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NEW DIMENSIONS INTERVENTIONS, INC	2856 ANDERSON ROAD BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 5/24/18. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27 G .5600 A Supervised Living for Adults with Mental Illness.	V 000		
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		

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V 110	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure 3 of 3 paraprofessional staff (#1, #2 and #3) demonstrated the knowledge, skills and abilities required by clients in the facility. The findings are: Review on 5/16/18 of Staff #1's record revealed: - Hire date of 7/2/12 - Documentation of medication administration training dated 2/15/18. Review on 5/16/18 of Staff #2's record revealed: - Hire date of 12/13/16 - Documentation of medication administration training dated 2/15/18. Review on 5/16/18 of Staff #3's record revealed: - Hire date of November 2009 as Assistant Director - Documentation of medication administration training dated 2/15/18. During interview on 5/17/18, Staff #1 confirmed: - She is the primary staff responsible for managing, monitoring and administering all client medications, including injections of insulin. - Staff #2 works the 2nd shift and may administer some of the client medications. - Staff #3 serves as the Program Manager and supervises clients on an as needed basis. - Staff did not correctly monitor and manage physician-ordered care for Client's #1 and #2 who had diagnosis of Diabetes nor Client #3 who had severe problems breathing.	V 110		

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V 110	Continued From page 2 - Staff did not communicate information about physician recommendation for client medical care and treatment between the client's physicians to assure the treatment and medical care was coordinated and staff were following the appropriate course of care. See Tag V-118, Medication Administration for more details related to this citation.	V 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	Continued From page 3 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to: 1) follow physician's orders for administering medication and 2) keep the MAR current for 3 of 3 (#1, #2 & #3) audited clients. The findings are: Review on 5/10/18 of Client #1's record revealed: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperlipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reflux Disease and Alcohol Abuse - In Full Remission. - Physician's orders, as dated, included the following: a. Accu-Chek Aviva Plus for fingerstick blood glucose level (BSL) check three times each day before meals and at bedtime (Does not apply 30 minutes before meals and bedtime) - 3/23/18 b. Lantus 100 Unit/ml Vial: Inject 14 Units subcutaneously daily at bedtime - 3/23/18 c. Humalog 100 Units/ml Vial - Inject units per sliding scale daily based on the following BSL - 4/3/18: 150 - 200 = 2 units (U) 201 - 250 = 4U 251 - 300 = 6U 301 - 350 = 8U 351 - 400 = 10U > 400 = Call Physician	V 118		

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Review on 5/14/18 of Client #1's MARs from admission on March 3/22/18 through 5/8/18 revealed the following:
- Documentation the client was administered only Lantus insulin 14U each night at 8:00 PM/bedtime as ordered.
- No documentation the client was administered Humalog insulin each night at bedtime according to the sliding scale ordered by his physician on 4/3/18.
- The units of Humulin insulin staff documented administering on a sliding scale did not match the sliding scale ordered by his physician on 4/3/18 (identified above.)
- The following are examples staff documented more or less Humalog insulin was administered to the client than his physician ordered. (Number in parenthesis represents number of units Client #1 should have been administered based on the 4/3/18 sliding scale.)

Date	Time	BSL	Units Administered
4/03/18	8 pm	247	none (4U)
4/06/18	5 pm	278	8U (6U)
	8 pm	209	none (4U)
4/08/18 -	12 noon	301	10U (8U)
4/09/18 -	12 noon	242	6U (4U)
	5 pm	181	6U (2U)
4/18/18 -	12 noon	279	8U (6U)
4/21/18 -	8 pm	286	none (6U)
4/26/18 -	5 pm	256	8U (6U)
4/27/18 -	8 pm	286	none (6U)
4/30/18 -	8 pm	214	none (4U)
5/02/18 -	12 noon	129	2U (zero U)
	5 pm	120	2U (zero U)
5/03/18 -	8 am	137	2U (zero U)
5/05/18 -	8 am	140	2U (zero U)
	12 noon	129	2U (zero U)
5/06/18 -	8 am	132	2U (zero U)
	12 noon	124	2U (zero U)
5/07/18 -	5 pm	165	4U (2U)

