

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/02/2018
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NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, NC 27707
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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, follow-up and complaint survey was completed on March 2, 2018. The complaint was substantiated (Intake #NC00134902). Deficiencies were cited.</p> <p>This facility is licensed for the following service: NCAC 27G. 5600C Supervised Living for Developmentally Disabled Adults.</p> <p>During this survey, on 3/1/18 The Program Director/Licensee stated that she was not going to answer any further questions from the Surveyor. She refused to provide Surveyor any additional information regarding the clients, documentation or the operation of the facility. She stated "just cite me."</p>	V 000	<p>DHSR-Mental Health</p> <p>APR 27 2018</p> <p>Lic. & Cert. Section</p> <p><i>Attachment</i> →</p>	
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

V000


During TLC survey PDL provided all documents for the surveyor, PDL also went to the pharmacy to have documents that was needed for the survey. PDL did not state the surveyor "just site me" the surveyor has misspoken I do not talk like that I have been doing Mental Health for a long time, I ended the survey due to the survey made a false accusation, surveyor stated when she first came in the Group Home Latuda was on a MAR, and I stated to the survey that was not true the Latuda never was dispensed from the Pharmacy, the surveyor was very argue mental, I explain to the surveyor the medication was never dispensed from the pharmacy, I also presented documents to the surveyor, the surveyor continue raising her voice and stated yes it was and want the MAR that it was on show me the MAR. The Surveyor then started looking back in her paperwork and I kindly ask the Surveyor to excuse me while i step out and use my phone, I then called my QP and a Friend that has been in this field for years, I explain to them what was going on so I ask can I ask the Surveyor to leave because this is not going good at all. I went back in I explain to the Surveyor that I am trying to talk to you and you want to argue I don't know what's going on I am trying to present all documents to you, you ask me a question every time I answer the question you want to be argue mental and defensive towards me. I then I ask respectfully could you please write it up because that what a plan of correction is for. Surveyor then stated well I am going with a type A or B then, I then said Ms Johanna I can't stop what you going to do but I'm going ask you to please do the right thing because I have presented all documents even the documents where the doctor was messing up on prescriptions, The Surveyor then said to me I am going to take all the documents and go make copies and I will bring them back, I stated to the Surveyor that she can not take my documents out the home due to she made false accusations, I ask the Surveyor why are you so angry, the Surveyor then said to me you just stay right here don't move I'm going to go call my superior, and I said okay Jesus. The Surveyor stated she was going to make me look incompetent.

Doing my Survey from day 1 the Surveyor came in and half spoke and very rugged, when Surveyor came the staff told her we have appointments the Surveyor told my staff you take them to their appointments and when she come she can stay here. I met the Surveyor back at the group home and when the Surveyor came in I ask her to sign in and I Ask her when do she want to sit, Surveyor was being very short, so to be a peace I ask how you doing? Surveyor stated I wish I could retire she also stated to my staff when she ask her how she was doing she stated I wish I could retire right now I'm tired of this, I then ask how long do you have she stated 3years, the Surveyor then told me she had another provider reported her to her superior and my superior told her that the provider described me and said he said you look like a hippie I laughed and told my superior oh well I guess I look like a Hippie then.

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On February 27.18 Surveyor came back to the home, when the Surveyor enter the home she walked in and proceed to walk up the steps. PDL kindly ask Surveyor could you please sign in for me, The Surveyor turn and say to the PDL "YOU HAVEN'T TRAINED ME YET" PDL did not respond PDL ignored the comment as if she didn't hear what the Surveyor said. Following this page there is and attachment on the back where the Surveyor would not put the TIME IN/ TIME OUT ON SOME OF HER VISITS IN THE HOME. On 3/1 Surveyor left for lunch came back and do to I ask her to write up everything that's what a plan of correction is for she refuse to out when she stepped out to call her Superior at 130pm PDL signed Surveyor at the 3pm When, Surveyor came back in I ask here to please sign Back in Surveyor stated I DIDN'T SIGN OUT I explain to Surveyor when ever you leave the building you have to sign in and out PDL ask again could you please sign back in please.


on Back

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V 109	<p>Continued From page 1</p> <p>(7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Qualified Professional (QP) failed to demonstrate competence displaying the knowledge, skills and abilities required by the population served. The findings are:</p> <p>During interview on 2/27/18 the Program Director/Licensee (PD/L) reported the following information; -- It is her QP's responsibility to complete treatment plans for all of the clients. * See Tag V-112, Assessment/Treatment/Habilitation Plan for specific details/examples. -- It is her QP's responsibility to provide documentation of services and progress in the form of a monthly summary for each client.</p> <p>The PD/L did provide copies of 3 months worth of the QP monthly summaries to Surveyor on 3/1/18</p>	V 109	<p><i>QP has knowledge of the Population Served evidenced by experience of over 15 years working with the same Population in many Capacities All treatment plans & stated documentation was present and the auditor reviewed the revised PEP's. Each staff upon hiring is given a supervision Plan each client upon arrival</i></p>	

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V 109	<p>Continued From page 2</p> <p>for the 3 audited clients. Review of these summaries revealed the QP to document that both Client's #1 and #2 were making progress toward their goals, even though there were no residential goals in their treatment plans.</p> <p>Interview on 2/28/18 with the facility QP revealed the following information;</p> <ul style="list-style-type: none"> -- She usually comes to the facility once or twice a month. -- She "talks to clients and staff, I look at MARs (medication administration records) and records." -- "Yes I am responsible for treatment plans. I just forgot the group home goals." -- She has not been asked to do any internal investigations or incident reports. -- She did not do Client #1's admission assessment, only the PD/L was involved in his admission to the facility. -- She was not aware he did not have a primary diagnoses of a Developmental Disability. -- The difficulties with his medications are probably due to "poor communication between pharmacy/doctors/staff." <p>Continued interview on 2/28/18 with the facility QP revealed the following information regarding Client #2;</p> <ul style="list-style-type: none"> -- When he first got here he wasn't allowed to keep his cell phone. -- The PD/L felt sorry for him, so she let him keep his cell phone on him. -- The phone got taken away from him, "that is between [PD/L] and his Guardian." -- She was not sure if the PD/L documented the restriction of the phone in his treatment plan. -- She does not know where the phone currently is. <p>This deficiency is cross referenced into: 10A</p>	V 109	<p><i>receives an intake assessment and a PCP</i></p> <p><i>QP will continue providing monthly supervision for each staff & consumers.</i></p> <p><i>The Group Home are in the PCP. He was an emergency placement the goals are in the Plan.</i></p> <p><i>Group home owner completes the admission assessments and all other intake information.</i></p> <p><i>Guardian signed a contract about the phone and were aware of the policy of the phone. No one took his phone he gave it to his mom his self. after he</i></p>	

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V 109	Continued From page 3 NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 109	<i>revised it, per contract, PDC will continue following her policy and procedure manual. And will now stick to her policy book.</i>	3/1
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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.	V 110	<i>Attachment</i> <i>OP will continue following up with treatment plans, Paraprofessional and associated professional monthly notes providers addition trainings as needed. or required to ensure staff are technically knowledge able culturally aware display and typical skills, make good decisions and communication effectively.</i>	

VI. POLICY ON FIREARMS/DANGEROUS INSTRUMENTS

Guns, knives or any other dangerous instruments that can harm another will not be permitted to the facility. The facility reserves the right to request residents family responsible person or agency to make other placement immediately if such actions occur.

VII. POLICY ON SEXUAL ACTIVITY OF RESIDENTS

The ownership and management of the facility does not permit or support indiscreet or act in anyway that violates the individual rights of our residents.

VIII. SERVICES AND ACCOMMDATIONS

Three well balanced meals a day with snacks available if wanted.

Menus planned by the staff

Help personal care, grooming, including dental, foot and nail care. Our policy is to care for the residents as if they are our family.

Laundry provided but not dry cleaning , or cleaning of garments required special care or attention.

Transportation are stored under lock and given by the Director according to the directions of the doctor.

No cellphones are permitted at the Group Home, the residents has a house phone they access to be able to use. Telephone is available for the resident's use to limit 15 minutes per phone call Residents are responsible for long distance calls.

Secure space is available for each resident.

Weekly activities and regular (Day Program) for the residents.

