STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on April 18, 2019. The complaint was substantiated (Intake #NC00150226). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting two of ten clients(#6 and #8) and failed to develop a treatment plan for three of ten clients (#1, #3 and #7). The findings are: Refer to Tag V115 Finding #1 Review on 04/16/19 of client #1's record revealed: -26 year old male. -Admission date of 08/30/16. -Diagnoses of Asperger Syndrome and Schizophrenia. - Treatment plan expired 04/13/2019. Review on 04/16/19 of client #3's record revealed: -19 year old female. -Admission date of 06/18/18. -Diagnoses of Bipolar Disorder, Mixed Severe, Mild Mental Retardation, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -No treatment plan in the record. Review on 04/17/19 of client #7's record revealed: -61 year old male. -Admission date of 06/20/17. -Diagnoses of Hypertension, Post Traumatic Stress Disorder, Paranoid Schizophrenia and Osteoarthritis. -No treatment plan in the record.	V 112		

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V 112	Continued From page 2 Finding #2 Review on 04/17/19 of client #6's record revealed: -22 year old male. -Admission date of 01/15/19. -Diagnoses of Severe Psychosis, Schizoaffective Disorder, Impulsivity, Self Harm, aggression and Moderate Mental Retardation. -Treatment plan dated 12/01/18 did not address elopement behaviors. Review on 04/17/19 of client #8's record revealed: -28 year old male. -Admission date of 07/19/18. -Diagnoses of Unspecified Depressive Disorder, Unspecified Neurodevelopment Disorder, Attention Deficit Hyperactivity Disorder, Combined Presentation, Schizoaffective Disorder, Moderate Mental Retardation, Intermittent Explosive Disorder. -Treatment Plan dated 12/11/18 did not address elopement behaviors. During interview on 04/18/19 the Qualified Professional revealed: -He was not responsible for the treatment plans of the clients. -He completed authorizations for the clients and completed progress notes for each client. -The Licensee handled the treatment plans for each client. During interview on 04/18/19 the Licensee revealed: -The Department of Social Services was supposed to do the treatment plans and she had told them she needed plans for the clients.	V 112		

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V 112	Continued From page 3 This deficiency has been cited 4 times since the original cite on 7/8/16. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders	V 113		

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V 113	Continued From page 4 diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure client records were maintained for two of ten clients (#9 and #10). The findings: During survey client #9 and client #10's record's were requested to be reviewed. The Licensee refused to provide the records indicating she had them locked up and was unable to provide the records. The licensee did provide a typed statement about client #9 and #10 and signed by both individuals. Review on 04/18/19 of a typed statement dated 04/01/19 and signed by the Licensee and client #9 and client #10 revealed: "-To: Division Of Facility Services From: Arimeta Porte (Licensee) Re: Obligations to the state of North Carolina and the City of [Local City] To Whom it May Concern: During my tenure with the state of North Carolina facility services I have followed the rules and regulations as outlined for all providers who are operating group homes in North Carolina and	V 113		

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V 113	Continued From page 5 [County]. Due to the overwhelming demands that I was faced with I decided to reach out to people in the community that wanted to live more independent rather than be confined to a 24 hour residential facility. As a result of this my daughter decided to open a boarding house for customers who felt they were ready for this move. There are customers who are in group homes and feel they are ready to live more independent than living in a group home. I am operating my group home only and my daughter is operating the boarding house. The group home is regulated, operated and guided by the state of North Carolina and my boarding home is regulated by the city of [Local City] and my daughter, where in both cases they are totally independent of each other. The boarding home customers are separate from my group home. Even though the customers know each other they are able to come and visit the ones in the group home, but all their bedding and meals are totally independent. My boarding home has nothing to do with the group home. My daughter is the owner of the boarding house only. I do understand the rules and regulations of the Division of Facility and the state of North Carolina and fully understand what is required." During interview on 04/18/19 client #9 revealed: -She was living at Sunrise Residential Care. -She had just moved to the "boarding house" two days ago. -She did not know why she had to move. -Her towels and wash cloths were still at the facility and her suitcase and clothes. -She wanted to go back to her original facility. -The Licensee went to the "boarding house" and gave her her medications and she bought food for her. -10 people were living at Sunrise Residential Care.	V 113		

