching each other ...flicking ears, hugging ...[Client #A8] will interfere with [Client #A7] ...I have to supervise [Client #A7] in the shower ...have to know where they (Client #A7 and Client #A8) are before assisting another client ...sometimes I'll have them go to their rooms when I help [Client #A10] with her shower." - Helped Staff #A11 shower Client #A9 in Client #6's shower on Monday morning 12/28/25. - The facility clients spent 12 hours at the vocational center on many days because there was not enough staff for them to return to the facility after the day program hours ended at 2:30PM.</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #A11 revealed: - Worked alone for a 12-hour shift at the facility on Saturday 12/27/25. Prior to that, had only worked at sister facility A and was a sister facility A staff. - "[Clients #6] and [Client #A9] ...have to be cautious with (transfers for) both ...[Staff #A10] showed me how to transfer [Client #6] prior to that ...I got in front of [Client #A9] and got the sling behind her then tilted her chair ...[Staff #5] helped me with getting [Client #A9] into the shower, I bathed her then she (Staff #5) assisted me getting her (Client #A9) out ...I knew nothing about [Client #1], [Client #2], [Client #3] or [Client #6]." - "[Staff #5] helped me get [Client #A9] into the shower Sunday (12/28/25) morning ...she got the boys (Clients #A7 and #A8) in the shower then helped me give [Client #6] a bed bath ...didn't know his normal routine...we finally got to him Sunday morning 10-11am ...He was sitting in his poop and wet diaper ...didn't know if he had been changed or positioned overnight ..."</p>	V 290		

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V 290	<p>Continued From page 51</p> <p>-"[Client #A7] and [Client #A8] ...showered independently but [Client #A7] will just stand in the water if not supervised."</p> <p>-"Boys (Clients #A7, #A8) slept most of the weekend ...[Client #A7] is more open with what he's doing where [Client #A8] is more sneaky ...have incestual relationship ...even with 2 staff, tough to always keep a eye on the boys."</p> <p>Interviews on 12/29/25 and 1/6/26 with the Unit Clerk revealed: -"Staffing (at the facility) was all over the place." -Clients stayed at the vocational center for up to 12 hours daily on Monday through Friday and ate dinner at the vocational center because of staffing shortages at the facility. -"Issue with Hawthorne (Hawthorne House) (facility) is (staff to client) ratio is 1:4 and they had 6 residents ...(clients) would stay at voc (vocational) center so there were 2 staff."</p> <p>Interview on 1/12/26 with the facility's Registered Nurse revealed: -Client #6 had a history of an arm fracture which happened on 8/27/25. "Best practice was to have two staff" to complete a transfer.</p> <p>Interviews on 12/29/25 and 1/16/26 with the Qualified Professional revealed: -Began working at the facility on 12/1/25. -"Extremely short staffed ...sometimes clients would stay at the voc center until 8PM ...due to staffing issues."</p> <p>Interview on 1/23/26 with the Regional Operations Director revealed: -"We were not made aware of the staffing concerns ...have multiple calls during the week, Monday, Wednesday, Fridays ...asked if there was a need any supports or needs ..."</p>	V 290		

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V 290	<p>Continued From page 52</p> <p>[Administrator/QP] said 'we're good, everything is covered' ...we have reached out across the state to pull in relief staff" if it was relayed that additional staffing was needed.</p> <p>Despite requests for documentation of the need for a staff to client ratio of 1:4, no documentation that this was required was provided prior to survey exit.</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope (V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 290		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities</p>	V 540		

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V 540	<p>Continued From page 53</p> <p>equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide personal privacy for 1 of 6 clients (#6) and failed to provide an opportunity for a shower or tub bath daily for 1 of 4 sister facility A client (Client #A9). The findings are:</p> <p>Review on 1/7/26 of Client #6's record revealed: -Date of admission 1/6/07. -Diagnoses: Edema, Seizure Disorder, Dysphagia, Neuromuscular Dysfunction of Bladder, Erythema, Constipation, Barrett's Esophagus without Dysplasia, Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Venous Insufficiency, Raynaud's Syndrome, Glaucoma-bilateral, Paraplegia, Spastic Hemiplegia, Cerebral Palsy (CP), Sleep Apnea, Moderate IDD, Anxiety Disorder.</p> <p>Review on 1/6/26 of Client #A9's record revealed: -Date of admission to sister facility A: 7/1/15. -Diagnoses: Mild IDD, CP, Osteoporosis, Sleep Apnea, GERD, Spasmodic Torticollis, Major Depressive Disorder, Psychotic Disorder, Adjustment Disorder, Quadriplegia.</p> <p>Observation on 12/29/25 at approximately 4:15PM revealed: -Client #6's bedroom had a bathroom with a zero clearance shower. Client #6's bed was on the wall shared with the bathroom facing the far wall.</p>	V 540	<p>V 540: QP will Inservice DSP, and Direct Support Supervisor at Hawthorne and Calloway by 2/16/26 about participants' rights in respect to the participant s' privacy, dignity and respect.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">3/31</div>
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V 540	<p>Continued From page 54</p> <p>Interview on 1/30/26 with Client #A9 revealed: -Was brought to the facility from sister facility A because of a lack of staffing. " ...Didn't get a bath for 48 hours ...I felt pretty dirty ...I was upset ...didn't have my shower chair ...they (staff) finally went and got it ..." -Was given a shower in the bathroom in Client #6's bedroom. -Client #6 was in his bed when Staff #5 and Staff #A11 brought her into Client #6's bedroom to use his bathroom to take a shower on on the morning of 12/28/25 . -"I felt okay showering in [Client #6]'s bathroom ...they (Staff #5 and Staff #A11) covered me up good."</p> <p>Interview on 1/30/26 with Client #6 revealed: -He was okay with Client #A9 entering his bedroom to use his bathroom to shower while he was still in bed.</p> <p>Interviews on 1/9/26 and 1/26/26 with Staff #5 revealed: -"As soon as I got there (on 12/28/25), [Client #A9] was crying ...(her) bed was soaked and she had had a bowel movement ...[Client #A9] was very upset ...she had not bathed in 48 hours ...tried to calm her down ...she was in a regular old bed (non-hospital bed), so it took me and [Administrator/QP] to lift her ...helped get her in shower chair ...her shower (at sister facility A) is a lot bigger than [Client #6's] shower, but we managed ...[Staff #A11] came in and [Administrator/QP] left. -"[Client #6] was in his bed while we had [Client #A9] in the shower (in the bathroom attached to Client #6's bedroom) both had poop and pee on them " -"[Staff #A11] did what she could" working by herself on Saturday 12/28/25.</p>	V 540		

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V 540	<p>Continued From page 55</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #A11 revealed: -"[Staff #5] helped me transfer [Client # A9] onto her shower chair ...had to use [Client #6's] bathroom ...it is the only roll-in shower and is in his room ...Asked [Client #6] if we could use his shower ...he said 'yes' he was 'fine' ..." -"Wrapped her (Client #A9) good in sheets and towels moving her" from her room to [Client #6's] shower.</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 540		