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V 118	Continued From page 5 - No documentation staff administered Client #1 the Lantus insulin 14U at bedtime (8:00 PM) as ordered on 5/3/18; 5/14/18 and 5/5/18. Observation on 5/15/18 at 3:30 PM in the facility revealed: - A handwritten sheet was posted on the facility refrigerator with values for administering Client #1's insulin. - The sliding scale directed staff to administer Client #1's Humalog insulin based on the following scale: 111 - 150 = 2 units (U) 151 - 200 = 4U 201 - 250 = 6U 251 - 300 = 8U 301 - 350 = 10U 351 - 400 = 12U - "Bedtime Lantus 14 units only" Interview on 5/17/18 with Staff #1 revealed: - She is the primary staff in the facility and responsible for administering insulin to all clients. - She used the sliding scale posted on the refrigerator to determine how much Humalog insulin to administer Client #1. - She received the sliding scale posted on the refrigerator when Client #1 was admitted to the facility on 3/22/18. - The Certified Nursing Assistant (CNA) who brought Client #1 to the facility wrote the sliding scale and gave it to her. - She did not realize Client #1's doctor ordered a different sliding scale on 4/3/18 and continued to use the scale she received when he was admitted. - The Nurse Practitioner and pharmacist told her how to administer Client #1's insulin. - To questions regarding administering Client #1 the Humalog at 8:00 PM according to the sliding	V 118		

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scale she said: "He can get Humalog up to 4 times a day. He already gets that Lantus (at night) that's why no 8pm Humalog."
- She did not understand Client #1 should be administered sliding scale Humalog insulin at bedtime in addition to the 14 units of Lantus he received each night.
- She confirmed she did not follow the doctor's orders and administer Client #1 the correct amount of insulin based on the sliding scale ordered by his doctor on 4/3/18.

Review on 5/10/18 of Client #2's record revealed:
- Admission date of 10/05/10
- Diagnoses of Schizophrenia - Paranoid Type; Major Depressive Disorder; Anxiety Disorder - Secondary to Unknown Physiological Condition; Diabetes, Type II; Hypertension; Hyperlipidemia; Ischemic Heart Failure; Anemia; Keratoderma (acquired skin disorder;) Urinary Tract Infections (Chronic;) Tobacco Abuse.
- Physician's orders, as dated, included the following:
1. Assure Lance Micro - Test BSL four (4) times at day 8am, 12 noon, 4pm and 8pm - 2/15/18
2. Levemir 100 Units/ml vial - Inject 10 Units subcutaneously (SQ) at 8:00 PM - 4/16/18
3. Novolog Flexpen Syringe, Inject 5 Units subcutaneously (SQ) three (3) times a day with meals - 2/15/18
4. Metformin (Glucophage) 1000 mg, One tablet twice each day with meals at 8:00 AM and 5:00 PM - 2/15/18
5. Ferrous Sulfate 325 mg twice daily - 3/20/18
6. Pro-Stat (sugar free) 15 - 100 grams, Drink 30 ml each day - 3/20/18
7. Plavix 75 mg, One tablet daily - 3/20/18
8. Levemir 100 Units/ml vial, Inject 17 units at bedtime - 3/23/18, as part of the client's discharge instructions following rehabilitation post

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V 118	Continued From page 7 amputation of his toe in February 2018. Review on 5/14/18 of Client #2's March thru May 2018 MARs revealed the following: 1. Documentation BSL was checked only once daily until 5/10/18. 2. Levemir insulin - documentation the client was administered 30 units each night at 8:00 PM instead of 10 units as ordered. 3. Novolog insulin - no documentation the client was administered 5 units on 5/1 at 5 pm; 5/8 at 12 noon and 5 pm; nor 5/9 at 5 pm. 4. Documentation the client's dose of Metformin 1000 mg was administered at 8:00 PM; three (3) hours later than the ordered scheduled time of 5:00 PM with exception of 5/9/18 when there is no documentation the client received the medication as scheduled. 5. No transcription for administration nor documentation the client was administered Ferrous Sulfate 325 mg twice daily 6. No transcription for administration nor documentation the client was administered Pro-Stat (sugar free) 15 - 100 grams, 30 ml each day 7. No transcription for administration nor documentation the client was administered Plavix 75 mg, one tablet daily. 8. No documentation staff administered 17 units of Levemir at bedtime as ordered on 3/23/18 (discharge from rehabilitation) and 4/10/18 when his physician ordered Levemir, 10 units at bedtime. Further review on 5/14/18 of Client #2's chart revealed: - Diagnosis on 5/1/17 by a Doctor of Podiatric Medicine (DPM) - "Dermatophytosis of nail; acquired kerotoderma; skin ulcer of foot, left, limited to breakdown of skin; skin ulcer of foot,	V 118		