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V 113	Continued From page 6 During interview on 04/18/19 client #10 revealed: -He had just moved to a "boarding house." -He moved to the "boarding house" two days ago (04/16/19). -He was living at Sunrise Residential Care before moving. -He stayed upstairs at Sunrise Residential Care. -10 people lived at Sunrise Residential Care. -The Licensee took him his medicine at the "boarding house." During interview on 04/18/19 the Licensee revealed: -She did not have client #9 and client #10's record's. -She had client #9 and client #10's record's locked up at her office. -She knew she was supposed to keep them for 5 years and that is why she locked them away because at her age her memory was not good. -Client #9 and Client #10 had not lived at the facility since last year. -She did not understand why she was being asked for the records. -She would have to be cited because she was not going to get the records. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 113		
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	V 114		

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V 114	Continued From page 7 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 review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 04/17/19 of facility records from May 2018 thru present revealed: -January 2019-March 2019 no 3rd shift fire drill and no 1st, 2nd or 3rd shift disaster drill documented. -April 2018-June 2018 no 1st shift fire drill and no 2nd shift disaster drill documented. -October 2018-December 2018 no 3rd shift fire drill or disaster drill. During interview on 04/17/19 client's #1, #2, #3, #4 and #7 stated they participated in fire and disaster drills. During interview on 04/17/19 the Licensee revealed: -A former staff had stolen her fire and disaster drill log from the facility.	V 114		

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V 114	Continued From page 8 -All the drills were supposed to be done on all three shifts. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 114		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare for six of ten clients (#2, #3, #4, #6, #8 and #10). The findings are: Review on 04/16/19 of client #2's record revealed: - 41 year old female. - Admission date of 05/23/16. - Diagnoses of Schizophrenia, HIV, Behavior Deficits. Review on 04/16/19 of client #3's record revealed: -19 year old female. -Admission date of 06/18/18. -Diagnoses of Bipolar Disorder, Mixed Severe, Mild Mental Retardation, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder. Review on 04/16/19 of client #4's record revealed: -19 year old female. -Admission date of 11/19/18. -Diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Combined Type, Major Depressive Disorder and Schizophrenia. Review on 04/16/19 of client #6's record revealed: -22 year old male. -Admission date of 01/15/19. -Diagnoses of Severe Psychosis, Schizoaffective Disorder, Impulsivity, Self-harm, aggression and Moderate Mental Retardation.	V 115		

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V 115	Continued From page 10 Review on 04/17/19 of client #8's record revealed: -28 year old male. -Admission date of 07/19/18. -Diagnoses of Unspecified Depressive Disorder, Unspecified Neurodevelopment Disorder, Attention Deficit Hyperactivity Disorder, Combined Type, Schizoaffective Disorder, Moderate Mental Retardation, Intermittent Explosive Disorder. -Treatment Plan dated: 12/11/18. "...Requires constant supervision, monitoring, and redirection from authority figures..." Attempted review on 04/18/19 of client #10's record but was not provided upon request. Review on 04/17/19 of the documented police activity at the facility revealed: -From 08/01/18-present approximately 39 police calls and visits had been made to the facility. -The police visits were made due to neglect/heat exhaustion, elopement, disturbance, missing persons, suspicious activity, suicidal threats, well being checks, violent disorderly conduct, clients unsupervised, domestic/physical, verbal disturbance. Review on 04/17/19 of the Qualified Professionals notes revealed: Client #2 "-02/04/19-02/19/19-...[Client #2] was admitted to the hospital during the week for evaluation after she went next door and requested the neighbors call the police. -04/08/19-04/14/19-[Client #2] made zero progress towards completion of goals demonstrated by [Client #2] walking off premises with another consumer from the home going to the store to get a cigarette."	V 115		

