

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217
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V 000	INITIAL COMMENTS	V 000		
V 105	<p>An annual survey was completed on May 2, 2018. There were deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p> <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105	<p>DHSR - Mental Health</p> <p>MAY 30 2018</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

Pat Sullivan, AP

Director/AP

Division of Health Service Regulation

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V 105	Continued From page 1	V 105		
	<p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer</p>			

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	<p>instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 5/2/18 of the facility's records revealed: -There was no evidence of a CLIA waiver.</p> <p>Review on 5/2/18 of Client #1's record revealed: -Admission date of 8/28/13. -Diagnoses of Schizophrenia, Diabetes. -Physician's orders dated 11/28/17: Accucheck Aviva- Check blood sugar levels every day.</p> <p>Interview on 5/2/18 with Staff #1 revealed: -He started working at the home a couple of weeks ago. -Staff checked Client #1's blood sugars. -Staff were required to check Client #1's blood sugar every day. -He was not aware the group home needed a CLIA waiver in order to check Clients #1's blood sugars.</p> <p>Interview on 5/2/18 with the Administrator/Qualified Professional revealed: -He had never heard of a CLIA waiver. -He was not aware the facility needed a CLIA waiver in order to check a client's blood sugar levels. -He confirmed the facility failed to have a CLIA waiver in order to complete blood sugar checks. -He informed that the company will apply for a CLIA waiver.</p>			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118		

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	<p>REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, observation and record review the facility failed to ensure the Medication Administration Record (MAR) was current affecting two of three clients (#1, #3) and medications were available to be administered as</p>			

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	<p>prescribed by the physician for two of three audited clients (#1, #2). The findings are:</p> <p>Review on 5/2/18 of Client #1 record revealed: -Admission date of 8/28/13. -Diagnoses of Schizophrenia, Diabetes.</p> <p>Review on 5/2/18 of Client #1's physician's orders revealed the following dates: -Orders dated: 9/29/17 -Metroprolol Succ ER 50 mg- Take one tablet daily. -Docusate Sodium 100 mg- Take one capsule daily. -Propranolol 10 mg- Take half tablet (5 mg) daily. -Metformin HCL 500 mg- Take one tablet twice a day with a meal. -Cyclobenzaprine 10 mg- Take one tablet twice a day for muscle relaxant. -Albuterol .083% inhaler- Inhale one vial four times a day as needed (PRN).</p> <p>-Orders dated: 11/28/17 -Blood Glucose Test- Test blood sugar every day.</p> <p>Observation on 5/2/18 at 11:05 am of Client #1's medications revealed: -Albuterol .083% inhaler was not available.</p> <p>Review on 5/2/18 of Client #1's MAR's for March 2018 revealed blanks on the following dates: -Metroprolol Succ ER 50 mg- 3/1/8 - 3/23/18 at 8 AM. -Docusate Sodium 100 mg- 3/1/18 - 3/23/18 at 8 AM. -Propranolol 10 mg- 3/1/18 - 3/23/18 at 8 AM. -Metformin HCL 500 mg- 3/1/18 - 3/23/18 at 8 AM and 8 PM.</p>			

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	<p>-Cyclobenzaprine 10 mg- 3/1/18 - 3/23/18 at 8 AM and 8 PM. -Blood Glucose Test- 3/1/18 - 3/31/18 at 8 AM.</p> <p>Review on 4/5/18 of Client #2 record revealed: -Admission date of 10/15/15. -Diagnoses of Aspergers, ADHD</p> <p>Review on 5/2/18 of Client #2's physician's orders revealed the following dates: -Orders dated 9/13/17 -Proair HFA 90 mcg inhaler- Inhale two puffs every 4-6 hours as needed (PRN). -Trazadone 50 mg- Take one tablet every night as needed. -Milk of Magnesia Suspension 400 mls- Take 30 ml daily as needed. -Almacare liquid- Take 30 ml every 4 hours as needed.</p> <p>-Order dated 11/17/2017 -Diphenhydramine 25 mg- Take one capsule every six hours as needed.</p> <p>-Order dated 1/5/18 -Rulox No. 1 Antacid Tablets- Chew one tablet twice a day as needed.</p> <p>Observation on 5/2/18 at 11:25 am of Client #2's medications revealed: -Proair HFA 90 mcg inhaler- Not available at the home. -Trazadone 50 mg- Not available at the home. -Milk of Magnesia Suspension 400 mls- Not available at the home. -Almacare liquid- Not available at the home.</p> <p>Review on 5/2/18 of Client #3 record revealed:</p>			

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-Admission date of 6/24/14.
-Diagnoses of Schizophrenia, Paranoid, Borderline Intellectual Disability

Review on 5/2/18 of Client #3 physician's orders revealed:
-Order dated 11/16/17
-Mupirocin 2% cream- Apply topically daily.
-Paliperidone ER 6 mg- Take one tablet every night.

Review on 5/2/18 of Client #1's MAR's for March and April of 2018 revealed blanks on the following dates
-Mupirocin 2% cream- 3/1/18 - 3/14/18 at 8 AM.
-Paliperidone ER 6 mg- 4/1/30 - 4/30/18 at 8 PM.

Observation on 5/2/18 at 11:35 am of Client #3 medications revealed:
-Medications were available.