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right, limited to breakdown of skin."
- The DPM ordered the following treatment for the client's ulcers on 5/1/17; 11/7/17 and 2/15/18: 1) soak feet in Epsom salt water for ten minutes and 2) apply antibiotic ointment and light bandage to "fore-foot ulcers (bilateral) until healed."
- Documentation the client's toe was amputated prior to receiving services in a rehabilitation facility from 2/16/18 through 3/23/18.
- No documentation was found on the MARs nor in the client's chart that the facility had the supplies and staff followed the DPM's orders for foot care before the client's toe was amputated in February 2018.

During further interview on 5/17/18, Staff #1 confirmed the following related to Client #2:
- His BSL was checked once daily, not four (4) times a day as ordered. (Corrected when identified by the surveyor on 5/10/18.)
- The Levemir insulin, Novolog insulin and Metformin were not administered as ordered.
- She did not review the physician's orders after the client was discharged from rehabilitation on 3/23/18 and was not aware the doctor ordered additional medications of: Ferrous Sulfate 325 mg twice daily; Pro-Stat, 30 ml each day and Plavix 75 mg, one tablet daily.
- The Ferrous Sulfate, Pro-Stat and Plavix were not available in the client's medications-on-hand and were not administered as ordered.
- Additionally, she was not aware the rehabilitation physician ordered the client's dose of Levemir to be increased from 10 units to 17 units at bedtime upon his discharge from the rehabilitation facility on 3/23/18.
- She did not follow up with the client's physicians after he was discharged from the rehabilitation facility to clarify the difference in the orders for his dose of Levemir (17 units vs. 10 units at

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V 118	Continued From page 9 bedtime.) - She followed the DPM's orders for care of the client's feet after the doctor diagnosed him with foot ulcers on 5/1/17 until his toe was amputated in February 2018. However, she did not document that she followed the prescribed procedure. - She was unable to confirm if staff followed the DPM's orders while she was on a two week long vacation prior to the client's toe amputation in February 2018. - She discovered the client's feet had gangrene upon her return from vacation and immediately took him to the doctor. - A home health nurse provides care for the client's feet once weekly since his toe was amputated in February 2018. Review on 5/15/18 of Client #3's record revealed the following: - Admission date of 4/20/12 - Diagnoses of Schizoaffective Disorder; Bipolar Disorder; Borderline Intellectual Functioning; Chronic Obstructive Pulmonary Disease, Nicotine Addiction and Cholelithiasis (gall stones) - Physician's orders for medications included the following as dated: 1. Spiriva, 18 MCG CP Inhaler, Inhale contents of one capsule via Handihaler every 24 hours - 7/26/17 2. Symbicort 160-4.5 MCG, Inhale two puffs twice a day. Rinse after use - 7/26/17 3. Namenda 10 mg, One tablet at bedtime - 7/26/17 Further review on 5/15/18 of Client #3's March thru May 2018 MARs revealed the following documentation: - Spiriva, 18 MCG one capsule once daily - Symbicort 160-4.5 MCG, Inhale two puffs twice	V 118		

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a day
- Namenda (Memantine HCL) 10 mg, One tablet at bedtime - none documented (Medication is used to treat moderate to severe confusion (dementia) related to Alzheimer's disease. May improve memory, awareness, and the ability to perform daily functions.)

Observation on 5/15/18 at 4:00 PM of Client #3's medications-on-hand revealed:
- 26 vials of Spiriva 18 MCG originally dispensed as 30 vials on 5/2/18.
- Two containers of Symbicort 160-4.5 MCG: 1) Container dispensed on 1/23/18 with 120 inhalations had 25 inhalations administered 2) Container dispensed on 5/9/18 with 120 inhalations was sealed and unopened.
- Namenda 10 mg was not present among the medications.
Due to the dates the client's Spiriva and Symbicort inhalers were dispensed, it could not be determined if the medications were administered as ordered.

