

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-402 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 05/20/2026 |
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| NAME OF PROVIDER OR SUPPLIER COMMONWEALTH GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205 |
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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>A follow up survey was completed on 5/20/26. A deficiency was 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 5. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 318 | <p>13O .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation(s). The findings are:</p> | V 318 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 318 | <p>Continued From page 1</p> <p>Review on 5/15/26 of the North Carolina Incident Response and Reporting (IRIS) revealed: -Date of incident: 3/26/26. -Learned of the allegation of neglect on 3/30/26. -Incident submitted on 4/1/26. -"It was reported that resident (Client #1) called to use restroom and staff told her to wait. Two staff came to assist resident shortly thereafter with toileting need." -MCO (Managed Care Organization) Follow Up on 4/2/26: "...complete the HCPR section and update with the findings." -Additional HCPR info updated on 4/13/26.</p> <p>Interview on 5/20/26 with the interim Qualified Professional (QP) revealed: -Was not the QP at the time of the incident on 3/26/26. -The Former Regional Manager/QP would have been responsible for completing the IRIS report and the HCPR notification. -The Former Regional Manager/QP went out on FMLA (Family Medical Leave Act), so that is "probably why" the HCPR notification was not completed on time.</p> | V 318 | | |