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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-296 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 03/18/2026 |
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| NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT HEATHER VIEW | STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127 |
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| V 000 | INITIAL COMMENTS An annual survey was completed on 3/18/26. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. | V 000 | An Iris report will be completed within 72 hours from the time that the first staff at the agency learns about an incident. This time frame applies to both level 2 and Level 3 incidents for incidents involving allegations against staff. An arrest report must be submitted within 24 hours of learning of the incident to meet HCPR reporting timelines. It is crucial to ensure that all required fields are completed in iris for the report to be processed and closed if a report is submitted outside the required time frame. | |
| V 367 | 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified | V 367 | The QP is responsible for submitting the reports The QP is ultimately the person responsible for monitoring of most quality checks. Quality checks are typically done quarterly or as often as needed. | |

RECEIVED
APR 14 2026
DHSR-MH Licensure Sect

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

TITLE: *4/17/2026* (X6) DATE

Radump Jones IDDP Director

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

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

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| V 367 | Continued From page 3 - There was no IRIS report for when 911 was called to the facility for client #1 on 12/6/25 Review on 3/18/26 of "Consumer Incident Report" revealed: - Date of Incident: 12/6/25 - "[Client #1] c/o (complained of) SOB (shortness of breath) and difficulty breathing. 911 was called." - "[Client #1] was sent to [local hospital]." Interview on 3/17/26 with staff #1 revealed: - Sometime in December 2025 client #1 went to the hospital "for two weeks." - Client #1 "was breathing crazy all day long." - He went to his bedroom to lay down and then came back to her and asked her to go to the hospital. - She called the House Manger who told her to "call 911." Interview on 3/18/26 with the Licensee/Qualified Professional revealed: - She really had not thought about doing an IRIS report for the 12/6/25 incident. | V 367 | | |
| V 774 | 27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside | V 774 | | |

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| V 774 | <p>Continued From page 4</p> <p>table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to have minimum furnishings for a client bedroom which included a separate bed, bedding, pillow, bedside table and storage for personal belongings. The findings are:</p> <p>Observations on 3/18/26 at approximately 2:24 pm of client #1's bedroom and client #2's bedroom revealed: - There were no bedside tables in client #1's bedroom nor in client #2's bedroom.</p> <p>Interview on 3/18/26 with the Licensee/Qualified Professional revealed: - "I don't know if they (the clients' bedrooms) ever had bedside tables."</p> | V 774 | <p>To correct the deficient area of practice, the facility immediately purchased and placed an appropriate bedside table in Client #1's bedroom and Client #2's bedroom to ensure compliance with minimum furnishing requirements. A review of all client bedrooms was conducted to verify that each bedroom contains required furnishings, including a bed, bedding, pillow, bedside table, and adequate storage for personal belongings. Facility policy and procedures regarding bedroom furnishing requirements were reviewed and updated to clearly outline required furnishings prior to client occupancy. The Licensee/Qualified Professional was educated on the furnishing requirements to ensure understanding and compliance.</p> <p>Preventive Measures: To prevent the deficiency from occurring again, the facility implemented a standardized Bedroom Furnishings Checklist to be completed upon client admission, room changes, and annually thereafter. Staff will be trained on the checklist and required minimum furnishings to ensure bedrooms remain compliant at all times. Any missing or damaged furnishings will be reported immediately and replaced promptly.</p> <p>Monitoring: The Licensee/Qualified Professional will be responsible for monitoring compliance with bedroom furnishing requirements.</p> <p>Monitoring Frequency: Monitoring will occur monthly through documented visual inspections of all client bedrooms and additionally at admission, room changes, or following maintenance requests.</p> | |

