

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2026
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NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 3/26/26. The complaint was substantiated (Intake #NC00235840). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) 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. 	V 110	<p>Lutheran Services Carolinas' DDA group home, Whittecar Home, will ensure the competencies and supervision of paraprofessionals. LSC has developed and implemented policies and procedures for the initiation of an individualized supervision plan upon hiring each paraprofessional. LSC's paraprofessionals will be supervised by an associate professional or by a qualified professional. Whittecar Home will ensure all paraprofessional staffs demonstrate knowledge, skills and abilities required by the population served as evidenced by: Upon hire and annually thereafter, each direct care worker/staff member will sign a Monthly Staff Supervision Agreement. The agreement will list identified initial goals and individualized goals. An addendum to the agreement will occur as needed. The staff's monthly supervision will include their goals, clinical focus of supervision, methods of supervision, topics of supervision, performance factors addressed, discussions, dates, duration of supervision and outcomes. The monthly supervision will be signed by the program director/qualified professional. When actions for improvements are needed, the employee will be placed on a Performance Improvement Plan with specific focuses for an identified period of time. In addition to monthly supervision, the agency will provide paraprofessionals with trainings to include (but not limited to the following):</p>	05/25/2026

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

Rholonda Artis, QP

TITLE

(X8) DATE

04-20-2026

RECEIVED

APR 22 2026

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#1) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 3/24/26 client #4's record revealed: - Admitted: 5/8/23 - Diagnoses: Mild Intellectual Disability and Severe Obesity</p> <p>Review on 3/24/26 staff #1's record revealed: - Hired: 7/15/24 - Title: Residential Counselor - training certificate for effective communication and client rights</p> <p>Review on 3/25/26 of staff #1's Employee Coaching/Disciplinary Action Report dated 2/3/26 revealed: - date and time of incident: 1/29/26 4:45pm - How: "Before dinner, [former staff (fs) #2] said [staff #1] encouraged [client #4] to try a different task because she had been on the [electronic device] most of the day. [FS #2] reported to management that later [client #4] was in the dining room area eating dinner. He</p>	V 110	<p>Alternatives to Restrictive Interventions Bloodborne Pathogens Client Rights Training CPR First-Aid Cultural Diversity Training Defensive Driving Training Fire Safety Training HIPPA Training Human Trafficking Training Incident Report Training Medication Administration Training Special Population (IDD-TBI) Training Please note that other training can and will be identified as needed. All training is provided by Relias Learning online courses and face-to-face LSC clinical in-serves.</p>	

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V 110	<p>Continued From page 2</p> <p>reported that staff [#1] told [client #4] after dinner, it is routine for each client to complete their assigned chore before moving on to their next task. After finishing dinner, [client #4] requester her [electronic device]. He said staff [#1] informed her that she needed to complete her chore first. He said [client #4] then made statements suggesting staff [#1] had told her she could access her [electronic device] at 6:00pm; however, staff [#1] said she did not tell [client #4] any specific time for when she could use the [electronic device]. [FS #2] also said staff [#1] reminded [client #4] of the general expectation that clients complete their chores after eating dinner and then may use the [electronic device]. Staff [fs#2] said staff [#1] also suggested she may need a moment in her room to take a break, and then return to complete her chore, before accessing her [electronic device]. Staff [fs#2] said he felt uncomfortable that [client #4] couldn't use her [electronic device] and did not want to work with Staff [#1] due to this reason. Management let Staff [fs#2] know they would speak with Staff [#1]."</p> <p>- Conclusion: "...Management informed [staff #1] that she must complete Communication and Power Struggle Training to ensure she can effectively communicate during similar situations in the future. Management further required [staff #1] to review the Client Rights policy and sign an acknowledgment confirming she had reviewed and understood the policy..."</p> <p>Interview on 3/24/26 client #4 reported:</p> <ul style="list-style-type: none"> - liked living there - she got along "just ok" with staff #1 - staff #1 never yelled at her <p>Interview on 3/24/26 staff #1 reported:</p> <ul style="list-style-type: none"> - been with the company on and off for about 5 	V 110		