This home is not responsible for medical fees, supplies, personal clothes, cosmetics, any tobacco supplies, Tickets for transportation for leisure outings only Doctor appointments, personal items. etc

IX. SMOKING POLICY

Smoking is permitted in the home not unless physicians allows. The designated smoking area the back porch. Smoking is not allowed in the bedrooms or the kitchen due to the restriction of the fire and health regulations. Smoking permitted at 8am- 9pm last smoke. If clients chooses to allow staff to monitor cigarettes intake they need to sign a cigarettes agreement to indicate that.

There are no electronic cigarettes or any sort of cigarette instruments allowed.

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V 110	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review 3 of 3 Paraprofessionals (Program Director/Licensee (PD/L), Staff #1 and Staff #2) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>1. Review on 3/1/18 of the PD/L's personnel file revealed the following information; -- She had training on medication administration by a Registered Nurse (RN) on 5/16/17. -- She had training on Diabetes by the above RN on 5/15/17. -- She had training on Client Rights by the facility Qualified Professional (QP) on 4/30/17.</p> <p>Interview on 2/20/18 with the PD/L revealed the following information; -- She takes each of the clients to all of their Doctor's appointments. -- She is in charge of the oversight of all aspects of the clients treatment and needs. -- She is responsible for all of the personnel functions.</p> <p>During this survey, the PD/L failed to demonstrate competence in the following areas: -- Assuring staff was provided with strategies and interventions to deal with disruptive client behaviors. * See Tag V-112, Assessment/Treatment/Habilitation Plans for specific details/examples. --Assuring Physician ordered therapeutic diets were adhered to. * See Tag V-115, Client Services for specific details/examples.</p>	V 110	<p><i>PDL never had interview on 2/20/18 PDL first spoke with surveyor on 2/23/18 for interview.</i></p> <p><i>PDL/OP/Guardians had a meeting to discuss consumer behaviors bc it was due to his mother doing things to make him act out to see what we could do to help consumer be adult, and do adult things, and what her (mother) role in all of this that's going on with the consumer</i></p>	

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -- Assuring correct medication administration, documentation and availability. * See Tag V-118, Medication Administration for specific details/examples. -- Assuring proper medication storage. * See Tag V-120, Medication Storage for specific details/examples. -- Assuring all allegations of harm/abuse were reported to the proper authorities, and maintaining the safety of clients during an investigation. * See Tag V-132, HCPR-Notification, Allegations & Protection for specific details/examples. -- Assure the facility operated within the scope it is licensed for. * See Tag V-289, Supervised Living-Scope for specific details/examples. -- Assuring an assessment was made of a client's ability to remain safe in the community without supervision. * See Tag V-290, Supervised Living-Staff for specific details/examples. -- Assuring coordination was maintained between herself and Client #1's Case Manager responsible for his medications. * See Tag V-291, Supervised Living-Operations for specific details/examples. -- Assuring documentation of all incidents, and forwarding this information to the assigned people. * See Tag V-367, Incident Reporting Requirements for specific details/examples. <p>Interview on 2/27/18 with a Sergeant from the Durham Police Department revealed the following information;</p> <ul style="list-style-type: none"> -- The Police have responded at the facility to calls twice in 2018. -- The first time responding was on 1/9/18 when the PD/L called them out to the facility and 	V 110	<p><i>PDL explain to Surveyor it worked for awhile. Surveyor ask well do you have any notes from the meeting, and told Surveyor no. DSS write notes in the meeting.</i></p> <p><i>PDL will take notes when having a meeting with the Guardian in the future.</i></p> <p><i>All medication will continued be stored in proper place</i></p> <p><i>PDL will make sure insulin bottle will be dated.</i></p> <p><i>Attachment</i></p> <p><i>PDL will be sure to talk to Client Doctor to see if he would be allowed to be unsupervised</i></p> <p><i>PDL will make sure she has a Assessment done on the Client Assessment has been completed.</i></p> <p><i>PDL will continue keeping in contact with the Case Manager, when ever called Case Manager would always talk to the doctor on any medication error or problems.</i></p>	<p><i>3/23/18</i></p> <p><i>3/23/18</i></p> <p><i>4/17/18</i></p>

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V291 QP/ PDL will continue completing all incidents reports as we suppose to by DHHS guidelines. All incidents where completed the Surveyor did not ask for them QP/ PDL was not aware of IRIS do to the we had not had an incident report in a while. We will make sure that all incidents go into IRIS as we have completed already.

PDL did Investigate the allegation that was stated PDL spoke to the consumer and guardian regarding what he stated to the police, consumer stated that he no one touched him, I ask consumer why did you state that to the officer he said as he was yelling because I'm mad I want to go with my mom I want her to come pick me up and she's not answering her phone I'm tired of her taking first husband before me. consumer stated that staff would not call from her phone. PDL spoke with staff stated that she was trying to calm consumer down and he ask to use her phone she said No she can't do that. Staff stated that she never touched the consumer he was lying. The staff only worked weekend PDL had enough time to investigate the allegation. PDL will continue making sure all allegations be investigated and as well most IMPORTANT ALL MY CONSUMERS CONTINUE BEING PROTECTED AND SAFE. PDL thought that after investigation if that staff was found to al fault that's when you report the staff in the HCPR. PDL /QP will report to HCPR any allegations to report in the future.

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V 110	<p>Continued From page 6</p> <p>requested they provide transportation for Client #2 to attend his Psychiatrist appointment that day because as he was still in bed and "refused to go willingly."</p> <p>-- In talking to Client #2, the Officer learned the client was not willing to go to his appointment because his cell phone was taken away from him by facility staff, and the staff was supposed to give it back to him on that day, and they had not done so.</p> <p>During interview on 3/1/18 the PD/L denied that she called the Police to provide transportation for Client #2.</p> <p>2. Review on 3/1/18 of Staff #1's personnel file revealed the following information;</p> <p>-- No identified date of hire.</p> <p>-- No documentation of medication administration training.</p> <p>Interview on 3/1/18 with Staff #1 revealed the following information;</p> <p>-- She had been trained to administer medications previously.</p> <p>-- She had lost the certificate to authenticate this training.</p> <p>-- The company that trained her wanted \$50.00 to replace the certificate.</p> <p>-- She is signed up to attend another medication administration course sometime soon.</p> <p>-- Until she takes that course, she can't administer medications.</p> <p>Interview on 3/1/18 with the PD/L revealed the following information;</p> <p>-- Staff #1 had recently started working at the facility.</p> <p>-- She was training Staff #1 to be a full time staff during the day shift.</p>	V 110	<p><i>Attachment</i></p> <p>↓</p> <p><i>Attachment</i></p> <p>↓</p> <p><i>PDL will continue training all staff to meet all expectations of TLC Adult Home</i></p> <p>↓</p>	

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PDL spoke with officer on the phone due to I heard him in the background speaking to client I explain to the officer the staff stating he was beating the walls, cursing, damaging property, I explain to the officer was yelling he wanted to kill himself after the staff to counselor him to try to calm him down that's why staff phoned the police, consumer stated he's not going to do nothing, he's not going to cleans up, or going to school anymore, he want to be with his mom the officer took it wrong when he spoke with the consumer. PD also explain to officer you are misunderstanding what the consumer is saying PD explain it does not have anything to do with an appointment. PDL was not present at the home during the time the officer came to the Group Home at anytime police was called.

The Surveyor has misspoken PDL did not say Until she takes that course she can't administer medication. Staff has already completed all Certifications completed on NCI 12/9/17, Frist Aid/ CPR 12/9/17, Osha/Bloodborne Pathogen 12/8/17, Medication Adm. 11/17/17, Diabetes 11/16/17. The Staff could not administrated medication due to the Certification has to in the Record Book, Staff is qualified to work the home with out another staff in the home. Staff was in training with the PD due to I like the home to be ran concurrent and consistent. Staff will continue working her shift as schedule. QP/ PD will continue making sure all certification are still current.

PDL will make sure that a Hire date will be on all applications, and as well make sure the Health Registry is completed before the Hire Date.