During interview on 5/17/18, Staff #1 revealed:
- Staff monitored Client #3's when he used the inhalers.
- However, she did not check the inhalers after the client used them, there could not confirm the client self-administered the medication correctly.
- She was uncertain if Client #3's should be administered Namenda 10 mg, one tablet at bedtime. However, she was unable to find a discontinue order for the medication.

Review on 5/24/2018 of the Plan of Protection dated 5/22/2018 written by the facility's Qualified Professional revealed:
"What immediate action will the facility take to ensure the safety of consumers in your care?

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V 118	Continued From page 11 Primary Care physicians were contacted and doctors orders for medications concerning [Client #2]. Updated orders on checking glucose levels (4x a day). [Client #1] was discharged on 5/15/18. Medication administration class was scheduled for all staff. All staff have 3 months to retrain. Dates scheduled 6-14-18, 7-12-18, and 8-9-18." Scheduled a drug review with [Local Pharmacy]. Medications and MAR's to be reviewed by pharmacy on a biannual basis (May and November). Scheduled a diabetes training with [Local Pharmacy] scheduled for June 27, 2018 at 1pm. Describe your plans to make sure the above happens. All staff have been given notice that retraining in medication administration has to be completed by 8/9/18. Staff will be required to take copy of MAR regularly scheduled doctor appointments and check with attending physician if medication changes have been made. Staff attending appointment will be responsible take any medications changes directly to the pharmacy and fill out changes to MAR with pharmacy staff. Staff on duty will take copy of MAR to make changes on the original MAR. Staff that took the consumer to appointment will be responsible of informing staff of medications changes. If a person is taken to the emergency room, picked up from inpatient hospitalization, or an unexpected doctors visit, staff that picks up consumer will be responsible for taking new FL-2 or doctor orders to pharmacy. If the consumer is picked up after hours or on the weekend and the pharmacy is not open, staff that picked up the consumer will be responsible for taking FL-2 or new discharged medications to the pharmacy to	V 118		

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V 118	Continued From page 12 update. Staff that picked up consumer will be responsible of telling other staff of medication changes. Medication review has been set up with [Local Pharmacy] to review medications and MAR biannually. [Local Pharmacy] has scheduled the times for review in May 2018 and November 2018. Diabetes training scheduled at [Local Pharmacy] for June 27, 2018 at 1pm." Staff did not check blood sugar levels and administer insulin as ordered by the physician for Client #1 and Client #2. Staff did not make certain the necessary products were available in the facility to properly treat physician-ordered care for Client #2's foot ulcers. They did not record the implementation of the treatment/care for Client #2 who ultimately had gangrene resulting in an amputation. Staff did not assure physician's orders for use of multiple inhalers were appropriately used by Client #3 who had an addiction to cigarettes and a diagnosis of Chronic Obstructive Pulmonary Disease (COPD.) The lack of medication monitoring and oversight related to diabetes and COPD led to medication errors and impacted the health, safety and welfare of Clients #1, #2 and Client #3. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 121		

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	MHL001-165	A. BUILDING: _____ B. WING _____	R 05/24/2018

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V 121	Continued From page 13 (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 & #3) who were being administered psychotropic drugs. The findings are: Review on 5/10/18 of Client #1's record revealed: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperlipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reflux Disease and Alcohol Abuse - In Full Remission. - Physician's orders included the following psychotropic medications: Depakote 500 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at bedtime. - No documentation of a psychotropic drug review was found. Review on 5/10/18 of Client #2's record revealed: - Admission date of 10/05/10	V 121		

