STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-177	A. BUILDING: _____ B. WING _____	R 02/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on February 7, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to document strategies to address a client's presenting problems prior to the establishment of the treatment/habilitation or service plan for 1 of 3 audited clients (client #7). The findings are:

Review on 2/6/19 of client #7's record revealed:
- 19 year old female admitted to the facility 1/31/19.
- Diagnoses included Schizoaffective Disorder, bipolar type and Moderate Intellectual/Developmental Disability.
- Psychological Evaluation dated 8/23/17 included ". . . [client #7's] mother identified other behavioral concerns of lying and running away . . . has exhibited impulsive behaviors in the past such as sex with older men and marijuana use . . .," history of auditory hallucinations, self-harm, poor motivation, oppositional and disrespectful to authority figures, physical aggression and easily angered . . . "is always ready to fight."
- "Intake Packet" dated 1/30/19 included "Reason for Seeking Services (Presenting Problem) Mental Health/Behavioral Information Placement needed due to inability to live unsupervised."
- No documented strategies to address client #7's presenting problems.

Upon surveyor's arrival at the facility client #7 was reported to to have eloped; she was returned to the facility 2/6/19 at approximately 1:30 pm, accompanied by three police officers.

During a brief interview attempt 2/6/19, client #7

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V 111	Continued From page 2 introduced herself and stated "I live here, who are you?" and abruptly left the room. She was hospitalized 2/6/19 and was unavailable for further interview attempts 2/7/19. During interviews on 2/6/19 and 2/7/19 the Owner/Licensee stated: - Client #7 was admitted to the facility 1/31/19. - Prior to admitting client she visited client #7 in the behavioral health unit at a hospital; she also talked with client #7's hospital social worker, and guardian social worker. - She was told client #7 had behavioral issues growing up, but had not exhibited any while hospitalized. - While at the hospital, she was told client #7 made "inappropriate verbalizations, but if you talked with her calmly" she responded positively. - Client #7 did not exhibit any inappropriate behaviors during their visit. - She asked why client #7 was admitted to the behavioral health unit of the hospital and was told "because she didn't have anywhere to go." - She hesitated to accept client #7 for placement, but a staff person had taken client #7 to the car and they were waiting for her; the hospital staff told her since client #7 was in her car, she was no longer the hospital's responsibility. - The hospital social worker gave her a plan for client #7 that only included scheduling follow up appointments. - Client #7 began refusing her medications and eloped from the facility 2/3/19. - Other facility clients were not comfortable with client #7 at the facility. - Client #7 was involuntarily committed to the local behavioral health unit 2/6/19 after she became physically aggressive and destructive. - She was not prepared for client #7's behaviors; client #7 would not be permitted to return to the	V 111		

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V 111	Continued From page 3 facility. - She understood the requirement to complete an assessment of client needs prior to admission and to document strategies to address a client's presenting problems at admission.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed ensure disaster drills were held quarterly and repeated on each shift. The findings are: Review on 2/7/19 of documentation of the facility's fire and disaster drills January 2018 - January 2019 revealed: - No disaster drill documented for the second quarter (April - June) 2018. - No disaster drill documented for the third	V 114		

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V 114	Continued From page 4 quarter (July - September) 2018. During interview on 2/7/19 staff #2 stated she was hired in March 2018 and she had participated in quarterly fire drills, but not a disaster drill. During interview on 2/7/19 the Supervisor stated she normally worked weekends; fire and disaster drills were done every quarter and sometimes more often. During interview on 2/7/19 the Owner/Licensee stated: - Facility staff worked 2:45 pm - 9:00 am daily. - No one was at the facility 9:00 am - 1:45 pm during the week as the clients were at their day programs. - She thought disaster drills were being done as required. - She understood the requirement for disaster drills to be done quarterly and across all shifts. - She would ensure drills were done as required going forward.	V 114		
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	V 118		