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V 110	<p>Continued From page 7</p> <p>-- Staff #1 had already worked some shifts with the clients by herself. -- She does the medication administration when Staff #1 works until she gets her training complete.</p> <p>When the PD/L was questioned by the Surveyor during this interview on 3/1/18 about what was the procedure if while Staff #1 is in the facility alone with clients, and one of the clients requires/requests a PRN (as needed) medication, her reply was that Staff #1 could call Staff #2 to administer the medication because Staff #2 lives close to the facility.</p> <p>Staff #1 failed to demonstrate competency in the area of providing a Physician ordered therapeutic diet to Client #1. * See Tag V-115, Client Services for specific details/examples.</p> <p>3. Review on 3/1/18 of Staff #2's personnel file revealed the following information; -- Hire date of 3/10/08. -- She had training on medication administration by a RN on 5/16/17. -- She had training on Diabetes by the above RN on 5/15/17. -- No documentation that she had any training on Client Rights.</p> <p>Interview on 2/27/18 with Staff #2 revealed the following information; -- She usually comes into work at the facility at 7:00 pm and works overnight until 3 of the clients are picked up to go to their day program. -- At around that time (8:30 am) the PD/L comes in. -- She also has a second job that she has to be at by 10:00 am on most days.</p>	V 110	<p>Staff has had all certification due to she lost her medication training. Before the staff leave the shift she administ. med medication and when the next shift came on that staff would Administator the medication staff could have Adminstrator Medication I prefer her not to at the time due to certification was not in her file. My Staff that's on call she's 5 minutes away.</p> <p>All Staff are well educated on Diabetes, Staff are well aware of the consumer low sugar ? low Carb The Doctor gave education Information on his low Sugar ? Low Carb Diet.</p> <p>Staff has been trained in Client Rights, 4.30.17 attachment</p> <p>Staff will continue working her shifts as scheduled and her second job of her choice.</p>	<p>Attachment xle</p> <p>4.30.17 attachment</p>

✓

Has been instructed on and met all requirements on

Chemeka Jackson

CLIENTS CONFIDENTIALITY/ CLIENTS RIGHTS

DOCUMENTATION

Stacie Glass
STAFF TRAINER

02/18/04
4.30.17

Certificate of Completion

is hereby granted to:

Nia Southerland

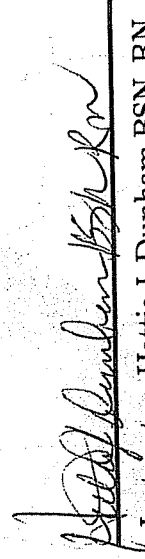
To certify that he/she has satisfied the requirements for

Medication Administration

8 Contact Hours

November 17, 2017

Date



Instructor: Hattie J. Dunham BSN, RN

Certificate of Completion

is hereby granted to:

Nia Southerland

To certify that he/she has satisfied the requirements for

Diabetes Care Management

2 Contact Hours

November 16, 2017

Date



Instructor: Hattie J. Dunham BSN, RN

Certificate of Completion

Nia Southerland

Successfully completed Seizure Management and Heimlich
Maneuver training as a component of First-Aid

Sherry Scott

Training Instructor

12-8-17

Completion Date

Expiration Date: 12-8-18

Certificate of Completion

Nia Southerland

Successfully Completed OSHA/Bloodborne Pathogens/
Universal Precautions/Infectious & Communicable Disease
Training

Sherry Scott

Training Instructor

12-8-17

Completion Date

Expiration Date: 12-8-18

CERTIFICATE OF COMPLETION

AWARDED TO

Nia Southerland

“AMERICAN REDCROSS ADULT/PEDIATRIC -

CPR & FIRST AID TRAINING”

Awarded this 8 day of December 2017 (valid thru December 8, 2019)

Sherry Scott American Redcross Instructor

Blocks:

- ~~1/2~~ Overhead A
- ~~1/2~~ Overhead B
- ~~1/2~~ Hook A
- ~~1/2~~ Hook B
- ~~1/2~~ Straight A
- ~~1/2~~ Straight B
- ~~1/2~~ Uppercut

Complex Hold Releases:

- ~~1/2~~ Front choke prevent
- ~~1/2~~ Front choke wedge
- ~~1/2~~ Back choke fake
- ~~1/2~~ Upper bear hug
- ~~1/2~~ Lower bear hug
- ~~1/2~~ Full Nelson prevent
- ~~1/2~~ Full Nelson release
- ~~1/2~~ Headlock
- ~~1/2~~ Back choke to headlock

Simple Hold Releases:

- ~~1/2~~ 1-hand arm grab-roll
- ~~1/2~~ 2-hand arm grab-pull up
- ~~1/2~~ 1-hand front hair pull
- ~~1/2~~ 1-hand back hair pull
- ~~1/2~~ Long hair
- ~~1/2~~ Bite release

North Carolina
Interventions

Agency is responsible for notifying Instructor cardholder
Go to DMH/DD/SAS website:
<http://www.ncdmh.net/NCI-Public/index.htm>

NE Participant

This certifies that

Nia Southerland

*has fulfilled all requirements for certification and, subject to annual
recertification, is qualified to use physical techniques*

NCI Interventions - Core Training

(Parts A and B)

*A curriculum of the NC Division of Mental Health, Development Disabilities and
Substance Abuse Services*

Sherry Scott

Instructor Name



Instructor Signatures

12/9/17

Date

Certificate is valid through 12/31/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/02/2018
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NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, NC 27707
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V 110	<p>Continued From page 8</p> <p>-- When she gets off from working at the facility, she goes home and tries to rest for a little while before she goes to her second job.</p> <p>Staff #2 failed to demonstrate competency in the area of providing a Physician ordered therapeutic diet to Client #1. * See Tag V-115, Client Services for specific details/examples.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 110	<p style="text-align: center;">↓</p> <p><i>Consumers</i> All orders orders are kept in the Consumers Medical book they are not posted in the home. All educational information for the client low sugar & low carb diet is in the home. PDL will continue posting up information that the doctor and nurse give the staff.</p>	
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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the 	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 9</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that strategies and interventions were developed and implemented to address client behaviors and treatment needs. The findings are:</p> <p>1. Review on 2/20/18 of Client #1's record revealed the following information; -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- Has a court appointed Guardian through the Durham County Department of Social Services. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack. -- A treatment plan dated 9/27/17 which contained only goals for a Psychosocial Rehabilitation program (PSR).</p> <p>Interview on 2/23/18 with the Program Director/Licensee (PD/L) revealed the following information; -- Client #1 had nothing to do during the day.</p>	V 112	<p>PDL / GP will make sure that all PCP will have credentials for the Group Home to do in the home. PDL was willing to show survey but surveyor ignored the PDL.</p> <p>PDL will continue trying to get the consumer in a Day Program for him to have</p>	<p>3/8/18</p> <p>4.16.18</p>

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
TLC ADULT GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**603 DUNBAR STREET
DURHAM, NC 27707**

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V 112	<p>Continued From page 10</p> <p>-- She has been trying to get him into a PSR since his arrival at the facility (5 + months). -- She is waiting for the paper work to be completed by the PSR before they will accept him. -- She does not have any documentation of her efforts, or people she has spoken to in an effort to find Client #1 an activity to be involved in.</p> <p>During interview on 2/27/18 Client #1 had no complaints about the facility. He presented with a flat affect and offered no spontaneous conversation.</p> <p>2. Review on 2/20/18 of Client #2's record revealed the following information; -- Admission date 11/21/17. -- Age 19 years old. -- Diagnoses include ADHD (Attention Deficit Hyperactivity Disorder), Generalized Anxiety Disorder and Learning Disability. -- Has a court appointed Guardian through the Durham County Department of Social Services. -- A treatment plan dated 11/21/17 which contained only goals for a PSR program.</p> <p>Interview on 2/28/18 with the PD/L revealed the following information; -- Client #2 had nothing to do during the day. -- She has been trying to get him into a PSR since his arrival at the facility (3 + months). -- She is waiting for the paper work to be completed by the PSR before they will accept him. -- She does not have any documentation of her efforts, or people she has spoken to in an effort to find Client #2 an activity to be involved in.</p> <p>Review of Client #2's record, and interviews throughout the survey period with the PD/L, Staff</p>	V 112	<p>Something to do. Consumer is now in a program. PDL did not know I had to show a record of documentation that the PDL or OP is trying to place a consumer in a day program. Guardians is well aware of the consumer was trying to get into Threshold-Stats (Zica) stated she has to wait on approval from Alliance.</p> <p>PDL will make sure Goals will be implemented for the group home. Threshold has to wait on approval for Alliance to approval for him. All PCP has been revised</p> <p>PDL and OP will make sure any consumers</p>	

Division of Health Service Regulation

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V 112

Continued From page 11

#2, Client #2's legal Guardian and the facility Qualified Professional (QP) revealed that when Client #2 is told no, or he doesn't get his way he acts out displaying the following behaviors: displays poor judgement and poor impulse control, threats of harm to self and/or others, self injurious acts, temper outbursts, being disruptive, cursing, swearing, yelling, calling the Police, defiance, refusal to cooperate, hitting walls, throwing property, lying, making multiple phone calls to different people, walking away from the facility and playing his music extremely loudly.

