	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILBING.		
		MHL032-612	B. WING		R 01/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E. ZIP CODE	
		1717 NOF	RTH ALSTON AV	,	
PP&V HE	ALTH CARE SOLUTIONS		, NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
		up survey was completed here were deficiencies			
	category: 10A NCAC	d for the following service 27G. 5600A Adults with Mental Illness			
V 107	27G .0202 (A-E) Pers	onnel Requirements	V 107		
	which: (1) specifies the competency, work expectations for the particle (2) specifies the the position; (3) is signed by supervisor; and (4) is retained in (b) All facilities shall deach staff member or provides care or servithe facility: (1) is at least 18 (2) is able to reast 18 (3) meets the macompetency, work expectations for the particle (4) has no substant neglect listed on the Nersonnel Registry. (c) All facilities or servitations are reapplicants for employer.	nave a written job ector and each staff position minimum level of education, perience and other position; duties and responsibilities of the staff member and the a the staff member's file. Ensure that the director, any other person who ces to clients on behalf of a years of age; ad, write, understand and inimum level of education, perience, skills and other			

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-612	B. WING		R 01/09/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 01100/2010
PP&V HE	ALTH CARE SOLUTIONS	1717 NOR DURHAM,	TH ALSTON AV	/ENUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 107	upon the offense in re which the applicant is (d) Staff of a facility of currently licensed, reg accordance with appl services provided. (e) A file shall be malemployed indicating t	inployment shall be based elationship to the job for applying. or a service shall be gistered or certified in icable state laws for the intained for each individual he training, experience and r the position, including	V 107		
	failed to ensure (1) a each staff position was a personnel file for each the training, education qualifications for the pand the Qualified Pro The finding are: Review on 1/4/19 of Strevealed: - Hire date: 9/3/18. - Job title: Paraprofest-There was no evident credentials. -There was no physical each staff.	ew and interview, the facility written job description for as available and (2) maintain ach staff employed including an, experience and other position for two of two staff fessional (#1, #2 and QP). Staff #1's personnel record assional/Live-In Staff. ace of educational cal personnel record anings, job description and			

Division of Health Service Regulation

STATE FORM 6899 XH4U11 If continuation sheet 2 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL032-612	B. WING		01	R / 09/2019
	ROVIDER OR SUPPLIER	1717 NC	ADDRESS, CITY, STATE ORTH ALSTON AVEI M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 107	revealed: - Hire date: 11/28/18 Job title: Paraprofe: -There was no physic available to review traeducational information. Review on 1/4/19 of the personnel record reversed: - Hire date: No hired: - Job title: Contract/0-There was no physic available to review traeducational information. Interview on 1/14/19 revealed: -There should be a postaff #2 and the Qual group homeHe had some employofficeStaff kept their own for the staff was no physical available to review traeducational information.	Staff #2 personnel record ssional/PRN (As needed). cal personnel record ainings, job description and on. the Qualified Professional caled: date. QP. cal personnel record ainings, job description and on. with the Administrator cersonnel file for staff #1 and dified Professional at the gee information at his home files. of her personnel files and	V 107			
V 108	(g) Employee training provided and, at a mit following:(1) general organization(2) training on client	tion shall be documented. g programs shall be nimum, shall consist of the	V 108			

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STATE FORM 6899 XH4U11 If continuation sheet 3 of 18

Division (of Health Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						_
			D WING		F	
		MHL032-612	B. WING		01/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIDER OR COLL FIER			,		
PP&V HE	ALTH CARE SOLUTIONS		RTH ALSTON A	/ENUE		
		DURHAM	, NC 27701			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIL	DAIL
				,		
V 108	Continued From page	e 3	V 108			
	10A NCAC 26B;					
		the mh/dd/sa needs of the				
	-	the treatment/habilitation				
	plan; and					
	(4) training in infection	ous diseases and				
	bloodborne pathogen	IS.				
	(h) Except as permitte	ed under 10a NCAC 27G				
	.5602(b) of this Subcl	hapter, at least one staff				
	member shall be avai	ilable in the facility at all				
	times when a client is	present. That staff				
	member shall be trair	ned in basic first aid				
	including seizure mar	nagement, currently trained				
	to provide cardiopulm	nonary resuscitation and				
		h maneuver or other first aid				
	techniques such as th	nose provided by Red Cross,				
	the American Heart A					
	equivalence for reliev	ring airway obstruction.				
	(i) The governing boo	-				
		nd procedures for identifying,				
		ng and controlling infectious				
		iseases of personnel and				
	clients.	iscases of personner and				
	Gilcrits.					
	T. D					
	This Rule is not met					
		ew and interview the facility				
		of three audited staff (#1 and				
		in infectious diseases and				
		s including diabetic training.				
	The findings are:					
	Review on 1/4/19 of S	Staff #1's personnel record				
	revealed:					
	- Hire date: 9/3/18.					
	- Job title: Paraprofes	ssional/Live-In Staff.				
		nce of diabetic training.				
	-There was no evider	nce of bloodborne pathogens				

