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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 03/22/18. The complaint was substantiated (intake #NC00135075). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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 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. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation and first aid affecting 2 of 3 staff (#1, and #2). The findings are: Review on 02/12/18 of staff #1's personnel file revealed: - Date of hire 11/17/17; - Position: Paraprofessional; - She worked alone with the clients; - No documentation of cardiopulmonary resuscitation (CPR) training. Review on 02/22/18 of staff #2's personnel file revealed: - Date of hire 09/22/15; - CPR and First Aid (FA) training dated 09/26/15 through 09/26/17; - No documentation of CPR or FA being updated. Interview on 03/21/18 with staff #2 revealed: - She had updated all her trainings "I left for a while but when I came back Thanksgiving, 2017 they were updated ...;" - She worked alone with the clients. Interview on 03/22/18 with the Owner revealed: - She was responsible for ensuring CPR and FA trainings were updated as required;	V 108		

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V 108	Continued From page 2 - She would ensure staff #1's CPR and staff #2's CPR and FA were updated and documentation placed in their respective personnel files.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure an admission assessment was completed affecting 1 of 1 former clients (FC) #4. The findings are: Review on 02/02/18 of former client (FC) #4's record revealed: - Date of admission 09/29/17; - No documentation of a discharge date; - Diagnoses of Schizoaffective Disorder; BiPolar Disorder; Cannabis Use Disorder; Alcohol Use Disorder, and Hypertension; - An undated admission assessment with no documentation of presenting problems, needs and strengths, diagnoses, social, family, and medical history signed by the legal guardian 09/29/17. Interview on 02/22/18 with FC #4 revealed: - He was left alone at the facility every day between 8:00am and 2:30pm; Interview on 03/22/18 with the Qualified Professional revealed: - "[The Owner] completes all intakes, admission assessments, trainings etc." Interview on 03/22/18 with the Owner revealed: - She had called the legal guardian "several times to fill out the admission paperwork ... they weren't doing what they were supposed to."	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS	V 114		

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V 114	Continued From page 4 AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan 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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure fire and disaster drills were conducted quarterly and repeated for each shift. The findings are: Review on 02/12/18 of the facility's fire and disaster drill logs revealed: - 4th quarter disaster drills: no a.m. drill; - 3rd quarter disaster drills: no documentation of any drills having been completed; - 2nd quarter disaster drills: no documentation of any drills having been completed; - 1st quarter fire and disaster drills: no documentation of any drills having been completed. Interview on 02/02/18 with client #2 revealed: - Fire and disaster drills were completed "sometimes ...." Interview on 03/22/18 with the Owner revealed: - She was unaware fire and disaster drills were	V 114		

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V 114	Continued From page 5 not being completed as required; - The staff were responsible for completing the drills; - She would ensure in future staff were running the drills as required. This deficiency is a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 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: (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	V 118		

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V 118	Continued From page 6 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observations, record reviews and interviews facility staff failed to (1) ensure medications were recorded on the MAR immediately after administration; (2) failed to ensure staff were trained in medication administration and (3) failed to demonstrate competency affecting 3 of 3 current clients (#1, #2, #3) and 1 of 1 former client (FC #4). The findings are: Review on 02/02/18 of client #1's record revealed: - Date of admission 02/07/09; - Diagnoses of Depressive Disorder, Not Otherwise Specified; Impulse Control Disorder; Mild Mental Retardation, and Hypertension. Review on 02/02/18 of client #2's record revealed: - Date of admission 02/07/09; - Diagnoses of Schizophrenia - Undifferentiated; Mental Retardation. Review on 02/02/18 of client #3's record revealed: - Date of admission 02/07/09; - Diagnoses of Schizophrenia - Undifferentiated; Mild Mental Retardation; Sleep Apnea; Hyperlipidemia, and Diabetes. Review on 02/02/18 of former client (FC) #4's record revealed:	V 118		

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V 118	Continued From page 7 - Date of admission 09/29/17; - Diagnoses of Schizoaffective Disorder; BiPolar Disorder; Cannabis Use Disorder; Alcohol Use Disorder, and Hypertension. Review on 02/12/18 of staff #1's personnel file revealed: - Date of hire 11/17/17; - Position: Paraprofessional; - Medication Administration training was not completed until 02/08/18. Review on 02/22/18 of client #1's MARs from November 1, 2017 through February 13, 2018 revealed: - Aspirin 81mg, 1 daily (for heart health), - Blanks on the MARs noted December 12th - 31st and February 3rd - 13th. Review on 02/02/18 of client #2's MARs from November 1, 2017 through February 2, 2018 revealed: - Aripirazole 10mg, 1 at bedtime (an antipsychotic)- blanks noted December 20th - 21st, and 26th - 28th; - Lorazepam 0.5mg 1 twice daily (for agitation) - blanks noted December 21st - 22nd, 27th and 28th (am); February 1st, (pm). Review on 02/02/18 of client #3's MARs from November 1, 2017 through February 2, 2018 revealed: - Potassium ER 10meq, 1 daily with food (a supplement) - blanks noted December 26th - 28th; - Risperidone 2mg, 1 at bedtime (an antipsychotic) - blanks noted December 5th - 7th, 20th - 21st, 26th - 28th; - Vitamin D3 2000iu, 1 daily (a supplement)- blanks noted November 21st - 30th	V 118		