Interview on 2/27/18 with Staff #2 revealed the following information;

- There was an incident last month with Client #2.
- He was "mad in his room, cursing, called 911, He went to the ER (Emergency Room), and they didn't admit him."
- His Mom brought him back to the facility the next day.

When questioned on 3/1/18 by the Surveyor about what the facility has put in place to deal with Client #2's behaviors, the PD/L replied "there was nothing put in place."

This deficiency constitutes a recited deficiency.

This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.

V 112

with behaviors will be revised and there will be a meeting to put a plan in place. We had a meeting with Guardians but did not revise the PCP.

Client was signed out with his mom. Mother was responsible for the consumer at that time when the consumer family or friend sign them out on the responsible sheet down it is not responsible of the consumer at that time.

V 115

27G .0208 Client Services


10A NCAC 27G .0208 CLIENT SERVICES
(a) Facilities that provide activities for clients shall

V 115

Division of Health Service Regulation

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V 115	<p>Continued From page 12</p> <p>assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that meals served to clients were nutritious. The findings are:</p> <p>Review on 2/20/18 of Client #1's record revealed the following information; -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder -</p>	V 115	 <p>PDL will continue with the consumer low Carb, low sugar Diet the Doctor put in order</p>	

Division of Health Service Regulation

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V 115	<p>Continued From page 13</p> <p>Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack. -- A FL-2 from the Skilled Nursing Facility dated 9/25/17 with a Physician's order for a Controlled Carbohydrate Diet.</p> <p>Observation on 3/1/18 at 12:30 pm revealed Client #1's lunch made for him by Staff #1 consisted of 2 sausage dogs in buns, french fries with ketchup on them and a small bag of cheese puffs. The client ate approximately 75% of this meal.</p> <p>During interview on 3/1/18 Staff #1 was unable to state what a Controlled Carbohydrate Diet is.</p> <p>Interview on 2/27/18 with Staff #2 revealed the following information; -- She usually comes into work at the facility at 7:00 pm and works overnight until 3 of the clients are picked up to go to their day program. -- At around that time (8:30 am) the Program Director/Licensee (PD/L) comes in. -- She serves all the client's their breakfast. -- Client #1 "eats what everyone else eats." -- Staff #2 was unable to tell Surveyor anything about a Controlled Carbohydrate Diet.</p> <p>Interview on 3/1/18 with the PD/L revealed the following information regarding Client #1's diet: -- "The Doctor said he could have small portions (of carbohydrates)." -- "We have a menu for him."</p>	V 115	<p>Doctor at Lincoln stated he can have small portions, diet soda no regular soda's, TLC does have Amends book in the home. Doing lunch the consumer had (1) Sausage Turkey Dog. with wheat bread and a small portion of French fries. A small snack bag of cheese balls. consumer at majority of all his Turkey Sausage dog and couple of french fries did want cheese balls. consumer did not have cheese puff. consumer stated consumer does not eat all of he was full TLC do a lot of bake & boiled food for the consumers. PDL will continue following the doctors orders as of today the consumer AIC is now a pre Diabetic as of 3/26/18 his medical doctor was very pleased and stated you all are doing a good job. All consumers eat healthy I have another consumer diabetic and been off his diabetic medication for now 3 years. Everyone has health cookies we give the correct amount of portion of food (small portions) sugar free diets. healthy food when cooking. medical doctors are pleased.</p>	3/15/18

Division of Health Service Regulation

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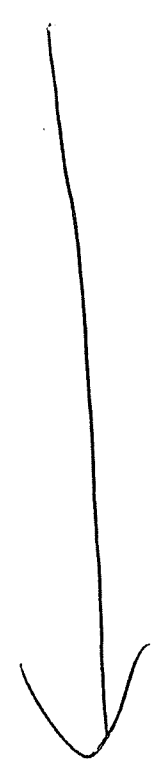
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V 115	Continued From page 14 -- Neither she nor Staff #1 could locate the menu. Interview on 2/27/18 with Client #1 revealed the following information; -- He was not aware that he was on a specific prescribed therapeutic diet. -- He knew he "shouldn't eat a lot of sweet food." -- He liked the food served to him at the facility. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 115	<i>The survey is mis spoken the doctor only gave me a Pamphlet on education on low carb and low sugar diet. no menu for the consumer. PDL will maintain the low carb diet. Consumer is well aware of his sugar he knows if he would have low or high sugar he's aware of all symptoms. Consumer has been a very good with purchasing his items in the community. Consumer A1C is now a Pre Diabetic PDL staff will continue following the Doctors orders.</i>	
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;	V 118		

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V 118	<p>Continued From page 15</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to A) assure prescription medications were administered to clients as written by a Physician affecting 1 of 2 current audited clients (#1), B) assure MARs were kept current affecting 1 of 2 current audited clients (#1) and C) assure assure that 1 of 1 paraprofessional staff demonstrated competence in medication administration (Program Director/Licensee (PD/L)). The findings are:</p> <p>Review on 2/20/18 of Client #1's record revealed the following information; -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack.</p> <p>Interview on 2/23/18 with the Program</p>	V 118		

Division of Health Service Regulation

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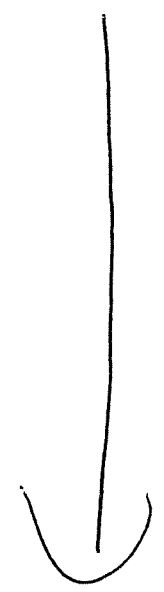
V 118	<p>Continued From page 16</p> <p>Director/Licensee (PD/L) revealed the following information about Client #1;</p> <ul style="list-style-type: none"> -- Upon admission to the facility Client was seen by Physician #1. -- She did not like Physician #1 because he told Client #1 "he could eat anything." -- Client #1 was then transferred to the care of Physician #2. -- Client #1 has a Case Manager through his HIV clinic that is responsible for the coordination of his medications. <p>Multiple attempts to contact Client #1's Case Manager by phone were attempted throughout the dates of survey. Surveyor did not receive any return phone calls.</p> <p>1. Review on 2/23/18 of Client #1's record revealed documentation from Physician's as follows;</p> <p>a. 10/19/17:</p> <ul style="list-style-type: none"> -- "Today's glucose 'high' unable to read." -- "Pt (Patient - Client #1) mildly somnolent (sleepy), incontinent..." -- "Had been on Metformin, out for 4 days..." -- "Refer to [name of local hospital] to R/O (rule out) Hyperosmolar or DKA (Diabetic Ketoacidosis)." -- "Will need to start Insulin." <p>Diabetic Hyperosmolar Syndrome and DKA are potentially life threatening complications of high blood sugar results.</p> <p>b. Emergency Room (ER) 10/19/17 (same date as above):</p> <ul style="list-style-type: none"> -- "Diagnoses: Type 2 Diabetes Mellitus with hyperglycemia, without long term current use of Insulin..." -- "Start Lantus (Insulin) 10 units every night." 	V 118	<p>Case Manager is always aware of what is going on with the consumer medication anytime the doctor made an error the pharmacy would contact me and then contact the doctor or the Case Manager.</p> <p>Case Manager stated to PDC that she did return the surveyor phone call back on Feb 28, 18. The surveyor to her she did not need to speak to her anymore. The surveyor was still interviewing in the home my exit date was 3/2/18</p> <p>The consumer was never at the insulin consumer stated to doctor he did not know the color and size of pill had changed. PDC is staff always educated and let the consumer know the pill change color or shape. Consumer sugar was high do to he came from Nursing Facility sugar in the 200's</p>	<p>Attachment</p>
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Division of Health Service Regulation