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V 115	Continued From page 11 Client #6 "-02/11/2019-02/17/2019-[Client #6] has made zero progress towards completion of goals demonstrated by [Client #6] being hospitalized 2 days during the week. [Client #6] must be redirected daily to exhibit appropriate behaviors in the home. [Client #6] is verbally aggressive when confronted about his inappropriate behaviors in the home. [Client #6] has no concept how to budget money. [Client #6] does not attend PSR (Psychosocial Rehabilitation) regularly due to his aggressive behaviors. -02/12/2019-02/24/2019-[Client #6] has made zero progress towards completion of goals demonstrated by [Client #6] being hospitalized for 1 day during the week. [Client #6] is consistently redirected daily because of disrespectful communication with peers and staffs. [Client #6] will walk away from the premises without permission from staff..." -02/25/2019-03/03/2019-[Client #6] made zero progress towards the completion of goals demonstrated by [Client #6] being admitted to the hospital for evaluation for 3 days during the week. [Client #6] is becoming more and more aggressive when he is confronted with his inappropriate behaviors exhibited in the home. [Client #6] continues to reside at Sunrise Residential until another placement is located due to [Client #6's] aggressive behaviors. [Client #6] needs a higher-level of care to confront his aggressive behaviors... -03/04/19-03/10/2019-...[Client #6] refuses to follow the rules in regard to personal space evidenced by not able to maintain appropriate distance from his peers throughout the week which prevent [Client #6] from developing healthy relationships with his peers and reduce his aggressive behaviors. [Client #6] was redirected several times to refrain from getting physically	V 115		

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V 115	Continued From page 12 and verbally aggressive... -03/11/2019-03/17/2019-[Client #6] made zero progress towards the completion of goals demonstrated by [Client #6] continuing to not follow rules in the group home. [Client #6] leaves the premises without permission from staff. [Client #6] continues to exhibit inappropriate behaviors in the group home. [Client #6] continues to bully others in the group home. [Client #6] uses inappropriate and harsh language towards peers and staff... -03/18/2019-03/24/19-[Client #6] made zero progress towards the completion of goals demonstrated by [Client #6] continuing to not follow rules in the group home. [Client #6] continues to be disrespectful to staff and peers. [Client #6] refuses to follow rules in the group home. [Client #6] continues to exhibit inappropriate behaviors in the group home evidenced by inappropriate interactions with female peer. [Client #6] continues to bully his house mates in the group home... -03/25/2019-03/31/2019-...[Client #6] continues exhibiting outbursts/aggressive behaviors or walking off premises due to not getting what he wants this week. [Client #6] is non-compliant with group home policy regarding leaving the premises without permission... -04/01/2019-04/07/2019-[Client #6] made zero progress towards the completion of goals demonstrated by [Client #6] being hospitalized this week. [Client #6] verbally assaulted staff by yelling at staff aggressively. [Client #6] was picked up by the police and brought back to the house upon his discharge from the hospital... -04/08/2019-04/14/2019-[Client #6] made zero progress towards completion of goals demonstrated by [Client #6] having one hospitalization during the week. However, [Client #6] was sent home the same day and the doctors	V 115		

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V 115	Continued From page 13 stating there is nothing wrong with client...[Client #6] continues to attempt to leave the premises when he does not get his way..." Client #8 "-01/14/2019-01/20/19-[Client #8] made minimum progress towards the completion of this goal demonstrated by [Client #8] exhibiting inappropriate behaviors while in the group home evidenced by kissing a female resident... -01/21/19-01/27/2019-[Client #8] made minimum progress towards the completion of his goals demonstrated by [Client #8] exhibiting inappropriate behaviors while in the group home evidenced by becoming verbally aggressive with female staff...[Client #8] exhibits agitation when redirected and becomes verbally aggressive and sometimes physically aggressive... -01/28/2019-02/03/2019-[Client #8] made minimum progress towards the completion of goals demonstrated by [Client #8] being admitted to the hospital for evaluation due to aggressive and inappropriate behaviors exhibited in the group home. [Client #8] was hospitalized for four days this week. [Client #8] exhibits aggressive behaviors in attempt to manipulate staff to give him what he wants. [Client #8] only exhibits aggressive behaviors towards the female staff. [Client #8] attempts to be inappropriate towards female staff invading personal space... -02/04/2019-02/10/2019- [Client #8] made minimum progress towards the completion of goals demonstrated by [Client #8] being admitted to the hospital for evaluation due to aggressive and inappropriate behaviors exhibited in the group home. [Client #8] was hospitalized for one day this week. [Client #8] exhibits aggressive behaviors in attempt to deflect from the actual topic being discussed... -02/18/2019-02/24/2019- [Client #8] made zero	V 115		

