

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PERRY AND ALSTON'S FAMILY CONNECTION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1486 DR MARTIN LUTHER KING JR BOULEVARD</b> <b>WARRENTON, NC 27589</b>
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V 000	INITIAL COMMENTS  An annual and follow-up survey was completed 8/15/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to assure 4 of 5 staff (Licensee, #1, relief staff #1, relief staff #2 ) had training to meet the needs of the population served. The findings are:</p> <p>Review on 8/10/18 and 8/13/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 12/29/11</li> <li>- an FL2 dated 12/15/17 with diagnoses including Schizophrenia, Intellectual Developmental Disability and Type II Diabetes</li> <li>- two physician's orders dated 7/23/18, one instructing that client's blood sugar be checked weekly; and one instructing blood sugar be checked twice daily</li> <li>- documentation on Medication Administration Records (MAR) reflected blood sugars were not checked as ordered</li> </ul> <p>During an interview on 8/13/18, client #1 reported he sometimes checked his own blood sugar and sometimes the Licensee or staff #1 did.</p> <p>Review on 8/15/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 2011</li> <li>- an FL2 dated 11/21/17 with diagnoses including Schizophrenia and Non-Insulin Dependent Diabetes</li> <li>- a physician's order dated 2/10/17 with instructions to check blood sugar weekly</li> <li>- documentation on MAR reflected blood sugars</li> </ul>	V 108		

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V 108	<p>Continued From page 2</p> <p>were not checked as ordered</p> <p>Review on 8/13/18 of the Licensee's record revealed no evidence of Diabetes Management training including checking blood glucose levels.</p> <p>Review on 8/13/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 8/7/17</li> <li>- no evidence of first aid training</li> <li>- no evidence of Diabetes Management training including blood glucose checks</li> </ul> <p>Review on 8/13/18 of Relief Staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 1/5/09</li> <li>- no evidence of Diabetes Management training including blood glucose checks</li> </ul> <p>Review on 8/13/18 of Relief Staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 1/9/18</li> <li>- no evidence of Diabetes Management training including blood glucose checks</li> </ul> <p>During an interview on 8/14/18, the Qualified Professional (QP) reported client #1's blood sugar was to be checked daily and staff were to monitor him. The QP reported she had noticed blood sugar checks were not documented on the MAR and she had stressed the importance of documenting on the MAR daily.</p>	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to assure two of five staff (Licensee, staff #1) demonstrated skills to meet the needs of clients served. The findings are:</p> <p> </p> <p>Review on 8/13/18 of client #2's record revealed: - an admission date of 9/14/14</p>	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- an FL2 dated 9/21/15 with diagnoses including Schizophrenia, Cannabis Use Mils and Alcohol Use Mild</li> <li>- physician's order dated 7/5/18 with instructions to administer Clozapine 100 mg 1 tablet each morning and 4 1/2 tablets each evening; and to administer Trazadone 50 mg at the hour of sleep</li> <li>- no evidence of client #2's medication administration record (MAR) for August 2018</li> </ul> <p>During an interview on 8/13/18, client #2 reported he received his medications in the morning and at night but did not know what his medications were for.</p> <p>Review on 8/13/18 of the Licensee's record revealed Medication Administration training completed 6/27/18</p> <p>Review on 8/13/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 8/7/17</li> <li>- Medication Administration training completed 6/27/18</li> </ul> <p>During an interview on 8/10/18, staff #1 reported client #2's medications were administered during the month but were not documented because the facility had not received a printed MAR from the case worker.</p> <p>During an interview on 8/14/18, the Qualified Professional reported she reviewed MARs every two months. The QP reported she had previously addressed lack of documentation on MARs with the staff but it continued to be an issue.</p> <p>[This deficiency is a re-cited rule area and must be corrected within 30 days.]</p>	V 110		