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DURHAM, NC 27707**

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V 118	<p>Continued From page 17</p> <p>Sent Rx (prescription) to [name of Pharmacy]."</p> <p>c. 10/26/17: -- "ED F/U (emergency department follow up)." -- "Blood sugar highly elevated, above 444..." -- "Gave Insulin and watched..." -- Client #1 was administered Novolog Insulin at 12:16 pm and again at 1:32 pm to lower his blood sugar. -- "Stop Lantus Insulin, start Levimer Insulin 15 units every night..." -- "Will pick up Insulin today..." -- Client #1 was given a prescription for glucometer test strips, and Lancets to check his blood sugar.</p> <p>d. Review on 2/23/18 of Client #1's record revealed he was hospitalized from 10/27/17 through 10/30/17 for complications due to his Diabetes.</p> <p>2. Review on 2/23/18 of Client #1's record revealed the following Physician's orders for Insulin; -- 10/19/17 - Start Lantus Insulin 10 units every night. -- 10/26/17 - Stop Lantus Insulin, Start Levimer Insulin 15 units every night. -- 10/30/17 - (Hospital discharge) Levimer Insulin 15 units every night. -- 10/31/17 - Levimer 17 units every night.</p> <p>Review on 2/23/18 of Client #1's October 2017 MAR revealed no Insulin had been administered to the client from the date of the first Physician's order for Insulin (10/19/17) through 10/29/17 (11 days). The first Insulin administration was documented on 10/30/17 pm following his hospitalization.</p>	V 118	<p><i>POC made the consumer appointment to see Doctor at the clinic. Consumer was leaving the center and going in the community eating what he wanted and buying a lot of junk food & chocolate milk. Client is still on levimer but now on 8 units. Client sugar is doing great per Doctor. A1C Pre-diabetic now.</i></p>  <p><i>Consumer is on insulin he was never on 17 units</i></p>	

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NAME OF PROVIDER OR SUPPLIER
TLC ADULT GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**603 DUNBAR STREET
DURHAM, NC 27707**

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V 118	<p>Continued From page 18</p> <p>Observation on 2/23/18 at 2:30 pm of Client #1's Levimer Insulin revealed the Insulin stored in the box it was dispensed from by the pharmacy on 2/19/18. This bottle of Insulin was opened, and appeared to be almost full. Neither the Insulin box nor the vial of Insulin had a date on it indicating when the vial was first used (opened).</p> <p>Interview on 2/23/18 with the PD/L revealed the following information; -- "No one ever told me that (to date the Insulin)." -- We probably opened it on the day we got it from the Pharmacy. -- He uses a whole bottle of Insulin a month. -- "Just call his Case Manager, she will explain it to you." -- I don't have the documentation about his Insulin, his medications are her responsibility.</p> <p>Insulin is only good for 30 days once it is first opened, and any remaining Insulin must be discarded after 30 days. Based on calculation of Client #1's Insulin dose at 15 units every evening, he would use a little less than half of the 10 ml. bottle every month.</p> <p>3. Review on 2/23/18 of Client #1's record revealed the following information; -- An order from his Physician dated 11/14/17 for him to be able to check his own blood sugar readings, and to be able to administer his own Insulin. -- Another order from his Physician dated 11/14/17 as follows: If blood sugar is less than 65, give 2 Glucose tablets, and recheck in 30 minutes. May repeat Glucose tablets. "Supply Glucose tablets."</p> <p>Review on 2/23/18 of Client #1's blood sugar readings log revealed the following instances</p>	V 118	<p>PDC explained to surveyor that he was never on 17 units PDL presented documents that the consumer was never on 17 units. PDL went and picked up documents from the pharm pharmacy showing that the doctor told the Pharmist that she made an error and ^(PO) should surveyor the order she sent over. Consumer was always on 15 units. PDL will continue following the doctor's order and continue getting documentation to email PDC when or if any other problems occurs I always keep all documents.</p>	

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V 118	<p>Continued From page 19</p> <p>after the Physicians order on 11/14/17 that his blood sugar readings were less than 65, and would have required the facility to administer Glucose tablets;</p> <ul style="list-style-type: none"> -- 11/18/17 - 7:40 am, blood sugar reading of 63. -- 11/25/17 - 6:40 am, blood sugar reading of 44. -- 11/29/17 - 8:45 am, blood sugar reading of 63. -- 12/10/17 - 8:00 pm, blood sugar reading of 35. -- 12/28/17 - 7:30 (am or pm not documented), blood sugar reading of 64. -- 12/30/17 - 7:30 (am or pm not documented), blood sugar reading of 61. -- 1/6/18 - 7:45 (am or pm not documented), blood sugar reading of 62. -- 2/17/18 - 7:42 8:00 pm, blood sugar reading of 64. <p>Review on 2/23/18 of Client #1's record revealed an undated letter from Physician #1 with the following order: "If blood sugar is over 400 or less than 80 come to [name of Physician #1's clinic] or go to the Emergency Room."</p> <p>Review on 2/27/18 of Client #1's blood sugar readings log revealed the following instances that his blood sugar readings were less than 80;</p> <ul style="list-style-type: none"> -- 11/18/17 - 7:40 am, blood sugar reading of 63. -- 11/25/17 - 6:40 am, blood sugar reading of 44. -- 11/29/17 - 8:45 am, blood sugar reading of 63. -- 12/9/17 - 8:22 am, blood sugar reading of 65. -- 12/10/17 - 8:00 pm, blood sugar reading of 35. -- 12/28/17 - 7:30 (am or pm not documented), blood sugar reading of 64. -- 12/30/17 - 7:30 (am or pm not documented), blood sugar reading of 61. -- 1/6/18 - 7:45 (am or pm not documented), blood sugar reading of 62. -- 2/8/18 - 7:48 am, blood sugar reading of 65. -- 2/17/18 - 7:42 8:00 pm, blood sugar reading of 64. 	V 118		

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V 118	<p>Continued From page 20</p> <ul style="list-style-type: none"> -- 2/18/18 - 8:00 am, blood sugar reading of 67. -- 2/21/18 - 7:41 am, blood sugar reading of 78. -- 2/22/18 - 7:41 am, blood sugar reading of 70. -- 2/27/18 - 7:10 am, blood sugar reading of 76. <p>Observation on 2/23/18 at 11:45 am of Client #1's medications on hand revealed no Glucose tablets available.</p> <p>Interview on 2/27/18 with the PD/L revealed the following information;</p> <ul style="list-style-type: none"> -- There were no Glucose tablets available in the facility because "we have to have a prescription for that," and the Physician didn't write a prescription for them on 11/14/17. -- All medications, including over the counter medications need a prescription and a label from the pharmacy on them. -- They had not taken Client #1 to the Emergency Room or to Physician #1's office for high or low blood sugars as ordered. <p>Interview on 2/27/18 with Client #1 revealed the following information;</p> <ul style="list-style-type: none"> -- He checked his own blood sugar readings. -- Staff prepared his Insulin in a syringe, and he administered the Insulin to himself. -- He was unable to state what a low blood sugar reading was, or a high blood sugar reading was. <p>4. Review on 2/23/18 of Client #1's record revealed a Physician's order dated 9/25/17 for Norvasc 5 mg. every day.</p> <p>Additional review on 2/23/18 of Client #1's record revealed a subsequent Physician's order dated 12/19/17 to monitor the client's blood pressure, and if the blood pressures read within certain parameters, for a prescribed amount of time (over several days), then the facility was to</p>	V 118	<p><i>PDC did not have a prescription for the sugar tablets in November. Doctor wrote on the health care note she did not give a prescription in November. I presented that to the Surveyor.</i></p> <p><i>PDC took the consumer to see his medical doctor and the medical doctor started lowering his insulin. Doctor stated his A1C is a pre diabetic.</i></p> <p><i>consumer told Surveyor know what's high and what's low. consumer has a order to check his own sugar and took the diabetic class to do his insulin. There is a doctor order in place to allow the client to stick himself and check his sugar. PDC will continue following the doctors order.</i></p> <p><i>PDC & Guardian had a meeting with the Doctor to do to so many errors she making and its falling back on PDC. PDC presented all documents to</i></p>	