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progress towards the completion of goals demonstrated by [Client #8] being admitted to the hospital for evaluation for four days during the week...[Client #8] aggressive behaviors are escalating.
-02/25/2019-03/03/2019-[Client #8] made zero progress towards the completion of goals demonstrated by [Client #8] being admitted to the hospital for evaluation for one day during the week. However, the previous week he was hospitalized for the entire week due to aggressive behaviors in the group home. [Client #8] is becoming more and more aggressive when he is confronted with his inappropriate behaviors exhibited in the home...
-03/04/2019-03/10/2019-[Client #8] made zero progress towards the completion of goals demonstrated by [Client #8] exhibiting aggressive violent behaviors demonstrated by [Client #8] verbally threatening staff and EMS (emergency medical service). [Client #8] has threatened to cut and kill staff. [Client #8] tells untruths, so he can go to the hospital frequently...
-03/18/2019-03/24/2019-[Client #8] made zero progress towards the completion of goals demonstrated by [Client #8] having a hospitalization during the week. [Client #8] is manipulated by peers in the group home to walk off premises without permission as well as call 911 then laughs when they come to the group home to pick him up...
-03/25/19-03/31/19-[Client #8] made zero progress towards the completion of goals demonstrated by [Client #8] being hospitalized several times during the week. [Client #8] threatened staff with a pole. [Client #8] is manipulated by peers in the group home to exhibit inappropriate behaviors...
-04/01/2019-04/07/2019-[Client #8] made zero progress towards the completion of goals

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demonstrated by [Client #8] being hospitalized this week and currently in the hospital. [Client #8] assaulted staff by pushing them aggressively. [Client #8] will be picked up by the police upon his discharge from the hospital. [Client #8] continues to pretend he is in crisis demonstrated by the doctors becoming agitated stating 'there is nothing wrong with [Client #8].' [Client #8] will have charges brought against him per [Licensee]...
-04/08/2019-04/14/2019-[Client #8] made zero progress towards the completion of goals demonstrated by [Client #8] being hospitalized this week, was in the hospital and currently in the detention center being processed...

Review on 04/17/19 of the staff's communication log revealed:
01/26/19
-"[Client #8] had an incident during bedtime became agitated refused to go to bed ran outside then threw the garbage cans around the street police were called by [Licensee] and ambulance came and diffuse the situation."
2/7/19
"-[Client #2] walked off & got sent to the ER (emergency room)..."
02/12/19
"-[Client #8] had incident, sent to hospital. [Client #2] in hospital."
02/22/19
"-Staff arrived on shift all consumers were awake and ready to start their day. [Client #10] had to be redirected after he disrespected staff and walked off the premises."
02/25/19
"-Arrived on shift consumers sleep. [Client #6] off premises."
03/04/19
"-Arrived on shift consumers sleep except [Client

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V 115	Continued From page 16 #10], walked out house because he wanted a lighter to smoke a cigarette, I had to allow him to smoke it in order to get him back in the house. To much of a liability." 03/05/19 "-Arrived on shift consumers sleep, [Client #9] went to bathroom and said there are ants in front of window in female bathroom. [Client #10] is becoming more and more defiant." 04/14/19 "-[Client #6] try to run away but I got him bk in the house to cook..." During interview on 04/18/19 an employee at the gas station at the entrance of the facility's neighborhood revealed: -Several of the clients from the group home came to the store unsupervised. -The clients would stand in the parking lot and beg customers for food and cigarettes. -The clients had been to the store several times starting last year. -He had worked at the store for 2 years and he knew of 12 times a client had been to the store unsupervised. -He also lived in the neighborhood of the group home. -He had video of clients in his yard and one client threatening him with a metal pole and a wood board. "The guy was [Client #8]." The client wanted to fight him and was very aggressive. -A police officer also lived in the neighborhood of the facility and had reported all of his concerns to the mayor. -Female and male clients walked past his house at least everyday. -He had surveillance video on his home and he had caught a male client opening his mailbox. -He had two small children and was concerned for the safety of his family.	V 115		

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V 115	Continued From page 17 -He had another video from his home surveillance of one of the clients being tackled to the ground by the Licensee and the Licensee's daughter. Review on 04/18/19 of the gas station employee's video footage revealed: Video 1 -March 3, 2019- African American male (identified by home owner as client #8) standing in the driveway of owner's home with a long metal pipe in his hand swinging pipe. Home owner talking to client telling him to calm down. Licensee's vehicle pulled up in road and a female (identified by the homeowner as the Licensee) got out of the vehicle and stood by her car. Homeowner's wife standing in front of the home observing the situation. Video 2 -April 7, 2019- A client (identified by the homeowner as a client) was walking down the street near homeowner's home and a black car pulled up behind client. Appeared to be two women (identified by homeowner as Licensee and staff #4 (daughter of Licensee)) tackling the person to the ground. Two police vehicles pull up to the scene. Interview on 04/17/19 a Sergeant from the local police department revealed: -The police department had to make numerous visits to the facility starting last year. -Several of the officers had concerns about the supervision of the clients because several of the calls were made by neighbors due to the clients wandering in their yards and not having any staff near them. -Several visits to the home by the police officers were due to clients leaving the premises and the staff did not know the clients were gone from the	V 115		