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V 118	Continued From page 5 unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure 1 of 3 audited clients (client #5) had physician's order for medications administered and to keep the MAR current for 2 of 3 audited clients (client #5 and client #7). The findings are: Review on 2/6/19 of client #5's record revealed: - 49 year old male admitted to the facility 4/12/07. - FL-2 signed 9/22/15 included diagnoses of "seizure activity, anxiety, mental retardation." - Crisis Plan dated 12/1/18 included diagnoses of Moderate Intellectual/Developmental Disability, no Axis I or Axis III diagnoses. - Physician's order signed 9/28/17 for Vraylar (atypical antipsychotic) 4.5 mg (milligrams) one	V 118		

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V 118	Continued From page 6 tablet by mouth every morning. - Physician's order signed 10/19/18 to discontinue Vraylar. Review on 2/6/19 of client #5's MARs for December 2018 - February 2019 revealed: - Transcribed entries for Vraylar 4.5 mg one tablet by mouth every morning. - Staff initials signified administration of the medication 12/1/18 - 12/13/18, "d/c" (discontinue) handwritten on MAR for December 2018. - No staff initials signified administration of the medication in January 2019. - Staff initials signified administration of the medication at 8:00 am daily 2/1/19 - 2/6/19. Observation of client #5's medications on hand revealed a bubble card labeled by the pharmacy "Vraylar 4.5 mg one tablet by mouth every morning" dispensed 2/1/19. During interview on 2/7/19 client #5 stated he took his medications daily with staff assistance and he had never missed any doses. Review on 2/6/19 of client #7's record revealed: - 19 year old female admitted to the facility 1/31/19. - Diagnoses included Schizoaffective Disorder, bipolar type and Moderate Intellectual/Developmental Disability. - Physician's order signed 1/28/19 for Adderall XR (extended release; used to treat Attention Deficit Hyperactivity Disorder) 10 mg 2 capsules by mouth daily, during a meal. Review on 2/7/19 of client #7's MAR for February 2019 revealed a handwritten transcription for Adderall XR "10 mg C."	V 118		

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HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 118	Continued From page 7 Observation on 2/7/19 at approximately 10:10 am of client #7's medications on hand revealed bubble pack labeled by the pharmacy Adderall XR 10 mg, 2 tablets by mouth daily during a meal, dispensed 1/31/19. Client #7 was not available for an interview. During interview on 2/7/19 the Owner/Licensee stated: - Client #5's Vraylar had been discontinued. - She took over ownership of the facility in 2016 and the previous owner "took all the paperwork." - When they took client #5 to the doctor, the doctor would write "continue all meds" and did not write new medication orders. - She did not have copies of the orders to re-start client #5's Vraylar. - She would speak with client #5's doctor for clarification of the medication order. - She understood the requirements to maintain a copy of the signed physician's orders and for the MARs to be kept current and accurately reflect the physician's orders. This deficiency has been cited 3 times since the original cite on 1/12/17 and must be corrected within 30 days.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs	V 366		

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V 366	Continued From page 8 of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The	V 366		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 366	Continued From page 9	V 366		

internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility

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HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 366	Continued From page 10 for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement a written policy governing their response to level II incidents. The findings are: Review on 2/7/19 of the Facility's "Incident Reporting/Documentation of Incidents" policy effective 1/02/16 revealed ". . . Reporting Guidelines . . . consumer Behavior - Report any sexual, aggressive, or destructive behavior that involves a report to law . . . Consumer absence is any absence over the time specified in the individual's service plan or any absence that may or may not require police contact is an incident. the level of the incident is determined by the number of hours that person is absent and whether police contact is required . . . " See v367 for detailed information. During interview on 2/7/19, the Owner/Licensee stated she understood the requirement to report level II incidents. A level II IRIS (Incident Response Improvement System) report had been completed for the incident of 2/3/19 involving	V 366		

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	MHL054-177	A. BUILDING: _____ B. WING _____	R 02/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 366	Continued From page 11 client #7, but there were issues with the system. She had contacted the Local Management Entity and IRIS Technical Support for assistance.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-177	A. BUILDING: _____ B. WING _____	R 02/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLS DDA GROUP HOME #2	2017 EAST RIDGE CIRCLE KINSTON, NC 28501