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		MHL032-612	B. WING		01/09/	2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PP&V HEA	ALTH CARE SOLUTIONS	1717 NORT DURHAM, I	TH ALSTON AV	'ENUE		
		<u> </u>	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
V 108	Continued From page	e 4	V 108			
	training.					
	revealed: - Hire date: 11/28/18 Job title: Paraprofes -There was no eviden Interview on 1/14/19 v confirmed staff #1 wa diseases and bloodbo	Staff #2 personnel record ssional/PRN (As needed). ace of diabetic training. with the Administrator s not trained in infectious orne pathogens including staff #2 did not receive				
V 114	27G .0207 Emergenc	y Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.					
		ew and interview the facility and disaster drills on each				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R
		MHL032-612	B. WING		01/09/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PP&V HEALTH CARE SOLUTIONS			H ALSTON AV	'ENUE	
		DURHAM, I	NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 114	Continued From page	e 5	V 114		
	drills record revealed: -There were drills condates: -Fire Drills - 1/9/1 12/17/18 - 2nd shiftDisaster Drills - 2/10/18, 3/12/18 and -There were no fire dishiftThere were no disass shiftFire and disaster dril each shift at least qualitative on 1/3/19 when she worked at the gramonthsShe was just informed inspection that she not monthlyShe conducted her fit December 2018. Interview on 1/4/19 when the she was prevealed: -He thought the fire a conductedConfirmed staff #1 conductedConfirmed staff #1 conducted.	aducted on the following 18, 2/5/18, 11/30/18 and 1/5/18 - 2nd shift and 12/5/18 - 1st shift. Fills conducted on 1st or 3rd ter drills conducted on 3rd ter drills conducted on arterly. Ith Staff #1 revealed: Froup home for a couple of a during construction beded to conduct drills First fire and disaster drill in Ith the Administrator Indid disaster drills were			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	10A NCAC 27G .0209 REQUIREMENTS (c) Medication admini				

Division of Health Service Regulation

STATE FORM 6899 XH4U11 If continuation sheet 6 of 18

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
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		MIII 000 040	B. WING		R	
		MHL032-612	B. W. C		01/0	9/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE		
		1717 NOR	TH ALSTON A	/ENUE		
PP&V HEA	ALTH CARE SOLUTIONS	; DURHAM,	NC 27701			
040.15	STIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	NI.	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 118	Continued From page	s 6	V 118			
V 110	Continued From page	5 0	• 110			
		n-prescription drugs shall				
		to a client on the written				
	order of a person auti	horized by law to prescribe				
	drugs.					
	(2) Medications shall	be self-administered by				
	clients only when auti	horized in writing by the				
	client's physician.					
	(3) Medications, inclu	ding injections, shall be				
		licensed persons, or by				
	•	ained by a registered nurse,				
	•	egally qualified person and				
		and administer medications.				
	· ·	inistration Record (MAR) of				
	•	d to each client must be kept				
	current. Medications					
		after administration. The				
	MAR is to include the	following:				
	(A) client's name;					
		nd quantity of the drug;				
	(C) instructions for ad					
		drug is administered; and				
		person administering the				
	drug.	P. P. Branch				
	· ·	r medication changes or				
		ded and kept with the MAR				
		pointment or consultation				
	with a physician.					
					ĺ	
	This Rule is not met	as evidenced by:			ĺ	
		as evidenced by. ew and interviews, the				
		e medications, including			ľ	
	•	_			ľ	
		Iministered only by licensed			ľ	
		nsed persons trained by a			ľ	
	qualified person to pro	rmacist or other legally			I	
	quaimed person to pr	cpare and administer	1			