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facility.
-At least 9 or 10 clients were living at the facility.
-On 4/10/19 the police and emergency medical service(EMS) were contacted due to a client (Client #10) laying in a roadway with an African American woman that also had mental issues. When EMS arrived the man was going in and out of consciousness and had blood coming from his head. He had a fever of 103. No staff was with them. He had to be sent to the hospital for heat exhaustion/possible heat stroke. The police went to the facility to inform the staff working of the incident and they were able to provide his name and date of birth but stated they were not allowed to leave the facility and the clients had just walked down the road.
-On 03/24/19 the police were called because client #8 was sitting in a chair in the front yard of a neighbors home. He was walking into people's yards and requesting them to call 911. He had to be physically restrained by the police.
-03/23/19 client #6 was at the local library and had called 911. When the police arrived he stated the owner had dropped him off at a grocery store and left him and he walked to the library.

During interview on 04/17/19 a female detective from the local police department revealed:
-A female from the facility had walked to the gas station and was begging people to call 911.
-She was telling her 9 people were living in the facility and she did not want to go back.
-She was unable to provide a date of the incident.

During interview on 04/17/19 client #1 revealed:
-The police had been to the facility because client #8 broke things in the home and broke a neighbor's mailbox.
-Client #10 did use to live at the facility but he

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V 115	Continued From page 19 lived in a "boarding house" now. Client #10 will visit the facility at times. During interview on 04/17/19 client #2 revealed: -She had left the facility sometimes to go to the store to get drinks and cigarettes. -She had walked to a neighbor's house and called 911 because she did not feel right and the staff refused to call 911 for her so she left the facility. -Client #8 left the facility all the time. He did not like being at the facility. He liked to go. -The day she left the facility only one staff was working that day. -The facility had one staff most of the time and sometimes two staff. -A lot of people had been in crisis at the facility. During interview on 04/18/19 client #3 revealed: -She had lived at the facility since January. -She had eloped from the group home once or twice. -The police had been to the facility a lot. -The Licensee told her not to tell anything to the surveyor. -She went to the day program during the day and a staff was at the facility in the afternoons. -Most of the time only one staff worked at the group home. Interview with client #6 was attempted on 04/17/19 and 04/18/19 but client #6 would not give any response to any questions during the interview's. During interview on 04/18/19 client #7 revealed: -He did not go to any day program during the day. -He had lived at the facility for about a year. -Police had been to the facility because a couple of people would walk away from the facility. -If anyone left the group home everyone got	V 115		

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punished by being yelled at and everyone had to go to their rooms.
-Tuesday (04/16/19) the staff took him to one of her friend's house and dropped him off for a couple of hours.
-The first shift had one or two people working.
-When staff #2 came into work she would work by herself.
-The Qualified Professional came in at night and he worked by himself.

During interview on 04/18/19 client #9 revealed:
-She had moved to a boarding house 2 days ago (04/16/19).

During interview on 04/17/19 client #4 revealed:
-She had run away from the facility and went to the gas station. Staff #3 was working by herself when she ran away. She called the police and they took her back to the facility.
-She was told not to say anything to the surveyor by the Licensee because the facility would get shut down.

During interview on 04/18/19 client #9 revealed:
-She was living at Sunrise Residential Care.
-She had just moved to the "boarding house" two days ago (04/16/19).
-She did not know why she had to move.
-Her towels and wash cloths were still at the facility and her suitcase and clothes.
-She wanted to go back to her original facility.
-The Licensee went to the "boarding house" and gave her her medications and she brought food for her.
-10 people were living at Sunrise Residential Care.
-Police came to the facility because client #8 was leaving all the time and fighting with the Licensee. He had knocked people's mailboxes over and