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V 110	<p>Continued From page 3</p> <p>years</p> <ul style="list-style-type: none"> - she denied ever yelling or talking inappropriately to clients - if a client didn't want to do a chore they were supposed to do, staff would let them take a break and try to bring them back to it or if they just didn't want to do it, then most likely staff would do it instead - most of the time, the clients were pretty good with their chores, so they didn't go through this - "We can't force a client to do anything" - "this is their home" <p>Interview on 3/25/26 client #4's guardian reported:</p> <ul style="list-style-type: none"> - staff #1 was accused of speaking "unkindly" to client #4 - staff #1 and client #4 had their "run ins" - staff #1 was a "little rough" around the edges - staff #1 was not her favorite - the Qualified Professional (QP) was amazing and kept very good "tabs on this stuff" - the relationship with staff #1 and client #4 was getting better - staff #1 could be "super direct" - client #4 wanted to be treated like an adult and staff #1 needed to treat her like that - staff #1 could be indirectly condescending to client #4 and could get better with treating client #4 like an adult - she loved this facility because they understood client #4 - there had been a "steady stream of conflict" since staff #1 had started her employment and it was getting better, but this was why client #4 was a "little hesitant" about telling on staff #1 - if she felt like staff #1 was in any way abusive or a bad person, she would for sure "make a stink" - around February 2025, staff #1 called and 	V 110		

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V 110	<p>Continued From page 4</p> <p>told her that she told client #4 to do a chore and that she was not going to get her electronic device back until she finished</p> <ul style="list-style-type: none"> - "I love my girl and she can be difficult" and could be stubborn and not want to do her chores - no one said anything about staff #4 yelling - staff #1 told the QP and the Department of Social Services (DSS) Social Worker (SW) something different than she told the guardian and this may had been the 2nd or 3rd time she caught staff #1 in a lie - client #4 would definitely make things known if things didn't go right - she had a good relationship with the QP and they communicated often <p>Interview on 3/26/26 fs#2 reported:</p> <ul style="list-style-type: none"> - had worked there for about 1 month - staff #1 was "too" aggressive with clients - staff #1 took client #4's electronic tablet - client #4's tablet stayed in the dining room on the floor charging but sometimes client #4 would ask for her tablet and staff #1 would tell her no - you couldn't talk to staff #1 because she would have a "rebuttal" for everything said - he no longer wanted to work with staff #1 - staff #1 even argued with management <p>Interview on 3/25/26 the QP reported:</p> <ul style="list-style-type: none"> - no one had reported yelling or screaming but about 1 1/2 months ago, they hired a new person, and FS #2 didn't know that you had to be firm when talking to the clients and felt staff #1 was talking to the clients "ugly" - she was told that staff #1 told client #4 that she needed to come do her chore and FS #2 didn't think that the way staff #1 said it was appropriate - about 3 weeks ago, staff #1 had gone through communication training because it was 	V 110		
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V 110	<p>Continued From page 5</p> <p>brought to her attention and she just wanted her to go through that training to learn tips on how to communicate and approach the clients</p> <ul style="list-style-type: none"> - staff #1 was not being mean, she was just "straight forward" - this was the first time she had received a complaint about staff #1 - she had never seen anyone take away client #4's electronic device - staff could not take "something" away from a client - she had never heard staff #1 tell client #4 that she couldn't get on her electronic device <p>Further interview on 3/26/26 the QP reported:</p> <ul style="list-style-type: none"> - mom had expressed to her that staff #1 treated client #4 "like a child" - she had been working with staff #1 and would continue to work with her because she was a good employee <p>Interview on 3/25/26 Department of Social Services Social Worker reported:</p> <ul style="list-style-type: none"> - she met with client #4 "a lot" - client #4 had a significant history of calling her mom and the QP whenever there was an issue - there were moments where tensions were high but there was no yelling or name calling between client #4 and staff #1 - client #4's mom/guardian was equipped to protect client #4 - client #4 admitted to her that she has really bad anxiety and when she was having a bad day, more "rigid" rules upset her even more - staff #1 was receiving ongoing supervision from the QP 	V 110		

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V 114 V 114	Continued From page 6 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure disaster drills were conducted under conditions that simulate the facility's response. The findings are: Review on 3/24/26 of the facility's disaster drill logbook from March 2025 - February 2026 revealed: - disaster drills were conducted monthly and were completed no earlier than 9:30am and no later than 4:15pm - all disaster drills were noted as being discussions only Interview on 3/24/26 client #2 reported: - she didn't remember having any disaster	V 114 V 114	Lutheran Services Carolinas' DDA group home, Whittecar Home, will ensure the facilities developed written fire plan and disaster plan is readily available to the county emergency services agencies upon request. The plans include evacuation procedures and routes. These plans are made available to all staff, and the evacuation procedures and routes will be posted in the facility. Whittecar Home, as a 24-hour facility, its fire and disaster drills will be held at least quarterly and will be repeated for each shift. Whittecar Home will have a first aid kit accessible for use. Whittecar Home's disaster drills will be conducted under conditions that simulate the facility's response to fire emergencies as evidenced by program director conducting an initial face-to-face in-service on conducting disaster drills. The in-service will include all attendees to physically practice the drill to include but not limited to going to identified safety locations, finding a spot in which has the last chance of flying debris, crouching down or sitting with backs up against the wall while covering their head (this may include pillows and blankets to offer addition protection). Quarterly and per each shift, the program manager will ensure that this practice will continue as demonstrated in the in-service and will sign off on all drills accordingly.	05/25/2026