Division of Health Service Regulation

medications for four of four clients (#1, #2, #3 and

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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			B. WING		R
		MHL032-612	B. WING		01/09/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	
			, ,	,	
PP&V HE	ALTH CARE SOLUTIONS		RTH ALSTON A	ZENUE	
		DURHAN	I, NC 27701		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT OR I	230 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	JAIL
				,	
V 118	Continued From page	e 7	V 118		
	#4). The findings are:				
		Client #1's record revealed:			
	-Admission date of 8/				
		phrenia Disorder, Anxiety			
		I, Vitamin D Deficiency,			
		ertension, Scoliosis and			
	Tachycardia.				
		tered by staff #1 included:			
		mg - 1 tablet once daily at			
	1:00 p.m.				
		mg capsules - 1 tablet daily.			
	-Levothyroxine S	odium 50mg tablets - take 1			
	tablet by mouth daily.				
	-Lithium Carbona	ate 300mg - take 1 tablet at			
	bedtime.				
	-Hydroxyzine 25i	mg - take 2 capsules by			
	mouth in the a.m.				
	-Olanzapine 20m	ng - take 1 tablet at bedtime.			
	-Omeprazole 20r	ng - take 1 capsule by			
	mouth daily.				
	-Docusate Sodiu	m 100mg - take 1 capsule by			
	mouth 2x day.				
		mg - take 1 tablet by mouth			
	2x day.				
		ı - take 2 tablets by mouth at			
	9 a.m. combined with	a 200mg clozapine tablet.			
	-Clozapine 200m	ng - take 1 tablet by mouth 2x			
	daily.				
	Review on 1/3/19 of 0	Client #2's record revealed:			
	-Admission date of 12	2/14/17.			
	-Diagnosis of Schizop				
		tered by staff #1 included:			
	-Haloperidol 5mg	g - take 1 tablet by mouth in			
	the morning.				
	-Haloperidol 5mg	g - take 2 tablets by mouth at			
	bedtime.	•	1		

2x day.

-Divalproex 500mg - take 1 tablet by mouth

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
					R	
		MHL032-612	B. WING		01/09/	2010
		WITIE032-012			1 01/09/	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
DD 9 V LIE	NITH CARE SOLUTIONS	1717 NO	RTH ALSTON A	/ENUE		
PPQV NEA	ALTH CARE SOLUTIONS	DURHAN	I, NC 27701			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				,		
V 118	Continued From page	e 8	V 118			
	Benztronine Me	sylate 0.5 mg - take 1 tablet				
	by mouth 2x daily.	sylate 0.5 mg - take i tablet				
		g - take 1 tablet by mouth 2x				
	daily.	g - take I tablet by Illoutil 2x				
	daily.					
	Review on 1/3/19 of (Client #3's record revealed:				
		affective Disorder, Bipolar				
		Stress Disorder, Cannabis				
	Abuse by History and	•				
		tered by staff #1 included:				
		g - take 1 tablet by mouth				
	every morning.	g take i tablet by mean				
		take 1 tablet by mouth every				
	day.					
	_	ng - take 1 tablet by mouth at				
	noon.	,				
	-Guanfacine HCI	∟ 1mg - take 3 tablets by				
	mouth at bedtime.					
	-Benztropine 0.5	mg - take 1 tablet by mouth				
	2x daily.					
	-Clonazepam -0.	5mg - take 1 tablet by mouth				
	2x daily.					
		1 capsule by mouth 2x daily.				
	-	Glucose Test Strips - test				
	breakfast, lunch, dinn	er and bedtime -				
	self-administered.					
		n - use 3 times daily with				
	meals, (sliding scale)					
		uch - inject 42 units				
	subcutaneously at be	dtime - self-administered.				
	Deview or 4/0/40 C	Oliona #41o woody				
		Client #4's record revealed:				
	-Admission date of 12					
	-Diagnosis of Schizon					
		tered by staff #1 included:				
		ng - take 1 tablet by mouth at				
	bedtime.	500mm taka 4 taka +				
	-iviettormin HCL	500mg - take 1 tablet at				

bedtime.