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V 118	Continued From page 8 Review on 02/02/18 of FC #4's MARs from November 1, 2017 through February 2, 2018 - Haloperidol 5mg (for Schizophrenia), 1 every morning - blanks noted December 4-8th, 12th -31st; - Haloperidol 5mg (for Schizophrenia), 2 at bedtime - blanks noted December 22nd -31st; - Losartan 100mg (for high blood pressure), 1 daily - blanks noted December 17th -31st; - Amlodipine Besylate 5mg (for high blood pressure), 1 at bedtime - blanks noted December 24th -31st and November 21st -24th, 26, 27th -30th; - Trazodone 100mg (for trouble sleeping), 1 at bedtime - blanks noted December 23rd -31st, November 21st -23rd, 27th -30th; - Benztropine 1mg (for extrapyramidal reaction caused by medications), 1 twice daily - blanks noted December 23rd -31st; - Divalproex 500mg (for mixed bipolar affective disorder), 1 twice daily - blanks noted December 24th -31st am and December 4th -7th and 11th -31st pm; - Omeprazole 20mg (for refractory gastrointestinal reflux disorder), 1 twice daily - blanks noted December 20th -31st (am) and 5th -7th and 11th -31st (pm); - Perphenazine 4mg (for Psychosis), 1 three times daily - blanks noted January 10th, 11th (am), 8th -11th (pm), December 18th -31st am; 18th -31st 2pm and bedtime; - Advair Diskus 250/50, inhale 2 puffs twice daily - blanks noted December 23rd -31st. Review on 02/02/18 of a Quarterly Pharmacy Review of FC #4's medications dated 12/20/17 revealed: - "Comments - MAR is reviewed. New Patient. Receiving Haldol injections every 2 weeks as	V 118		

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V 118	Continued From page 9 directed. All medications are reviewed. No recommendations at present," signed by the pharmacist. Review on 03/18/18 of FC #4's Haldol shot appointment report from 10/03/17 to 01/16/18 from a local behavioral health facility revealed: - 10/03/17 - No show/No call; - 12/18/17 - Cancel by client - 24 hours; - 01/16/18 - Medical reason/Hospital. Review on 03/19/18 of FC #4's medical record from a local psychiatric hospital revealed: - Date of admission 01/16/18; - Date of discharge 02/03/18; - Behavioral Health Diagnosis: Schizophrenia; - Indication for Admission: " ... (FC #4) who was previously living at a group home ... records noted 7 days of mania with reduced food and sleep ... was grandiose saying 'I am God, we are in eternal life.' He was IVC's (involuntarily committed) and transferred ...;" - Presenting Problem, /Chief Complaint (in patient's own words): "I need my medications fixed. They weren't giving me the right medications at the group home" ... Symptoms: ... was stable in mood and functioning until 2 weeks ago. Started to become delusional, confused, then stopped sleeping and eating ... he did not sleep or eat for 7 days/nights. Pt (patient) states he was not given the correct medication at the right times and that many of his medications were missing" - Nursing Note dated 01/19/18 " ...Patient (FC #4) able to state that his medications were 'messed up' at the group home where he lives and that he went without them for a while, causing his schizophrenia to 'relapse' ...;" - Hospital course: " ... On presentation he was having delusions and auditory hallucinations.	V 118		

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V 118	Continued From page 10 Patient (FC#4) reported strained living arrangement at group home with lots of disagreement issues ... He was continued on his home regimen of Haldol, Haldol decanoate, Trilafon (perphenazine), Depakote (divalproex) with dose adjustments, trazodone was added. With this regimen his (FC# 4's) anxiety and depression resolved. His delusions resolved ...." Interview on 02/22/18 with FC #4 revealed: - He was left unsupervised at the facility every day from 8:00am to 2:30pm; - "It was four months of torture ... very unfit to be billing the State ...:" - He did not receive his 3pm medications "[staff #1] was forgetful ...;" - Staff did not know about giving out medications "don't give medicine correctly ...;" - A family member takes him for his Haldol shot every two weeks; - He remembered taking a letter to the doctor requesting more medications but the doctor didn't accept it; - On January 15th he got "real sick ... I couldn't think ... the police came to the house ... they took me to the hospital ... my sister talked with [the Owner] and told her to call the police ...." Interview on 02/13/18 with FC #4's family member revealed: - FC #4 never received his 3pm medication because the staff (#1) "didn't know what she's doing ...;" - FC #4 was hospitalized "because he became unstable on medication ... he became delirious ... cussing me out ... called his mother but kept hanging up ... nobody was there (at facility) ... when I called one time the [Owner] picked up and stated she was there ... 'he's talking about family ... he's mad at you'all' ... she (owner) was not	V 118		