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V 114	Continued From page 5	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to assure disaster drills were conducted quarterly per shift and conducted under conditions that simulate emergencies. The findings are:</p> <p>Review on 8/10/18 of fire drills documentation revealed documentation drills were conducted on the following dates:</p> <ul style="list-style-type: none"> <li>- 1/15/18 at 3:00 PM</li> <li>- 1/15/18 at 9:00 PM</li> <li>- 1/16/18 at 2:00 AM</li> <li>- 5/5/18 at 6:00 AM</li> <li>- 5/11/18 at 1:00PM</li> <li>- 5/13/18 at 2:12AM</li> </ul> <p>Review on 8/10/18 of disaster drills documentation revealed documentation drills</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>were conducted on the following dates:</p> <ul style="list-style-type: none"> <li>- 1/15/18 at 7:00 AM; water failure</li> <li>- 1/15/18 at 1:00 PM; no description of drill</li> <li>- 1/16/18 at 2:00 AM; no description of drill</li> <li>- 4/1/18 at 7:00 AM; no description of drill</li> <li>- 4/1/18 at 2:30 PM; no description of drill</li> <li>- 4/2/18 at 1:00 AM; no description of drill</li> </ul> <p>During interviews on 8/13/18, some clients reported:</p> <ul style="list-style-type: none"> <li>- they did not participate in drills</li> <li>- they would go outside for a tornado drill</li> <li>- would go outside if they smelled smoke</li> <li>- might go outside if an alarm went off and might go outside if for a tornado drill</li> </ul> <p>[This deficiency is a re-cited rule area and must be corrected within 30 days.]</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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 record review and interviews, the governing body failed to assure the medication administration record was kept current for one of four audited clients (#2). The findings are:</p> <p>Review on 8/13/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 9/14/14</li> <li>- an FL2 dated 9/21/15 with diagnoses including Schizophrenia, Cannabis Use Mils and Alcohol Use Mild</li> <li>- physician's order dated 7/5/18 with instructions to administer Clozapine 100 mg 1 tablet each morning and 4 1/2 tablets each evening; and to administer Trazadone 50 mg at the hour of sleep</li> <li>- no evidence of client #2's medication administration record for August 2018</li> </ul> <p>During an interview o 8/13/18, client #2 reported he received his medications in the morning and at night but did not know what his medications were for.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Review on 8/13/18 of the Licensee's record revealed Medication Administration training completed 6/27/18</p> <p>Review on 8/13/18 of staff #1's record revealed: - a hire date of 8/7/17 - Medication Administration training completed 6/27/18</p> <p>During an interview on 8/13/18, staff #1 reported client #2's August MAR was not present because the client's case worker had not forwarded an MAR sheet for the month.</p> <p>[This deficiency is a re-cited rule area and must be corrected within 30 days.]</p>	V 118		
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, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>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 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</p>	V 133		
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V 133	<p>Continued From page 10</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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, 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;</p>	V 133		

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V 133	<p>Continued From page 12</p> <p>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 obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(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.</p> <p>(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;</p>	V 133		
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V 133	<p>Continued From page 13</p> <p>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 governing body failed to assure a national criminal check including fingerprints was completed prior to an offer of employment for 1 of 5 staff (#1). The findings are:</p> <p>Review on 8/13/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- a hire date of 8/7/17</li> <li>- a county criminal check dated 6/22/18</li> <li>- no evidence of a national criminal check including fingerprints</li> </ul> <p>During an interview on 8/13/18, staff #1 reported he had lived outside the state about eleven years and returned in 2017.</p> <p>During an interview on 8/13/18, the Licensee reported she was not aware a national criminal check was required.</p>	V 133		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be</p>	V 291		

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V 291	<p>Continued From page 14</p> <p>maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</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 observation, record review and interviews, the governing body failed to coordinate with other Qualified Professionals who are responsible for treatment for two of four audited clients (#1, #6) to assure their needs were met. The findings are:</p> <p>During an attempt to see client #1 and client #6's glucometers, surveyor was informed both clients were in need of new glucometers. Glucometers staff #1 presented did not function.</p> <p>Review on 8/10/18 and 8/13/18 of client #1's record revealed:</p>	V 291		