Interview on 5/2/18 with Client #1 revealed:
-He liked Staff #1.
-His One on One (Peer Support) took him to his medical appointments.
-He never had any problems in receiving services from staff.
-He confirmed that he received all of his medications.

Interview on 5/2/18 with Client #2 revealed:
-He liked Staff #1.
-Received all of his daily medications from staff at the home.

Client # 3 was on therapeutic leave on 5/2/18.

Interview on 5/2/18 with Staff #1 revealed:

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-He started working at the home a couple of weeks ago.
 -He was trying to bring all records up to date.
 -He had been recording medications on the MAR.
 -He informed that staff at Client #1's medical office take blood sugar reading from his glucometer.
 -He was unaware MAR's for March and April 2018 had blanks for Clients #1 and #3.
 -He was unaware that PRN medications were not available at the home for Client #1 and Client #2.
 -He informed that he would ensure that all medications for clients at the home were ordered and available.
 -The Nurse Practitioner (NP) reviewed MAR's and medications for all clients at the home monthly.

Interview on 5/2/18 with the Administrator/Qualified Practitioner revealed:
 -He was unaware MAR's for March and April 2018 for Clients #1 and #3 had blanks.
 -Company obtained a new NP this year.
 -NP was supposed to attend home at least twice a month.
 -NP was responsible to ensure that medications were administered as ordered by the physician.
 -All staff were scheduled to attend training on Medication Administration on 5/2/18 at 5 PM.
 -He reported the company would ensure future medication compliance with documentation and following physician's orders.
 -He confirmed Former Staff #3 failed to keep the MAR's current for Client #1 and Client #3.

V 131

G.S. 131E-256 (D2) HCPR - Prior Employment Verification

G.S. §131E-256 HEALTH CARE PERSONNEL

V 131

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V 131	Continued From page 8	V 131		
	<p>REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#2). The findings are:</p> <p>Review on 5/2/18 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date: 8/16/17. - Job title: Residential Counselor/Weekend. - HCPR was accessed on 8/2/17. <p>Interview on 5/2/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -The Administrator/Qualified Professional gave him permission to exit survey with surveyors. -Staff #1 reported the Administrator/QP was responsible for completing personnel files and assessing HCPR for staff. 			
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health,</p>	V 133		

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V 133	Continued From page 9	V 133		
	<p>developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check</p>			

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	<p>Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be 			

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filled.

(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.

(7) The subsequent commission by the person of a relevant offense.

The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.

(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:

(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.

(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.

(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A,

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	<p>Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to</p>			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217
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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
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V 133	Continued From page 13	V 133		
	<p>obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for one of three audited staff (#2). The findings are:</p> <p>Review on 5/2/18 of Staff #2's personnel record revealed: - Hire date: 8/16/17. - Job title: Residential Counselor/Weekend. - The criminal record check was ordered 8/21/17.</p> <p>Interview on 5/2/18 with Staff #1 revealed: -The Administrator/Qualified Professional gave him permission to exit survey with surveyors. -The Administrator/QP was responsible for completing personnel files and ordering criminal record checks.</p>			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217		
(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 736	Continued From page 14	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 5/2/18 at 9:15 a.m. revealed: -The sink facet handle in the hallway bathroom was broken. -The dresser draws in the 1st bedroom to the right were broken or off track. -The ceiling fan was missing three light bulbs in the 1st bedroom to the right. -The 2nd bedroom to the right door was dirty and broken. -Throughout the home there were black and bleach stains on the carpet.</p> <p>Interview on 5/2/18 with the Administrator/Qualified Professional revealed: -He was renting the house. -He was considering removing the carpet. -Maintenance would be contacted to fix some of the items.</p>	V 736		

May 20, 2018

Quentin Pulliam, Director/Qualified Professional
Changing Lives Family Care Home, LLC
207 Aarons Way
Burlington, NC 27217

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Follow-Up Survey May 2, 2018
MHL # 001-232

To whom it may concern:

This letter is in response to the findings in my home, Changing Lives Family Care Home, LLC, from your visit on May 2, 2018. Please see the corrections from the deficiencies listed below:

V105 27G. 0201 (A) (1-7) Governing Body Policies– Director/Qualified Professional promptly developed a plan for clients that will be in the facility that uses the glucometer.

-Director/Qualified Professional researched and submitting paperwork for ---CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION and which this could be a 60 day turnaround time.

V118 27G. 0209 (C) Medication requirements– Director/Qualified Professional promptly had the Registered Nurse which is a qualified professional complete a new medication in service training to make sure the staff would be more aware of medications an staying in compliance in the future. The RN has agreed to visit the group home every other week to make sure staff is staying in compliance of consumer medications .

V131 G.S. 131 E-256 (D2) HCPR Prior Employment Verification– Director/Qualified will be making sure health care registry has been completed on all new staff before being considered for employment.

V133 G.S. 122C-80 Criminal History Record Check Director/Qualified will be making sure moving forward that staff criminal record checks has been completed on all new staff before being considered for employment.

V736 27G 0303 (C) Facility and Grounds Maintenance Director/Qualified had the maintenance man come fix the sink in the bath room. The light bulbs in the living room has been changed out and replaced. QP had the door fixed and clean promptly. QP scheduled a carpet cleaning for the facility.

Thank you for your time.

Sincerely,


Quentin Pulliam
Director/Qualified Professional