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V 118	Continued From page 11	V 118		

aware of his sickness she told him to clean his room ... I told [the Owner] to get someone there and she (the owner) responded by asking 'who do I call ... he's getting angry' ... she (the owner) called the police and I talked with them and the police transported him to [local hospital] ... [FC #4] volunteered to go ... he was reaching out ... he had a bad experience there (at facility) ...;"
- She would take FC #4 every two weeks to get his Haldol shot.

Interview on 02/13/18 with FC #4's legal guardian revealed:
- "He has been off medications at times ... he is going to have manic/depression moments ... will always need hospitalization at times ...."

Interview on 02/02/18 with staff #1 revealed:
- She described FC #4 as being "very polite;"
- She never experienced any problems or issues with his medications " ... he takes them very well;"
- She did not have any reason as to why FC #4's MARs had blanks on them " ... I don't know ...."

Interview on 03/22/18 with staff #2 revealed:
- She only met FC #4 twice due to the fact he was away from the facility a lot with his family and she only works weekends;
- He had mentioned to her on his last day that he was having issues with his medications, but she was unsure about it and told his family member " ... vaguely remember maybe some of his medications had gone missing ... wrong time ... [FC #4's] medications were not working ... I know he was having a problem ... told [family member] ...;"
- She was at the facility 01/16/18 when FC #4 "was in an uproar ... started calling family at 6am

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V 118	Continued From page 12 ... I talked with [family member] at 6:30am ...;" - She was unaware of FC #4 not sleeping or eating "when I was there he ate his meals and slept ... I only work weekends ... usually he would get up early, eat breakfast, would eat dinner ... smoked a lot of cigarettes ... he had right to go to the store ...." Interview on 03/21/18 with the Owner revealed: - She was responsible for checking over the client's MARs; - She was also responsible for checking in all medications delivered to the facility; - If there were blanks on an MAR she would ask the client if they received their medications that day "they say yes ...." - "The medication lady (trainer) emphasizes that if the MAR is not signed it means the client did not get their meds (medications)...." - She did not remember a time when FC #4 was out of any of his medications; - Staff #1 did have medication administration training at her previous employment but she had not received the certificate " ... I have called them and they say they will send it but I haven't received it yet ...." - The Owner was at the facility on 01/16/18 when FC #4 was "not acting well ... talking to himself ... complaining ... making all sorts of comments ... I told him to stop or I will call the police ... I was afraid ... he wasn't making sense ... the police came ... he told the police he wanted to go to the hospital ... he went voluntarily with the police ...." Because facility staff failed to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

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V 118	Continued From page 13 Review on 03/22/18 of the Plan of Protection dated 03/22/18 and signed by the Owner revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Owner will create and ensure policies and procedures dedicated to medication management and administration that all staff must follow beginning March 22, 2018. When medication is administered, all staff will be responsible for following proper policies and procedure, to include initialing proper medication administration form. The Owner will review the MAR weekly beginning March 22, 2018. Staff will be properly trained to administer medications prior to being allowed to access and administer. Describe your plans to make sure the above happens. Owner will hold a staff meeting on March 26, 2018 to discuss medication management and administration. Following the staff meeting, staff will be given a copy of the policy and procedure related to medication administration on March 26, 2018. Staff will read and sign policy, and a copy will be kept in each staff's personnel file. MAR will be review weekly by QP (Qualified Professional) starting March 26, 2018. Owner will ensure that all staff are properly trained in this matter, and are following all policies and procedures as expected." Clients (#1, #2, #3 and FC#4) present with varying diagnoses including Depressive Disorder, Impulse Control Disorder, Schizophrenia, Bipolar Disorder, Diabetes and Hypertension. Clients' current medications included such psychotropic medications as Haldol, Trazadone, Divalproex, Perphenazine, Aripirazole, Lorazepam and Risperidone. Other medications included Losartan, Amlodipine, Benztropine, Omeprazole,	V 118		