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V 367	Continued From page 12	V 367		

information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III

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	MHL054-177	A. BUILDING: _____ B. WING _____	R 02/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 367	Continued From page 13 incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete Level II incident reports as required. The findings are: Review on 2/6/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II incident reports from the facility 12/1/18 - 2/5/19. Review on 2/6/19 of client #6's record revealed: - 46 year old male admitted to the facility 2/14/18. - Diagnoses included Moderate Intellectual/Developmental Disability, and Schizoaffective Disorder. - "Patient Visit Information" from a local hospital dated 1/20/19 with "Reason for visit: Adjustment Disorder." During interview 2/7/19 client #6 presented as echolalic and unable to meaningfully participate in the interview. Review on 2/6/19 of client #7's record revealed: - 19 year old female admitted to the facility 1/31/19. - Diagnoses included Moderate Intellectual/Developmental Disability, and Schizoaffective Disorder, Bipolar type.	V 367		

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V 367	Continued From page 14 - No treatment/habilitation or service plan; no documentation of assessment for unsupervised time; no documentation of team approved unsupervised time. During interview on 2/6/19 the Owner/Licensee stated the police had contacted her and had client #7 and she needed to leave to pick up client #7. Upon return to the facility, the Owner/Licensee stated she took client #7 to the hospital and she walked away and refused to return. At approximately 1:30 pm client #7 was returned to the facility by three local police officers. During a brief interview attempt 2/6/19, client #7 introduced herself and stated "I live here, who are you?" and abruptly left the room. She was hospitalized 2/6/19 and was unavailable for further interview attempts 2/7/19. Review on 2/7/19 of facility records revealed: - "Incident Reporting" form dated 1/20/19 and signed by the Supervisor ". . . Persons Involved: [client #6] What Happened Prior to Incident: [client #6] was upset because he was told he was not going to church he hit [client #5] in the van he pushed past staff and ran into church . . . Intervention: by the time staff got in to church behind him he'd run out. Staff convinced [client #6] to get in van . . . got in van, but he continued to hit the back of the seat and holler. When he returned home [client #6] got out of the van and started to run down the street staff called him back [client #6] turned back toward the house [client #6] hit a car before returning to come back into the house . . . After a few minutes [client #6] came back through and ran through the house and back outside ran down the street. . . came back sat on porch. . . [Client #6] went out his door went back on front porch he through the chair	V 367		

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V 367	Continued From page 15 staff asked him to pick it up. . . started going in and out of the house hollering throwing things. Went back on the porch threw the chair and broke it. . .. Staff started hitting and throwing, hollering things in his room. Staff called police; [client #6] still hollering as police was on the phone. [Client #6] calmed once he knew police was there." - Untitled and unsigned document "[Client #7] . . . Date-2-3-19 Time 12:15 pm . . . While driving by [client #7] was standing outside an apartment in [local apartment complex] . . . . Staff called police to pick up [client #7] because she was in a drug infested area and wasn't taking her meds [medications]. Police suggested that staff file a IVC [involuntary commitment] paper to get [client #7] the help she needed . . . The magistrate informed staff that what [client #7] was doing was not enough to take her rights away. [client #7] continued to stay on the streets and refused to come to the group home. . ." -- Unsigned "Level I Incident Report . . . Date/Time of Incident: 2/3/19/3:30 . . . Name and Record Number of Consumer(s) Involved: [client #7] . . . Member asked staff could she go outside staff told her yes. Staff monitored her during her outside visit every 10 mins. [minutes], but during the last monitoring she was not in or around the home. . . . Staff called for member looked around the house inside and out. . . . went around neighborhood to look for member and could not find her. . . . Staff waited for about an hour looked back around for her then went around neighborhood. Staff saw her asked her to get in van she complied with request. . . . Member sat on front porch, staff asked her to come in again she refused . . . She occasionally walked back and forth to street . . . Staff went to ask offer her dinner, staff saw [client #7] running thru the field beside the house. By the time the staff could	V 367		