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V 291	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- an admission date of 12/29/11</li> <li>- an FL2 dated 12/15/17 with diagnoses including Schizophrenia, Intellectual Developmental Disability and Non-insulin Dependent Type II Diabetes</li> <li>- two physician's orders dated 7/23/18, one instructing that client's blood sugar be checked weekly; and one instructing blood sugar be checked twice daily</li> <li>- there was no evidence of documentation of blood sugar tests for June or August 2018; blood sugar checks were documented for about eleven days in July 2018</li> </ul> <p>Review on 8/15/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 2011</li> <li>- an FL2 dated 11/21/17 with diagnoses including Schizophrenia and Non-Insulin Dependent Diabetes</li> <li>- a physician's order dated 2/10/17 with instructions to check blood sugar weekly</li> <li>- there was no evidence of documentation of blood sugar check for June or August 2018; there was documentation of blood sugar checks between July 17 - 24, 2018</li> </ul> <p>During an interview on 8/13/18, the Licensee reported new glucometers had been ordered for both clients but they had been sent to the wrong pharmacy. The Administrator stated the glucometers should be available at the correct pharmacy soon.</p> <p>During an interview on 8/16/18, the Licensee reported the glucometers were not on site yet.</p>	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 16</p> <p><b>EXTERIOR REQUIREMENTS</b> (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 interviews, the governing body failed to assure the facility was maintained in a clean and attractive manner. The findings are:</p> <p>Observation on 8/10/18 at between 3:35 PM and 3:58 PM revealed:</p> <ul style="list-style-type: none"> <li>- a cracked commode lid in bathroom #1 and no shower curtain</li> <li>- client #3's bedroom had black ink-like stains on the seams of the mattress (mattress was stripped) , the upper corners of the room near the ceiling and also along the base boards (evidence of bed bug infestation)</li> <li>- dusty base boards in client #4's room</li> <li>- in client #5 and client #6's room, dark ink-like stains along the ceiling line above client #6's bed (evidence of bed bug infestation) and mattresses were stripped</li> <li>- the bathroom #2, hall bathroom, had mold around the top of the tub</li> <li>- (one client room not observed due to client sleeping)</li> </ul> <p>During an interview on 8/10/18, staff #1 reported mattresses were bare because linens were being washed. Staff #1 reported he would make a list of the findings to address.</p> <p>Observation on 8/15/18 of client #1 and #2's room at approximately 11:00 AM revealed:</p>	V 736		

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V 736	Continued From page 17  - a missing outlet cover on the wall above client #1's bed - the door frame was cracked on the left side  [This deficiency is a re-cited rule area and must be corrected within 30 days.]	V 736		
V 738	27G .0303(d) Pest Control  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.  This Rule is not met as evidenced by: Based on observation, record review and interviews, the governing body failed to develop preventive strategies to assure insect issue remained abated. The findings are:  Observation on 8/10/18 at between 3:35 PM and 3:58 PM revealed: - client #3's bedroom had black ink-like stains on the seams of the mattress (mattress was stripped) , the upper corners of the room near the ceiling and also along the base boards (evidence of bed bug infestation) - in client #5 and client #6's room, dark ink-like stains along the ceiling line above client #6's bed (evidence of bed bug infestation) and mattresses were stripped  [ The client bedrooms mentioned above were not the areas bed bugs were identified in during the previous survey.]	V 738		

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V 738	<p>Continued From page 18</p> <p>During an interview on 8/10/18, the Licensee reported:</p> <ul style="list-style-type: none"> <li>- she had a heat treatment done but it didn't work so she hired another exterminator to treat the facility for the bed bugs discovered during the last survey</li> <li>- clients' mattresses were not replaced but were treated by the exterminator</li> <li>- the exterminator came out monthly to provide service</li> <li>- she had checked on mattress encasements but had not found any yet.</li> <li>- no preventive strategies that were being employed and stated facility staff had no training about bed bugs</li> </ul> <p>Review on 8/10/18 of exterminator bills dated: 7/19/18, 5/29/18, 6/28/18 and 7/24/18 reflected payment for heat and chemical treatment for bed bugs at the facility.</p> <p>During an interview on 8/14/18, the exterminator that provided services for the three most recent treatments reported:</p> <ul style="list-style-type: none"> <li>- his company provided service after a prior heat treatment done by another company did not work</li> <li>- chemical treatment had been completed for all areas of the house except the staff area which was full of supplies</li> <li>- it is possible that if the entire facility is not treated, re-infestation is possible if bed bugs are in the un-treated area</li> <li>- mattresses and box springs were outside during treatment, were not treated and needed to be replaced</li> <li>- proper mattress encasements with zippers were needed to cover mattress and box springs</li> </ul> <p>During an interview on 8/14/18, the Qualified</p>	V 738		

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V 738	<p>Continued From page 19</p> <p>Professional (QP) reported when the Administrator found out the facility had bed bugs, the Licensee hired an exterminator and she thought she purchased new mattresses. The QP was not sure if any training on bed bugs had been done.</p> <p>[This deficiency is a re-cited rule area and must be corrected within 30 days.]</p>	V 738		