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V 118	<p>Continued From page 21</p> <p>discontinue the Norvasc.</p> <p>Review on 2/23/18 of Client #1's December 2017 MAR revealed staff had written "D/C (discontinue) 12/19" on the Norvasc transcription, and the client received his last dose of the medication on 12/19/17.</p> <p>Review on 2/23/18 of documentation of Client #1's blood pressure readings revealed no blood pressure readings for the client on 12/19/17 or on 12/20/17.</p> <p>On 2/23/18 when Surveyor asked PD/L to show her the blood pressure readings that precipitated the discontinuation of Client #1's Norvasc, she again referred this Surveyor to the client's Case Manager for questions regarding his medications.</p> <p>Review on 2/23/18 of Client #1's January 2018 MAR revealed a transcription for and documentation that staff had administered Client #1 Norvasc 5 mg. all month.</p> <p>Review on 2/23/18 of Client #1's February 2018 MAR revealed a transcription for and documentation that staff had administered Client #1 Norvasc 5 mg. from 2/18/18 through the current date (2/23/18).</p> <p>Norvasc is used to treat Hypertension, Coronary Artery Disease and Angina.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118	<p>The doctor and she deeply apologize. I did explain to her she did not give me the prescription to start Norvasc back she is just putting orders in and not sending or contacting the group home. Now is she putting them on my health care note and presented a document to the doctor where she put in a order for the wrong name of medication for the consumer.</p> <p>PDC will make sure that staff write down all blood sugar in the record book and as well BP checks. PDC spoke with staff sugar & BP is taking but forgot to document, the next</p> <p>Surveyor has misspoken client 1 doctor stop Norvasc on 2/17 and started back on 2/18 - 2/28/18 and now the doctor has D/C medication again 3/26/18 PDC & Guardian of PSS had a meeting with the doctor. And moving forward the doctor will not send medication with out talking to the client</p> <p style="text-align: right;">Attachment 3/26/18</p>	

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PDL explain to the surveyor that the consumer was never on 17units the surveyor was very defensive and taking everything in attack , I went to the pharmacy and pick up documentation I handed to surveyor and the surveyor was saying out load okay okay and then dropped the papers to right of her. PDL continued sitting and trying to continue answering the surveyor questions. Which was very difficult I felt like I was in an interrogation room.

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V 120	Continued From page 22	V 120		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to assure all medications stored in a refrigerator, that if used for food was kept in a separate, locked compartment or container. The findings are:</p> <p>Review on 2/20/18 of Client #1's record revealed the following information;</p> <p>-- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder,</p>	V 120	<p><i>and PDC to avoid these medication error. PDC was following the doctor orders of administering the medication to the client. and as well PDC requested that the nurse to go over all Summary sheet with the PDC. do to the client health issues and as well to make sure PDC follow up behind the doctor before she leave the appointment.</i></p> <p><i>Medication is stored properly in a locked cabinet and locked box in the refrigerator on each consumers medications are stored properly. PDC will continue keeping</i></p>	<p><i>3/20/18</i></p> <p><i>2/23/18</i></p>

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V 120	Continued From page 23 HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack. -- The most current Physician's order dated 10/31/17 for Levimer Insulin 17 units every night. Observation on 2/23/18 at 2:30 pm of Client #1's Insulin revealed it was kept stored unlocked in the facility refrigerator. Interview on 2/23/18 with the Program Director/Licensee (PD/L) revealed the following information; -- She was unaware that medications stored in a refrigerator that clients had access to must be kept in a locked container "no one ever told me that." This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 120	<i>Condensed medication stored in closet 50 paratell drawers and make sure insulin stay in lock box in refrigerator. PDC will continue following doctor's order. PDC showed all documents that condensed was given on 17 units the doctor wrote on H. e. Note. Stated he was on 15 units. PDC will make sure all insulin is locked in the locked box. PDC showed the survey it was now locked in the lock box.</i>	3/23/18
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare	V 132		

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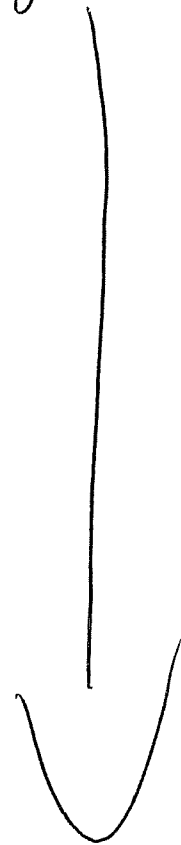
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V 132	<p>Continued From page 24</p> <p>facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and records review, the facility failed to A) investigate all alleged acts of abuse, B) make every effort to protect residents from harm while the investigation was being completed and C) report the results of all</p>	V 132		

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V 132	<p>Continued From page 25</p> <p>investigations to the Health Care Personnel Registry (HCPR) within five working days of the initial notification to the Department. The findings are:</p> <p>Review on 2/20/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admission date 11/21/17. -- Age 19 years old. -- Diagnoses include ADHD (Attention Deficit Hyperactivity Disorder), Generalized Anxiety Disorder and Learning Disability. <p>Interview on 2/27/18 with a Sergeant from the Durham Police Department revealed the following information;</p> <ul style="list-style-type: none"> -- The Police have responded at the facility to calls twice in 2018. -- The second time responding was on 2/21/18 when Client #2 called 911 and informed the operator that he had been assaulted by staff at the facility (Staff #1). -- A Police Officer responded to the call and went to the facility. -- As the client appeared uninjured, he forwarded this information to the Durham County Adult Protective Services. <p>Interview on 3/1/18 with the Program Director/Licensee (PD/L) revealed the following information;</p> <ul style="list-style-type: none"> -- Client #2 called the police on 2/21/18 and they responded to the facility. -- Client #2 made an allegation to the Police that Staff #1 abused him. -- She was not present at the facility on 2/21/18 when this was happening. -- Staff #1 was present that day and had called her to report Client #2 was hitting the wall, and was upset while he was on the phone with his 	V 132	<p>PDC/QP will make sure investigation reported in the (HCPR) PDC thought only if the staff is found to be at fault it is she reports the allegation.</p> 	3/15/18

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V 132	<p>Continued From page 26</p> <p>Mother.</p> <ul style="list-style-type: none"> -- Staff #1 told her that "[Client #2] walked out (away from the facility) again." -- Staff #1 stated to her that she had not touched Client #2. -- She believed that Staff #1 had not touched Client #2. -- She was not aware that any allegation of harm/abuse to a client needed to be investigated by the facility and also reported to the HCPR for investigation. -- She did not complete an internal investigation of the allegation. -- She did not complete an incident report for the allegation. -- She did not report the allegation to the HCPR. -- She did not take Staff #1 off of the schedule to protect Client #2 from further harm. <p>Interview on 3/1/18 with Client #2's legal Guardian revealed the following information;</p> <ul style="list-style-type: none"> -- She received the report from the Durham Police Department that Staff #1 had assaulted Client #2. -- Client #2 acts out because he can't be with his Mother all of the time. -- Client #2 stated to her that Staff #1 "put her hands on me." -- Staff #1 denied this happened. -- He didn't say that he was hurt, but he did say to me that he was afraid. -- He indicated to me that she touched him somewhere around his neck. <p>Interview on 2/28/18 with the facility's Qualified Professional revealed she was unaware of the above incident.</p> <p>Interview on 3/2/18 with Client #2 revealed the following information;</p>	V 132	<p>PDC was not present at that time of incident. PDC will report to HCPR when there is a allegation</p> <p>PDC investigated staff was off the schedule the supervisor is misspoken. I did not state that the staff was not working when I did my investigation. staff was not aware I was investigating at first.</p> <p>PDC viewed camera's no assault assault was present on the camera's. The officer stated he knows the whole family they all lie on each other.</p> <p>CP was aware of what happen I spoke with her and she acknowledged the staff and kept her breath on what the</p>

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V 132	Continued From page 27 -- He lied about Staff #1 assaulting him. -- He was mad at the time because he could not get his way. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 132	<i>Outcome was. PDC will continue making sure all her concerns are safe and treated fair. PDC always make sure all her clients are not protected.</i>	<i>2/23/18</i>
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	V 289		

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NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, NC 27707
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V 289	<p>Continued From page 28</p> <p>diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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).</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that it operated within the scope it was licensed for (5600 C Supervised Living), and failed to provide care, habilitation or rehabilitation and supervision within</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER
TLC ADULT GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**603 DUNBAR STREET
DURHAM, NC 27707**