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V 367	Continued From page 16	V 367		

secure other members and go after her she could not be found within the neighborhood. Staff called the police and they found and returned her to the home. Staff asked the police [officer] to take her to the station because the home could not meet her needs at this time. Police stated that they could not take her because she did not do anything wrong. After police stated that they couldn't take her, she went to get her belongings and stated 'I want to go with you. If I stay, I am going to end up hurting someone if someone says something to me. I already hurt someone 15 times but got off because I was a minor. I am an adult now.' [client #7] also stated she would rather go to jail or sleep on the streets. . .. She continued telling the police she wanted to go with them they asked could she stay the night she said she would because she was tired but she would leave again tomorrow . . . Time: 10:45 am Date: 2/4/19 . . . member walked off the premises of the Group Home. Staff looked for her but couldn't locate her. Staff called the police for assistance staff informed police she did not take her medications. Police located her and she refused to come with them. They reported to staff that she would return later, and they could not force her to come home. . . . Time: 8:20 pm . . . Staff looked for member in [local apartment complex] where she'd been seen before. Staff . . . did not see her. Staff called police. the police came out and took a missing persons report. Staff informed police again she had not taken her meds. and she didn't know anyone here because she just got her on this Thursday. they stated they would look for her. If they saw her they would try to convince her to come back; if not they would place a missing persons report. . . . Date and Time of Incident: 2/5/19 /11:23 . . . [client #7's guardian] called . .. Staff reported that [client #7] is still missing and that she has left the

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V 367	Continued From page 17 home, she will not be able to return . . . 2-6-19 contacted [client #7's Local Management Entity] about [client #7] -asked what else I need to do. They informed me that all I need to do is to wait for her return if I put it in IRIS and contacted the authorities." Review on 2/7/19 of an incomplete IRIS report dated "2/7/19 12:27:14 PM" provided by the Owner/Licensee revealed: - Client #7 identified as the client involved in the incident. - "Date of Incident: 2/4/2019 Date Last Submitted: 1/1/0001." - "Incident Information . . . Date of Incident: 2/4/19 . . . Time of Incident: Unknow . . . " - No specific information regarding the incident. During interviews on 2/6/19 and 2/17/19 the Owner/Licensee stated: - Client #7 was admitted to the facility on 1/31/19. - Client #7 left the facility on 2/3/19, was gone approximately 2 hours when she was found by staff and returned to the facility. - She left the facility a second time on 2/3/19 and was returned by the police approximately 2 hours later. - She contacted the mobile crisis team and they went to the facility and tried to convince client #7 to take her medications, but she refused. - On 2/4/19, client #7 left the facility after eating her morning meal; she was located by the police and refused to return to the facility. - Client #7 told the police she would return to the facility between 4:00 pm and 5:00 pm. - She attempted to have client #7 involuntarily committed, but the magistrate refused. - Client #7 did not return to the facility. - She had been looking for client #7 in a local apartment complex that was known for drug	V 367		

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V 367	Continued From page 18 activity. - She did not know where client #7 stayed while she was away from the facility. - After she was returned to the facility by the police officers on 2/6/19, client #7 "tore the door frame up" and was subsequently involuntarily committed to the behavioral health unit at the local hospital. - Client #7 would not be returning to the facility. - A level II incident report had been entered into IRIS, but it was not in the system. - She contacted the local LME and IRIS Technical Support for assistance.	V 367		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation of water temperatures in the facility bathrooms on 2/6/19 at approximately 10:00 am revealed: - Hot water temperature in the bathtub in hall	V 752		

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V 752	Continued From page 19 bathroom #1 was 135 degrees Fahrenheit. - Hot water temperature in the bathtub in hall bathroom #2 was 130 degrees Fahrenheit. During interviews on 2/6/19 and 2/7/19 the Owner/Licensee stated she had the temperature on the water heater adjusted; if the water temperature was within the required range (100 - 116 degrees Fahrenheit) in one part of the house, it was too cold in another part of the house. She understood the requirement for the water temperature to be within 100 - 116 degrees Fahrenheit. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 752		