

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-255 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/21/2019 |
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| NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 21, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> | V 000 | | |
| 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 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> | V 118 | | |

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

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| V 118 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#5 and #6). The findings are:</p> <p>Finding #1: Review on 03/21/19 of client #5's record revealed: -60 year old male. -Admission date of 09/25/07. -Diagnoses of Emphysema, Depression, Mild Mental Retardation, Mood Disorder, Chronic Obstructive Pulmonary Disease, Asthma and Hearing Loss.</p> <p>A. Review on 03/21/19 of client #5's medication order dated 01/28/19 revealed: -Fosamax (Alendronate-treats bone loss) - take one tablet every week.</p> <p>Review on 03/21/19 of client #5's March 2019 MAR revealed no staff initials to indicate the Fosamax was administered weekly as ordered.</p> <p>B. Review on 03/21/19 of client #5's medication orders revealed no order for Latanoprost 0.005% eye drops.</p> <p>Review on 03/21/19 of client #5's January 2019 thru March 2019 MARs revealed the following transcribed entry: -Latanoprost 0.005% - instill 1 drop into each eye at bedtime. Discard after 6 weeks.</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>Interview on 03/21/19 client #5 stated he received his medications as ordered.</p> <p>Finding #2: Review on 03/21/19 of client #6's record revealed: -55 year old male. -Admission date of 02/08/17. -Diagnoses of Schizophrenia Disorder, Diabetes Type II, Hyperlipidemia, Hypertension, Constipation, Obesity, Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal reflux disease (GERD).</p> <p>Review on 03/21/19 of client #6 Physician orders revealed: 07/18/18 -Polyethylene Glycol 3350 (Miralax) (treats constipation) 1 capful with 8 ounces of fluid everyday. 01/28/19 -Clonidine 1mg (treats hypertension) Take 1/2 tablet by mouth at bedtime. -No physician order for Naproxen 500mg (treats pain and inflammation) Take 1 tablet by mouth at bedtime.</p> <p>Review on 03/21/19 of client #6's January-March 2019 MAR's revealed: -Polyethylene Glycol 3350-No initials to indicate the medication had been administered. -Clonidine 1mg-The label on the bubble pack states Take 1 tablet by mouth at bedtime.</p> <p>During interview on 03/21/19 client #6 stated he received his medication daily.</p> <p>Interview on 03/21/19 the Licensee indicated she was aware the MARs needed to be kept current.</p> | V 118 | | |

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| V 118 | Continued From page 3 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. | V 118 | | |
| V 138 | 27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: | V 138 | | |

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| V 138 | <p>Continued From page 4</p> <p>Review on 03/21/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 6.</p> <p>Review on 03/21/19 of the Client Census form completed by the Licensee revealed: - 8 current clients resided at the facility. -Clients #5, #6, #7, and #8 were temporally residing at the facility due to a previous house fire at sister facility.</p> <p>Observation on 03/21/19 at approximately 1:20pm client #8 went to the front bedroom and layed on the floor in front of the closet and was wrapped in blankets.</p> <p>During interview on 03/21/19 client #5 revealed: -8 clients were living in the facility at this time. -Client #7 and client #8 had to sleep on blow up beds at night. -Client #7 sleeps on a blow up bed in the living/sitting area of the facility. -Client #8 sleeps on a blow up bed in the front bedroom of the facility. -We were staying in a hotel but it became too expensive.</p> <p>During interview on 03/21/19 client #6 revealed: -He had lived at the other facility until it burned down. -He shared a bedroom with client #5 at the facility. -He had moved to the facility 2 months ago. -2 of the clients had to sleep on blow up mattresses because the facility did not have enough beds.</p> <p>During interview on 03/21/19 client #8 revealed: -He had lived at the other facility.</p> | V 138 | | |

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| V 138 | <p>Continued From page 5</p> <p>-He had to sleep on a blow up mattress in the front bedroom since the other facility had burned down.</p> <p>During interview on 03/21/19 the Licensee revealed:</p> <p>-She had one staff per shift.</p> <p>-4 clients live at this facility due to the other facility burning down.</p> <p>-2 of the clients from the other facility went home until the facility could be opened back up again.</p> <p>-She was in the process of getting a new facility.</p> <p>-She did have the clients staying in a hotel until moving them to the facility.</p> <p>-He had been living at the facility for about a month.</p> | V 138 | | |
| V 290 | <p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance</p> | V 290 | | |

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| V 290 | <p>Continued From page 6</p> <p>abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home without supervision for specified periods of time affecting one of three audited clients (#5). The findings are:</p> <p>Review on 03/21/19 of client #5's record revealed: -60 year old male.</p> | V 290 | | |