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Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-612 B. WING			R 01/09/2019	
NAME OF D	ROVIDER OR SUPPLIER	STDEET VI	DDRESS, CITY, STA	TE ZIR CODE		
NAME OF T						
PP&V HEA	ALTH CARE SOLUTIONS		RTH ALSTON AV I, NC 27701	LNOL		
(X4) ID SUMMARY STATEMENT OF DEFICIENCE			<u>, </u>	PROVIDER'S PLAN OF CORRECTION	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	9	V 118			
	revealed:	Staff #1's personnel record				
	-Hire date: 9/3/18.	sianal/Live In Ctaff				
	-Job title: Paraprofes-There was no eviden					
	administration training					
		,				
	Interview on 1/4/19 w revealed:	ith Clients #1, #2, #3 and #4				
		ation between 7:30 a.m.				
	and 8:00 a.m. daily.					
		edication between 7:30 p.m.				
	and 8:00 p.m. daily.	d afternoon medication.				
	-Some clients receive -Confirmed medicatio					
	Interview on 1/4/19 w	ith Staff #1 revealed: /orking on the weekends as				
	the relief staff.	Olking on the weekends as				
	-The previous staff ar work in the home.	nd staff #2 trained her to				
	-She shadowed the p					
		ked her if she wanted to				
	work full-time.	Demonsferational live in				
	-Started working as tr staff December 1, 20	ne Paraprofessional live-in				
	,	Administrator she needed				
	medication administra					
		pt saying, "ok" but never				
	scheduled her.					
		not trained in medication				
	administration.	administration training over				
	15 years ago with and	•				
		ation administration training				
	on 1/8/19.	•				

Interview on 1/9/19 with the Qualified

-She provided contract work at the group home.

Professional revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
					R
	MHL032-612 B. WING			01/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
			TH ALSTON AV		
PP&V HEALTH CARE SOLUTIONS			NC 27701	ENGE	
			NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 118	Continued From page	e 10	V 118		
	mental health training -Informed Administrative would facilitateShe reminded the Adstaff #1 neededShe was unaware straining before given Interview on 1/4/19 a Administrator reveale -Confirmed staff #1 w administrationHe was aware staff # before working weeker -Asked if he should rehome until training was	work schedule. and 1/9/19 with the ad: vas not trained in medication #1 did not receive training ends and full-time live-in. emove staff #1 from the as completed. tay during exit on 1/9/19.			
	by the Qualified Proferevealed: -What will you immed above rule violations from further risk or active-in staff has been Nurse as of 1/8/19. Gadministrator will not the proper trainings to home. This means the administer medication supervision if they're medication administration administration plans happens: "QP will revadministrator to ensure	liately do to correct the in order to protect clients diditional harm? "Staff #1 trained by a Registered soing forward the schedule anyone without to work one-on-one in the nat the staff person will not not properly certified in ation." to make sure the above view the rules with the policy & procedure manual			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-612	B. WING		R 01/09/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA		1 01/03/2013	
PP&V HEA	ALTH CARE SOLUTIONS	1717 NORT Durham, I	H ALSTON AV NC 27701	/ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118 V 131	offered and started w position on 12/1/18. E administered medicat without the completin administration training aware staff #1 was no weekend and full-time deficiency constitutes the violation is not con administrative penalty imposed for each day compliance beyond the	9/3/18 as the ekend relief staff and then orking the full-time live-in during this time, Staff #1 tion to four of four clients g of medication g. The Administrator was at trained prior to offering the live-in employment. This is a Type B rule violation. If the trected within 45 days, and of \$200.00 per day will be the facility is out of the 45th day.	V 118			
	V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL 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. 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 two of three audited staff (#1 and #2). The findings are: Review on 1/4/19 of Staff #1's personnel record					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
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		MHL032-612	B. WING		R 01/09/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE. ZIP CODE		
		1717 NOR	TH ALSTON AV			
PP&V HEA	ALTH CARE SOLUTIONS	DURHAM,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 131	Continued From page	: 12	V 131			
	- There was no evid accessed prior to employ Review on 1/4/19 of Strevealed: - Hire date: 11/28/1 - Job title: Paraprocian - There was no evid accessed prior to employ Interview on 1/4/19 we revealed: -He was not familiar version -He would ask the Quithe HCPR.	8. fessional/PRN (As needed) lence the HCPR was ployment. ith the Administrator				
V 133	staff #2. V 133 G.S. 122C-80 Criminal History Record Check		V 133			
	CHECK REQUIRED I APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabil services that is licens Chapter. (b) Requirement An provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this				

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less than five years, then the offer of employment

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2. Holon of Frodian Collino Frogulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	MHL032-612	B. WING	R 01/09/2019			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE						

PP&V HEALTH CARE SOLUTIONS

1717 NORTH ALSTON AVENUE

PP&V HEALTH CARE SOLUTIONS DURHAM, NC 27701					
(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 133	Continued From page 13	V 133			
	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 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				
Division of Hea	alth Service Regulation				