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V 121	Continued From page 14 - Diagnoses of Schizophrenia - Paranoid Type; Major Depressive Disorder; Anxiety Disorder - Secondary to Unknown Physiological Condition; Diabetes, Type II; Hypertension; Hyperlipidemia; Ischemic Heart Failure; Anemia; Keratoderma (acquired skin disorder;) Urinary Tract Infections (Chronic;) Tobacco Abuse. - Physician's orders included the following psychotropic medications: Zoloft 50 mg, once daily; Loxitane 50 mg one tablet twice daily; Depakote 500 mg, two tablets two times a day; Invega Trinza 819 mg injection every 3 months and Ativan 1 mg, one tablet every 8 hours as needed for agitation. - No documentation of a psychotropic drug review was found. Review on 5/15/18 of Client #3's March thru May 2018 MARs revealed the following: - Admission date of 4/20/12 - Diagnoses of Schizoaffective Disorder; Bipolar Disorder; Borderline Intellectual Functioning; Chronic Obstructive Pulmonary Disease, Nicotine Addiction and Cholelithiasis (gall stones) - Physician's orders included the following psychotropic medications: Seroquel 50 mg, One tablet every 8 hours (3 times daily) for agitation; Risperdal 3 mg, One tablet at bedtime and Depakote 500 mg, two tablets at bedtime. - No documentation of a psychotropic drug review was found. Interview on 5/17/18 with the agency Program Director confirmed facility staff did not obtain drug regimen reviews for Client's #1, #2 and #3.	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS	V 291		

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V 291	Continued From page 15 (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. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination with other qualified professionals responsible for treatment of 1 of 3 audited clients (#2.) The findings are: Review on 5/10/18 of Client #2's record revealed:	V 291		

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V 291	Continued From page 16 - Admission date of 10/05/10 - Diagnoses of Schizophrenia - Paranoid Type; Major Depressive Disorder; Anxiety Disorder - Secondary to Unknown Physiological Condition; Diabetes, Type II; Hypertension; Hyperlipidemia; Ischemic Heart Failure; Anemia; Xeroderma (Skin Disorder;) Urinary Tract Infections (Chronic;) Tobacco Abuse. - Documentation the client was admitted to a rehabilitation facility from 2/16/18 through 3/23/18 after his toe was amputated. - Instructions for care following discharge from rehabilitation included additional medications for the client to be administered Ferrous Sulfate 325 mg twice daily; Pro-Stat, 30 ml each day, Plavix 75 mg, one tablet daily. - Discharge instructions also included an order for the client's dose of Levemir to 17 units at bedtime. - Staff were administering the client 10 units of Levemir at bedtime prior to his hospitalization and subsequent admission for rehabilitation. However, there was no physician's order until 4/16/18 directing staff to administer 10 units of Levemir of at bedtime. During interview on 5/17/18, Staff #1 confirmed: - She did not review the physician's orders after Client #2 was discharged from rehabilitation on 3/23/17. - She did not attempt to coordinate with Client #2's primary care physician nor the rehabilitation physician to clarify the order for the additional medications. - She did not coordinate with the rehabilitation physician to clarify the order for the difference in the client's dose of Levemir - 17 units on 3/23/18 and 10 units on 4/16/18.	V 291		

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V 736	Continued From page 17	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, management failed to maintain the facility in a safe, clean, orderly manner and free from offensive odor. The findings are: Observation on 5/23/18 at 1:30 PM of the facility's interior revealed the following: - Facility has no washer nor dryer units. - The first client bedroom contained a bathroom identified as the staff bathroom. Clients are prohibited from using the this bathroom. - There was a dirty towel on the floor in the closet of the first bedroom. - The interior of the closet and some of the clothing contents in this bedroom had a very strong, almost overwhelming, smell of urine. - In the kitchen, several flies were smashed/dead on the window panes over the sink. During interview on 5/8/18, Staff #1 reported: - One of the client's used to urinate in the sink. - "He may be peeing in the closet. The closet smells of strong urine." During further interview on 5/23/18, Staff #1: - Confirmed the above observations.	V 736		

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V 736	Continued From page 18 Interview on 5/24/18 with the Licensee reported: - He is responsible for taking the clients clothes away and washing them. - He was not aware one of the client's physician's reported the client was coming to appointments unclean and with an offensive odor.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview, the facility management failed to maintain minimum furnishings for client bedrooms. The findings are: Observation on 5/23/18 at 3:30 PM of client bedrooms revealed: - The facility has three client bedrooms with two client beds in two of the rooms and one client bed in the third bedroom. - There were no bedside tables next to the beds in any of the client bedrooms.	V 774		

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V 774	Continued From page 19 Interview on 5/24/18 with the Licensee confirmed the above observation.	V 774		