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V 289	<p>Continued From page 29</p> <p>the scope of residential services to individuals affecting 5 of 5 current clients (#1 #2 #3 #4 #5). The findings are:</p> <p>Review on 2/20/18 of facility records revealed the following information; -- The current license is for 5600 C Supervised Living for Developmentally Disabled (DD) Adults services. -- The capacity to provide services to 5 clients.</p> <p>Review on 2/20/18 of Client #1's record revealed the following information; -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack. -- Prior to his heart attack, he had graduated college with a Paralegal degree and had been employed in this field for 35 years. -- No documentation of any DD diagnosis.</p> <p>Interview on 3/1/18 with the Program Director/Licensee (PD/L) revealed the following information; -- The facility from which he came from should have included all of his diagnoses. -- She did not understand what a "primary" diagnoses was. -- "He has Depression and Schizophrenia." -- She was confused about the difference between a Mental Illness and a Developmental</p>	V 289	<p><i>Consumer always had a diagnosis of mental illness to show the surveyor the FIZ form from the doctor</i></p> <p><i>Consumer never does not have a paralegal degree he was only employed for 10 years and lost his job. He said he always had problem but never wanted to get the help. consumer states he's could have been a nurse he didn't finish school, so he wants to go back.</i></p> <p><i>consumer has no hx of heart attack. Hx of stroke.</i></p> <p><i>Surveyor is his spouse never stated I did not know what a primary diagnosis was depending this for some years now. The Surveyor stated</i></p>	

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V 289	<p>Continued From page 30 .</p> <p>Disability. -- She would get the paperwork from Client #1's prior placement to document his DD diagnoses.</p> <p>Cross Reference: 10A NCAC 27G .0203 - COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS, Tag V-109. Based on interview and record review, 1 of 1 Qualified Professional (QP) failed to demonstrate competence in displaying the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 - COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS, Tag V-110. Based on observation, interview and record review 3 of 3 Paraprofessionals failed to demonstrate the knowledge, skills and abilities required by the population served (Program Director/Licensee (PD/L), Staff #1 Staff #2).</p> <p>Cross Reference: 10A NCAC 27G .0205 - ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN, Tag V-112. Based on interview and record review, the facility failed to assure that strategies and interventions were developed and implemented to address client behaviors and treatment needs.</p> <p>Cross Reference: 10A NCAC 27G .0208 - CLIENT SERVICES, Tag V-115. Based on observation, interview and record review, the facility failed to assure that meals served to clients were nutritious.</p> <p>Cross Reference: 10A NCAC 27G .0209 - MEDICATION REQUIREMENTS, Tag V-118. Based on observation, interview and record</p>	V 289	<p><i>She was going to make me look incompetent and the survey really is trying. I have all necessary skills and degrees. I been in Mental Health 15 years. Now, I have never been so Insulted in my life. PDL will continue using her skills, education, knowledge, love and care for Mental Health.</i></p>	

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V 289	<p>Continued From page 31</p> <p>review, the facility staff failed to A) assure prescription medications were administered to clients as written by a Physician affecting 1 of 2 current audited clients (#1), B) assure MARs were kept current affecting 1 of 2 current audited clients (#1) and C) assure assure that 1 of 1 paraprofessional staff demonstrated competence in medication administration (Program Director/Licensee (PD/L)).</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS, Tag V-120. Based on observation, interview and record review, the facility staff failed to assure all medications stored in a refrigerator, that if used for food was kept in a separate, locked compartment or container.</p> <p>Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY, Tag V-132. Based on interview and records review, the facility failed to A) investigate all alleged acts of abuse, B) make every effort to protect residents from harm while the investigation was being completed and C) report the results of all investigations to the Health Care Personnel Registry (HCPR) within five working days of the initial notification to the Department.</p> <p>Cross Reference: 10A NCAC 27G .5602 SUPERVISED LIVING - STAFF, Tag V-290. Based on interview and record review, the facility failed to assure an assessment was completed of clients' capability of remaining in the community without staff supervision, and that this unsupervised time was documented in the treatment plan affecting 1 of 1 current audited clients utilizing unsupervised time in the community (Client #1).</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER TLC ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 603 DUNBAR STREET DURHAM, NC 27707
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V 289	<p>Continued From page 32</p> <p>Cross Reference: 10A NCAC 27G .5603 SUPERVISED LIVING - OPERATIONS, Tag V-291. Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation or case management affecting 1 of 2 current audited clients (#1).</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS, Tag V-367. Based on interview and record review, the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident.</p> <p>Cross Reference: 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE, Tag V-513. Based on interview and record review, the facility failed to assure that services/supports using the least restrictive and most appropriate methods to reduce client behaviors were utilized affecting 1 of 2 current audited clients (#2).</p> <p>Review on 3/2/18 of the Plan of Protection dated 3/2/18 written by the QP revealed the following information; "What immediate action will the facility take to ensure the safety pf the consumers in your care? TLC (TLC Adult Group Home) will ensure staff is supervising the client's 24 hrs (hours) 7 days will in the home and in the community. TLC will support client's to learn societal laws, Rules and social cues. TLC will teach the client's of danger within the community; how to remain safe and support client's to learn to make wise decisions. Describe your plans to make sure the above</p>	V 289		

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V 289	<p>Continued From page 33</p> <p>happens: Medication will continue to be stored properly. Medication will continue to be given as prescribed. TLC will continue to counsel client's, teach and support the client's to be aware of their rights."</p> <p>The Program Director/Licensee, Qualified Professional, Staff #1 and Staff #2 did not adequately assist and manage Client #1's diagnoses of Diabetes Mellitus, both through his diet, and medication management. Client #1 had a physician's order for a controlled carbohydrate diet, but the facility's Program Director/Licensee stated she was unaware Client #1 was on a special diet and stated he was receiving the same regular diet on a daily basis as the other clients in the facility eating carbohydrates and sweets. Client #1 did not follow physician ordered instructions for checking blood sugar levels, administering Insulin and taking Glucose tablets when his blood sugar levels are too high or too low. Client #1 had at least 21 days of his blood sugar level recording as being too low and Glucose tablets was not given. Client #1 was hospitalized for 4 days for his blood sugar being over 400. In October, 2017, Client #1 had gone 11 days without receiving his prescribed Insulin. Client #1 had already suffered a heart attack within the last year, and the mismanagement of these aspects of his Diabetes Mellitus could have caused Client #1 to have another heart attack.</p> <p>Client #1 was missing from the facility during a time when he had gone out on unsupervised time and was found in a homeless shelter. Client #1 has Dementia, and was not assessed to determine whether he had the ability to safely have unsupervised time while in the community.</p>	V 289	<p><i>Plx go over all clients rights when they admitted into home and giving a copy as well.</i></p> <p><i>All has been addressed on the other pages</i></p> <p style="text-align: center;">↓</p> <p><i>Client was at the Senior Citizen Building and left after the staff drop him off. He went to the homeless shelter because that's where he use to stay at.</i></p>	
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V 289	<p>Continued From page 34</p> <p>Client #2 displayed disruptive and escalating behaviors, but instead of de-escalating and therapeutically addressing these behaviors, the Program Director/Licensee restricted Client #2 rights to his personal cell phone contributing to additional behaviors. The Program Director/Licensee and Qualified Professional did not investigate Client #1's calling the police and making an allegation of abuse by a staff member, thus placing him at risk for additional harm. The Program Director/Licensee and Qualified Professional did not complete level two incident reports for incidents involving the police being called to the facility regarding Client #1 and Client #2 on 3 occasions.</p> <p>These systemic failures resulted in serious neglect and constitute a Type A1 rule violation and must be corrected within 23 days. An administrative penalty in the amount of \$2000.00 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.</p>	V 289	<p>PDL/QP is confused about this one was 9 Client #2 or Client #1 unsure of which you are referring to. However with assuming you are talking about J.M. we PDL/QP had already wrote/writing up all incidents but was not put in IRIS. Surveyor never ask for the incidents reports.</p> <p>QP/PDL will make sure all incidents level 2 or 3 put into IRIS.</p> <p>QP/PDL was not aware of IRIS do to we had not had a incident report in a long time PDL al ways fax them to the office PDL & QP was not and still not sure if we fax them over do to Surveyor was being Rude ? de fensive</p>	
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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</p>	V 290		