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| V 290 | <p>Continued From page 7</p> <p>-Admission date of 09/25/07. -Diagnoses of Emphysema, Depression, Mild Mental Retardation, Mood Disorder, Chronic Obstructive Pulmonary Disease, Asthma and Hearing Loss.</p> <p>Review on 03/21/19 of client #5's Person-Centered Plan (PCP) dated 01/18/19 revealed no documentation client #5 was capable of remaining in the home without staff supervision.</p> <p>Observation on 03/21/19 at approximately 9:45am revealed: -Client #5 and Client #6 were at the facility. -Client #5 was on continuous oxygen. -No staff were at the facility.</p> <p>Interview on 03/21/19 client #5 stated: -He had lived at the facility several years. -He had the ability to remain in the group home or community for approximately 3 hours.</p> <p>Interview on 03/21/19 the Licensee stated: -Client #5 was capable of remaining in the facility for approximately 3 hours. -Client #5's previous plan had authorized client #5 to be unsupervised at the facility. The information about unsupervised time had not been transferred to client #5's new plan. -She would follow up to ensure client #5's PCP contained his unsupervised time.</p> | V 290 | | |
| V 536 | <p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> | V 536 | | |

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| V 536 | <p>Continued From page 8</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive | V 536 | | |

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| V 536 | <p>Continued From page 9</p> <p>relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and</p> | V 536 | | |

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| V 536 | <p>Continued From page 10</p> <p>measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times</p> | V 536 | | |

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| V 536 | <p>Continued From page 11</p> <p>the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff had current trainings in Alternative to Restrictive Interventions (Licensee, #1 and #3). The findings are:</p> <p>Review on 3/21/19 of staff #1's record revealed: -Application date: 03/07/14. -Alternative to Restrictive Interventions expired 12/29/18.</p> <p>Review on 3/21/19 of staff #3's record revealed: -Application date: 09/03/13. -Alternative to Restrictive Interventions expired 08/31/18.</p> <p>Review on 03/21/19 of the Licensee's record revealed: -Start date of 11/2007. -Alternative to Restrictive Interventions expired 08/31/18.</p> <p>During interview on 03/21/19 the Licensee revealed: -She worked a shift at the facility. -She was aware the North Carolina Interventions</p> | V 536 | | |

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| NAME OF PROVIDER OR SUPPLIER MAIN ST UNIVERSAL GROUP HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 904 NATIONAL DRIVE GOLDSBORO, NC 27534 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| V 536 | Continued From page 12 (NCI) was expired for all the employees. -She would get all the staff trained. | V 536 | | |
| V 537 | 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). | V 537 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-255 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/21/2019 |
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| V 537 | <p>Continued From page 13</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> | V 537 | | |

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|--------------------|--|---------------|---|--------------------|
| V 537 | <p>Continued From page 14</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the</p> | V 537 | | |

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| V 537 | <p>Continued From page 15</p> <p>coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#1, #3 and Licensee) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are</p> <p> </p> <p>Review on 03/21/19 of staff #1's record revealed: - Application date: 03/07/14. - Paraprofessional.</p> | V 537 | | |

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| V 537 | <p>Continued From page 16</p> <ul style="list-style-type: none"> - North Carolina Interventions (NCI) training updates in seclusion, physical restraint and isolation time-out expired effective 12/29/18.. - No current training updates in seclusion, physical restraint and isolation time-out. <p>Review on 03/21/19 of staff #3's record revealed:</p> <ul style="list-style-type: none"> -Application date: 09/03/13. - Paraprofessional - NCI training updates in seclusion, physical restraint and isolation time-out expired effective 08/31/18. - No current training updates in seclusion, physical restraint and isolation time-out. <p>Review on 03/21/19 of the Licensee's record revealed:</p> <ul style="list-style-type: none"> -Application date: 11/2007. - NCI training updates in seclusion, physical restraint and isolation time-out expired effective 08/31/18. - No current training updates in seclusion, physical restraint and isolation time-out. <p>During interview on 03/21/19 the Licensee revealed:</p> <ul style="list-style-type: none"> -She worked a shift at the facility. -She was aware the North Carolina Interventions (NCI) was expired for all the employees. -She would get all the staff trained. | V 537 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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> | V 736 | | |

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| V 736 | <p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 03/21/19 at approximately 9:45am revealed:</p> <ul style="list-style-type: none"> -Two oxygen tubes from client #4 and #5's room were on the floor and pulled approximately 25 feet into the living room area. -Client #4 and #5's bedroom revealed a black substance scattered on the linoleum floor. One dresser had a broken drawer. Client #6's closet revealed a pile of clothes on the floor. -Client #4 and #5's bathroom revealed a rusty floor vent. -The kitchen revealed the sheetrock behind the stove was cracked. -The first bedroom on the right revealed one dresser with 4 missing handles. A bedside table had a damaged surface. -The hallway bathroom revealed the paint was popping off the sides of the sink. <p>Interview on 03/21/19 the Licensee stated she would follow up on issues identified during the exit.</p> | V 736 | | |