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V 118	Continued From page 14 Advair Diskus, Aspirin, Potassium and Vitamin D3. Review of facility and client records from November 2017 through February 2018 revealed approximately 266 missed doses of the above medications (Client #1 missed 31 doses, Client #2 missed 10 doses, Client #3 missed 21 doses and FC#4 missed 204 doses). Staff #1 who had been administering medications since she was hired on 11/17/17, did not have medication administration training until 2/8/18. In January 2018, FC#4 became delusional, confused, stopped sleeping and eating, had auditory hallucination, kept calling family member cursing and hanging up and was talking to himself. FC#4 complained to staff about missing his medication and told hospital personnel that "it was four months of torture." He missed approximately 118 doses of his psychotropic medications and was voluntarily taken for treatment by the police to a local hospital psychiatric unit where he was admitted from 1/16/18 to 2/3/18. The hospital was able to stabilize him on his home medication regimen with dose adjustments. The facility's failure to administer medications as ordered constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check 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	V 133		

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V 133	Continued From page 15	V 133		

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 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

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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 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.
(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:
(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

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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.
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.
(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:
(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.
(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.
(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

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V 133	Continued From page 18 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; 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. (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. (g) Conditional Employment. - A provider may	V 133		

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V 133	Continued From page 19 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: (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. (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.) This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a nationwide criminal history record check was requested affecting 1 of 3 staff (#1). The findings are: Review on 02/12/18 of staff #1's personnel file revealed: - Date of hire 11/17/17; - Position: Paraprofessional; - Prior employment history documents working in New York State up until 2016; - Documentation of a statewide criminal history record check having been requested dated 11/28/17. Interview on 03/22/18 with the Owner revealed: - She was unaware she needed to complete a Nationwide criminal history record check for staff #1;	V 133		

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V 133	Continued From page 20 - She would ensure this was completed when necessary in the future with new staff.	V 133		
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 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	V 289		

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V 289	Continued From page 21 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). This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide services to a client whose primary diagnosis was a developmental disability affecting 1 of 1 former client (FC) #4. The findings are: Review on 02/02/18 of FC #4's record revealed: - Date of admission 09/29/17; - Diagnoses of Schizoaffective Disorder; BiPolar Disorder; Cannabis Use Disorder; Alcohol Use Disorder, and Hypertension.	V 289		

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V 289	Continued From page 22 Interview on 02/13/18 with FC #4's family member revealed: - FC #4 "knew [the Owner] from before ... he called her ... she said it was ok to come (to the facility)."	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 present and two staff present for every four or	V 290		

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V 290	Continued From page 23 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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a client was capable of remaining in the home or community unsupervised affecting 1 of 1 former client (FC) #4. The findings are: Review on 02/02/18 of FC #4's record revealed: - Date of admission 09/29/17; - Diagnoses of Schizoaffective Disorder; BiPolar Disorder; Cannabis Use Disorder; Alcohol Use Disorder, and Hypertension. - No documentation of an unsupervised time assessment or unsupervised time being in the treatment plan. Interview on 02/22/18 with FC #4 revealed: - He was left alone at the facility every day between 8:00am and 2:30pm; - He would leave the facility around 10:30am to go to eat at a local soup kitchen and return at 12:30pm; - Staff would leave him a peanut butter	V 290		

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V 290	Continued From page 24 and jelly sandwich "with no drink or chips... [the Owner] said I was using up too much - - of her bread; - The keys to the facility were left outside on the porch for him to have access to the facility Interview on 03/22/18 with the Owner revealed: - FC #4's guardian has to let her know if FC #4 can have unsupervised time; - The guardian told the Owner FC #4 could have unsupervised time " ... there is no documentation ... it was just verbal" (consent); - A key was not left outside on the porch for FC #4's they were left for another client to use upon her return from work	V 290		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	V 536		

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V 536	Continued From page 25 include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain	V 536		

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V 536	Continued From page 26 documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-911	A. BUILDING: _____ B. WING _____	R 03/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 536	Continued From page 27	V 536		

interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
(l) Documentation shall be the same preparation as for trainers.

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure annual training on alternatives to restrictive interventions was current affecting 2 of 3 staff (#2, #3). The findings are:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 536	Continued From page 28 Review on 02/22/18 of staff #2's personnel file revealed: - Date of hire 09/22/15; - North Carolina Interventions (NCI) training on alternatives to restrictive interventions dated 11/28/16. No documentation of annual refresher training on alternatives to restrictive interventions having been completed. Review on 02/22/18 if staff #3's personnel file revealed: - Date of hire 01/10/17; - NCI training for alternatives to restrictive interventions dated 11/28/16. No documentation of annual refresher training on alternatives to restrictive interventions having been completed. Interview on 03/22/18 with the Owner revealed: - She was responsible for reviewing all trainings "I call the trainers and I set up all trainings ..."	V 536		