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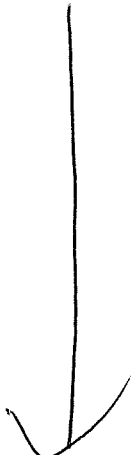
V 290	<p>Continued From page 35</p> <p>as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(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 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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an assessment was completed of clients' capability of remaining in the community</p>	V 290	<p><i>PDC trusted Guanclean word because she know's her counselor J. Trustalher. PDC do to PDC did not want to break his routine, because it causes set backs and its</i></p>	
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V 290	<p>Continued From page 36</p> <p>without staff supervision, and that this unsupervised time was documented in the treatment plan affecting 1 of 1 current audited clients utilizing unsupervised time in the community (Client #1). The findings are:</p> <p>Review on 2/20/18 of Client #1's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack. <p>Review on 2/20/18 of Client #1's record revealed a letter dated 10/11/18 (should be 2017) written by his legal Guardian indicating the following information;</p> <ul style="list-style-type: none"> -- The client could have free time in the community after he attended programing at the Senior Citizens Center. He was to take the city bus back to the group home arriving by 4:00 pm. -- He could have free time in the community on Saturdays from 8:00 am until 3:00 pm, again riding the city bus back to the group home. -- He could have free time in the community on Wednesdays and Sundays to attend church. He was to be picked up and transported by a friend or church member. <p>Interview on 2/27/18 with Client #1's legal Guardian revealed the following information;</p> <ul style="list-style-type: none"> -- The client was granted unsupervised time in 	V 290	<p>the Rights, Guardian stated it was ok for do to be wao use to being on his home and she wanted to give him some independence. My facility allow unsupervised time isolated incident where he got confused and went back to homeless shelter. No harm came to him, he gave the officer my phone number to call me. moving forward current assessment Admended to be able to be unsupervised</p> 	
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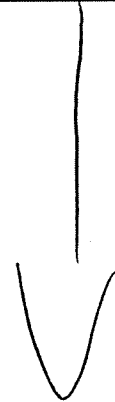
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V 290	<p>Continued From page 37</p> <p>the community by her shortly after he arrived at the facility.</p> <ul style="list-style-type: none"> -- Prior to his placement in supervised living in March 2017 following a heart attack, he had lived independently in the community. -- He wanted to go back to living on his own. -- She was not sure if the facility did an assessment of his ability to remain safe in the community. -- During his unsupervised time in the community, Client #1 repeatedly did not make good choices for himself. -- He was not able to handle this unsupervised time responsibly. -- When he first got to the facility and was in the community unsupervised, he used to get lost. -- He was found at the Durham homeless shelter by the police and had to be returned to the facility. -- He was able to go to Durham County Department of Social Services and apply for, and was awarded food stamps. -- He kept buying foods that were not good for his Diabetes Mellitus, mainly sweets, that were causing increased high blood sugar readings. -- Following a period of him making bad decisions, his unsupervised time in the community was revoked. <p>Interview on 3/1/18 with the Program Director/Licensee (PD/L) revealed the following information regarding Client #1's unsupervised time in the community;</p> <ul style="list-style-type: none"> -- He went to the senior Citizens Center in Durham for about 2 weeks shortly after he was admitted to the facility. -- She did not consider this to be 'unsupervised time' as the Senior Citizens Center had staff on the premises. -- She nor her Qualified Professional did an assessment on Client #1 to determine his safety 	V 290		

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V 290	Continued From page 38 in the community. -- His legal Guardian said he could have unsupervised time in the community, so she did not question this decision. -- One day when staff went to pick him up from the Senior Citizens Center, he wasn't there, he had left the center and no one knew where he was. -- After that incident he was not allowed to return to the center again, nor have any further unsupervised time in the community. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 290	 <p>Consumer is now at a program Surveor stated do to its not Mental Health its unsupervised time PDL did not know that explain that to the Surveor now he's in a Mental Health Program.</p>	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident.	V 291		

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V 291	<p>Continued From page 39</p> <p>Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation or case management affecting 1 of 2 current audited clients (#1). The findings are:</p> <p>Review on 2/20/18 of Client #1's record revealed the following information; -- Admission date 9/27/17. -- Age 56 years old. -- Diagnoses include Schizophrenia Disorder - Psychotic Type, Schizoaffective Disorder with Bipolar, Depressive Disorder, Anxiety Disorder, HIV Positive (Human Immunodeficiency Virus), Dementia with Behavioral Disturbance, HTN (Hypertension), and Hyperlipidemia. -- He was discharged to the group home on 9/27/17 from a Skilled Nursing Facility where he had resided for close to 6 months following a heart attack.</p> <p>Interview on 2/23/18 with the Program Director/Licensee (PD/L) revealed the following information about Client #1;</p>	V 291		

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V 291	<p>Continued From page 40</p> <p>-- Upon admission to the facility Client was seen by Physician #1.</p> <p>-- She did not like Physician #1 because he told the Client #1 "he could eat anything."</p> <p>-- Client #1 was then transferred to the care of Physician #2.</p> <p>-- Client #1 has a Case Manager through his HIV clinic that is responsible for the coordination of his medications.</p> <p>Multiple attempts to contact Client #1's Case Manager by phone were attempted throughout the dates of survey. Surveyor did not receive any return phone calls.</p> <p>Multiple issues were identified with Client #1's medications throughout this survey. * See Tag V-118, Medication Administration for specific details/examples.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 41</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified 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</p>	V 367		

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V 367	<p>Continued From page 42</p> <p>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). (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> <ol style="list-style-type: none"> (1) medication errors that do not meet the 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>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/20/18 of Client #2's record revealed</p>	V 367		

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V 367	<p>Continued From page 43</p> <p>the following information;</p> <ul style="list-style-type: none"> -- Admission date 11/21/17. -- Age 19 years old. -- Diagnoses include ADHD (Attention Deficit Hyperactivity Disorder), Generalized Anxiety Disorder and Learning Disability. -- A court appointed Guardian through the Durham County Department of Social Services. <p>Interview on 2/27/18 with a Sergeant from the Durham Police Department revealed the Police have responded to the facility twice in 2018 as follows;</p> <ul style="list-style-type: none"> -- 1/9/17 when the Program Director/Licensee (PD/L) called them to transport Client #2 to a Psychiatrist appointment. -- 2/21/18 when Client #2 called 911 to report that he had been abused by Staff #1. <p>*See tag V-132 and V-110 for a more detailed description of these incidents.</p> <p>Review on 3/1/18 of the IRIS (Incident Response Improvement System) website revealed no reports for the above events.</p> <p>Interview on 3/1/18 with the PD/L revealed the following information;</p> <ul style="list-style-type: none"> -- She had not completed an incident report in IRIS for the above 2 instances that the police responded to events at the facility. -- She was unaware that when police respond to the facility that this is a Level II incident. -- "I don't know what IRIS is." -- She did not know if the facility Qualified Professional (QP) submitted reports of the above incidents on IRIS. <p>Interview on 2/28/18 with the facility's QP revealed she had not submitted reports to IRIS in</p>	V 367		

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V 367	Continued From page 44 a long time, and that she was unaware of Client #2's allegation of abuse by Staff #1. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by:	V 513		

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V 513	<p>Continued From page 45</p> <p>Based on interview and record review, the facility failed to assure that services/supports using the least restrictive and most appropriate methods to reduce client behaviors were utilized affecting 1 of 2 current audited clients (#2). The findings are:</p> <p>Review on 2/20/18 of Client #2's record revealed the following information; -- Admission date 11/21/17. -- Age 19 years old. -- Diagnoses include ADHD (Attention Deficit Hyperactivity Disorder), Generalized Anxiety Disorder and Learning Disability.</p> <p>Review of Client #2's record, and interviews throughout the survey period with the Program Director/Licensee (PD/L), Staff #2, Client #2's legal Guardian and the facility Qualified Professional (QP) revealed when Client #2 is told no, or he doesn't get his way he acts out displaying the following behaviors: displays poor judgement and poor impulse control, threats of harm to self and/or others, self injurious acts, temper outbursts, being disruptive, cursing, swearing, yelling, calling the Police, defiance, refusal to cooperate, hitting walls, throwing property, lying, making multiple phone calls to different people, walking away from the facility and playing his music extremely loud.</p> <p>Interview on 2/27/18 with Client #2 revealed the following information; -- The PD/L took my cell phone away. -- She still has my cell phone. -- She has had my cell phone for about a month. -- I don't know why I can't have it back, "she gave me two strikes, and I blew them." -- "She also took my speaker away once, but I got that back."</p>	V 513		

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V 513	<p>Continued From page 46</p> <p>Interview on 3/1/18 with the PD/L revealed the following information;</p> <ul style="list-style-type: none"> -- She did take Client #2's cell phone away. -- Client #2's legal Guardian was made aware of this. -- His cell phone was returned to his Mother at the next meeting with herself, the Mother and the legal Guardian. -- She never took away his speaker "lies." <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 513		