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V 114	<p>Continued From page 7</p> <p>drills</p> <p>Interview on 3/24/26 client #4 reported:</p> <ul style="list-style-type: none"> - they didn't do disaster drills that she knew of - she didn't know what to do for a tornado <p>Interview on 3/24/26 staff #1 reported:</p> <ul style="list-style-type: none"> - they did "physically" do disaster drills but just didn't document them - she had never been told that they had to document the disaster drills - "that's an easy fix" and she would start documenting them - she was told that they didn't have to put actual times on the disaster drills when they had their biannual construction survey through the Division of Health Service Regulation - she was told that fire drills had to be done throughout the day and night, but the disaster drills didn't have to be done throughout the day and night - she did fire and disaster drills at the same time and then would have a discussion after - the dates and times of the fire and disaster drills may not be the same in the documentation because she didn't fill the forms out at the same time - construction told her to make sure times also included when the clients were sleeping for fire drills but didn't talk about disaster drills - it was never told to her that the disaster drills had to be done at various times like the fire drills <p>Interview on 3/24/26 the Program Manager reported:</p> <ul style="list-style-type: none"> - shift: Mon 9am - Weds 5pm, then Weds 9am - Fri 5pm - the weekend shift came in Fri 5pm - Mon 9am - the facility had only been discussing disaster 	V 114		

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V 114	<p>Continued From page 8</p> <p>drills and not simulating drills since she started in 2007</p> <ul style="list-style-type: none"> - the facility had never done disaster drills throughout the night because they just picked a random day and had a discussion about it <p>Interview on 3/25/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the clients were supposed to get on the hallway floor and act it out and then the staff was supposed to document how the drill was - "that's how it's supposed to be done" - the Program Manager was responsible for making sure that fire and disaster drills were completed - drills had to be done on each shift because "you never know when it's going to happen" - shifts were Mon 9am - Weds 5pm then another staff comes in from Weds 9am - Friday 5pm - the weekend shift was Friday 5pm - Mon 9am - there should have been a schedule created by staff #1 and the Program Manager of when the fire and disaster drills were to be done - they had previously discussed fire and disaster drills at the team meetings - team meetings were monthly or as needed - she was "under the impression" that fire and disaster drills were done the same way at various times and actually demonstrated <p>Further interview on 3/26/26 the QP reported:</p> <ul style="list-style-type: none"> - staff knew that disaster drills had to be "acted out" and done at various times - there was a fire and disaster drill training that staff completed annually 	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

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V 752	<p>Continued From page 9</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 3/24/26 at approximately 10:08am of the facility's hot water temperatures revealed:</p> <ul style="list-style-type: none"> - hallway bathtub's hot water was 128.6 degrees Fahrenheit in the sink and 124.2 degrees in the shower - kitchen sink was 121.6 degrees Fahrenheit <p>Review on 3/24/26 of the facility's water temperature readings from March 2025 - March 2026 revealed:</p> <ul style="list-style-type: none"> - Hot water temperatures were checked and readings ranged from 113-118 degrees Fahrenheit during various months of the year <p>Interview on 3/24/26 client #2 reported:</p> <ul style="list-style-type: none"> - sometimes the water was too hot but she turned it down to "suit" her - she never told anyone, she would just adjust it 	V 752	<p>Lutheran Services Carolinas' DDA group home, Whittecar Home, will ensure its facility is designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. In areas of Whittecar Home where clients Are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. Ensuring such will be evidenced by the program manager checking the water temperature weekly in multiple locations of the home to include kitchen and bathroom . The temperature will be documented on a log. If the water temperature exceeds 116 degrees Fahrenheit, the program manager will take immediate action to have the hot water heater adjusted. After an appropriate time has passed, the water temperature will be checked again, and the new reading will be reflected on the log.</p>	05/26/2026
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V 752	Continued From page 10 Interview on 3/24/26 client #4 reported: - water was not too hot for her - she adjusted her own water temperature - the water was fine even before she adjusted it Interview on 3/24/26 staff #1 reported: - water temperature was supposed to be no more than 120 degrees - she checked the water temperature monthly Interview on 3/25/26 the Qualified Professional reported: - after a residential inspection in 2025, they had to have the landlord adjust the water temperature - she didn't know why that happened, but only one side of the house the hot water temperature got high	V 752		