

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2026
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NAME OF PROVIDER OR SUPPLIER HAMPTON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 115 THORNTON COURT GREENSBORO, NC 27407
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 29, 2026. 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure treatment/habilitation or service plans were updated at least annually for 2 of 3 clients (#2 and #3). The findings are:</p> <p>Review on 5/29/26 of client #2's record revealed: -An admission date 3/1/19 -Diagnoses of Developmental Disability, Mild, Cerebral Vascular Accident. Hypothyroidism, Hyperlipidemia, Chronic Obstructive Pulmonary Disease (COPD), Impulse Control Disorder and Generalized Anxiety Disorder -An assessment dated 3/1/19 noted "was in a long term facility because he had a stroke. He used to live with his sister before that. This is a new living arrangement for him. He did not get along with the nursing staff at the long term care facility, impaired memory, anxious at times, is well mannered and friendly, likes to fee safe, likes to argue with his brother once and while and gets along with staff." -A treatment plan dated 5/5/25 noted "will learn how to take a bath, will learn how to wipe himself after moving his bowels." -No documentation of an updated treatment plan</p> <p>Review on 5/29/26 of client #3's record revealed: -An admission date of 7/7/14 -Diagnoses of Intellectual Disability, Mild, Diabetes Mellitus Type 1, Obsessive Compulsive Disorder, Glaucoma, History of Kidney Stones,</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Heart Murmur and Affective Disorder by History -An assessment dated 7/7/14 noted "enjoys helping others, has a strong family support, enjoys sports, must be closely monitored due to Type 1 Diabetes, has outbursts at time when he becomes upset, needs reassurance and encouragement, is very independent." -A treatment plan dated 5/6/25 noted "will separate and load his clothes in the washing machine, will put his clothes away in designated drawers." -No documentation of an updated treatment plan</p> <p>Interviews on 5/29/26 with clients #2 and #3 revealed: -They were not sure what their goals were in their treatment plans.</p> <p>Interview on 5/29/26 with the Qualified Professional/Licensee revealed: -Had not updated client #2 and client #3's treatment plans -Would update the treatment plans by the end of the month (May 2026).</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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.</p>	V 114		

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V 114	<p>Continued From page 3</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 reviews and interviews, the facility failed to conduct fire and disaster drills once per shift per quarter. The findings are:</p> <p>Review on 5/29/26 of the facility's fire and disaster drills revealed: -No documentation of fire and disaster drills conducted in May 2026, June 2025, July 2025, September 2025, October 2025 and November 2025</p> <p>Interviews on 5/29/26 with clients #1, #2 and #3 revealed: -Were unable to recall when they last participated in fire and disaster drills.</p> <p>Interview on 5/29/26 with the Qualified Professional/Licensee revealed: -Would start conducting fire and disaster drills once per shift per quarter.</p>	V 114		