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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		1717 NOI	RTH ALSTON A	/ENUE		
PP&V HEA	ALTH CARE SOLUTIONS	DURHAN	I, NC 27701			
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				DEI IGIENCI)		
V 133	Continued From page	e 14	V 133			
	. •					
		d check required by this				
		ovider having to submit a				
		ment of Justice. In such a				
		I commence with the State				
	•	d check required by this				
	section within five bus					
		nployment by the provider.				
	-	formation received by the				
		al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
	subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public					
	records obtained from	- ·				
		licant's criminal history one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	3 in determining whether to				
		ousness of the crime.				
	(2) The date of the cr					
		rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri	_				
		en the criminal conduct of				
		b duties of the position to be				
	filled.	·				
	(6) The prison, jail, pr	obation, parole,				
		ployment records of the				
		the crime was committed.				
	(7) The subsequent of	commission by the person of				
	a relevant offense.	· · ·				
	The fact of conviction	of a relevant offense alone				
	shall not be a bar to e	employment; however, the				
	listed factors shall be	considered by the provider.				
	If the provider disqua	lifies an applicant after				
		elevant factors, then the				

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
i i i		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		1717 NOR	TH ALSTON AV	/FNUF		
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		<u> </u>	10 27701			
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1,10		,	1710	DEFICIENCY)		
V 133	Continued From page	e 15	V 133			
	provider may disclose	e information contained in				
		cord check that is relevant			ļ	
	•	, but may not provide a copy			ľ	
	of the criminal history					
	applicant.	record check to the				
		- A provider and an officer				
		rider that, in good faith,				
	· · · · · · · · · · · · · · · · · · ·	ction shall be immune from				
	civil liability for:					
		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" me	ans a county, state, or				
	federal criminal histor	ry of conviction or pending				
	indictment of a crime,	whether a misdemeanor or				
	felony, that bears upo	on an individual's fitness to				
	have responsibility for	r the safety and well-being of				
		ntal health, developmental				
		nce abuse services. These				
		minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
	•	ve and Legislative Officers;				
		article 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by					
	-	Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17,				
		Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or	Services by False or			ļ	

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DIVISION	n nealth Service Regu	lation			_	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1717 NOR	TH ALSTON AV	/ENUE		
PP&V HEA	ALTH CARE SOLUTIONS	DURHAM,	NC 27701			
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		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
V 133	Continued From page	16	V 133			
	. •					
		edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against					
	Decency; Article 26A,	Adult Establishments;				
		n; Article 28, Perjury; Article				
		, Misconduct in Public				
	Office; Article 35, Offe	enses Against the Public				
		iots and Civil Disorders;				
	Article 39, Protection	•				
	Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or					
	~	ion of the North Carolina				
		s Act, Article 5 of Chapter				
	90 of the General Statutes, and alcohol-related					
		to underage persons in				
	violation of G.S. 18B-	•				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.					
		ing False Information Any				
		nent who willfully furnishes,				
		e gives false information on				
		cation that is the basis for a				
	shall be guilty of a Cla	d check under this section				
		yment A provider may				
	employ an applicant of					
		of a criminal history record				
	check regarding the a					
	following requirement					
		not employ an applicant				
		applicant's consent for				
	criminal history record					
		section or the completed				
		equired in G.S. 114-19.10.				
	•	•				
		submit the request for a				
	business days after th	d check not later than five				
	publicas days aller tr	ie iriurviuuai Degii is	1			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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PP&V HEAL	TH CARE SOLUTIONS	DURHAM, N		LNOL		
OVA) ID	SLIMMADV STA	·		PROVIDER'S PLAN OF CORRECTION	1 (75)	
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V 133	Continued From page	: 17	V 133			
2	conditional employme 2001-155, s. 1; 2004-					
E F V V T V V T T T T T	failed to ensure the star was ordered within five the conditional offer of three audited staff (#1). Review on 1/4/19 of Strevealed: Hire date: 9/3/18. Job title: Paraprovas ordered. Interview on 1/4/19 with revealed: Staff #1's criminal recorded the was not able to locinimal record check.	ew and interview, the facility ate criminal record check e business days of making f employment for one of 1). The findings are: Staff #1's personnel record fessional/Live-In Staff. the the criminal record check with the Administrator cord check was ordered. criminal record check.				

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