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V 115	Continued From page 21 was tearing things up. He was taken to jail. During interview on 04/18/19 client #10 revealed: -He had just moved to a "boarding house." -He moved to the "boarding house" two days ago (04/16/19). -He lived at Sunrise Residential Care before moving. -He stayed upstairs at Sunrise Residential Care. -10 people lived at Sunrise Residential Care. -When he was living at Sunrise Residential Care he had gotten sick and blacked out. He had fallen in a yard. Client #2 was with him. He hit his head and the ambulance had to come get him because he had a sun stroke. He and Client #2 were walking down the road. During interview on 04/17/19 staff #2 revealed: -She had just started back working at the facility on April 11, 2019. -She had previously worked at the facility but left employment before Christmas. -She worked 2nd shift from 3:30pm-11:00pm. -She worked by herself most of the time if "everything was calm." -She had called the police for client #3 because she had left the facility. -Client #3 used a neighbor's cell phone and called 911. -She had called the police on client #8 because he was breaking mail boxes and throwing rocks at cars and threatened to hurt someone. He walked away from the facility and walked the neighborhood. During interview on 04/18/19 staff #3 revealed: -She had worked at the facility since February 2018. -She worked the weekends from Saturday morning to Monday morning.	V 115		

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V 115	Continued From page 22 -She had not contacted the police but several neighbors had contacted the police. -The clients would be walking outside and the neighbors call the police. -Client #6 had walked out of facility because his mother triggers him and he would get angry and want to go to the hospital. During interview on 04/18/19 the Qualified Professional (QP) revealed: -He started working at the facility approximately January 2019. -He also worked the 3rd shift and worked during the day for a day program. -He was not allowed to sleep on his shift. -The clients are mental health patients and they are going to do what they want to do. They run out of the house a lot, use neighbor's phones and call 911. -The clients get sent to the hospital and the hospital sends them back to the facility saying nothing is wrong with them. -Client #8 walked away from the facility a lot. -Client #6 had started walking away from the facility a lot. Client #6 knows that he is his own guardian so he does what he wants to do. During interviews from 04/16/19-04/18/19 the Licensee revealed: -No one from the facility called the police. The neighbors are the one's calling the police. -The neighbors would see them walking and they are tough clients and they call the police. -The staff are always following the clients and right near them. -Client #8 was arrested because he was knocking mailboxes down and he was taken to the hospital. -She worked every shift every day. -The local police department was lying on her. -Client #8 would not mess with anyone.	V 115		

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V 115	Continued From page 23 -Client #6 walks away and cussing saying he is his own guardian and they use people's cellphone and call 911. -She had never left client #6 at the library or grocery store. -She went to library to pick client #6 up and he had told police she had dropped him off and left him. -She videoed client #6 saying he was lying and that he walked off himself to the library. -Client #10 had not lived at the facility since last year. He moved the beginning of the year. -Client #9 and #10 had been living in a boarding house since the beginning of the year. -Client #10 must have been visiting when he got sick and had to go to the hospital. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 115		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription	V 117		

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V 117	Continued From page 24 drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure that medications for administration at the facility were packaged and labeled as required for one of three clients audited medications (#7) . The findings are: Review on 04/17/19 of client #7's record revealed: -61 year old male. - Admission date of 06/20/17. - Diagnoses of Hypertension, Post Traumatic Stress Disorder, Paranoid Schizophrenia and Osteoarthritis. Review on 04/17/19 of a signed FL2 dated 07/17/18 for client #7 revealed the following medications: -Benztropine 1mg daily. -Olanzapine 15mg at night.	V 117		

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V 117	Continued From page 25 -Topiramate 200mg twice a day. -Ziprasidone 80mg twice a day. -Poroxetine 40 daily. -Tamsulosin 0.4mg daily. -Gabapentin 100mg Three times a day. -Docusate Sodium 50mg daily -Ferrous Sulfate 324mg twice a day. -Metoprolol Tartrate 25mg 1/2 tablet daily. -Omeprazole 20mg 2 tablets daily. -Aspirin 81mg daily. -Flonase Inhaler once daily. Review on 04/17/19 of client #7's record revealed no Medication Administration Record (MAR) to indicate the medication he was currently taking and to indicate if the medication had been administered. Observation on 04/17/19 at approximately 11:30am of client #7's medication revealed two large plastic pill containers labeled Morning, Noon, Evening and Bed. The plastic pill containers had approximately 11 pills for the morning, 1 pill for noon, 6 pills for evening and 2 pills for bed. No labels on the pill containers to indicate what medication he was being administered. During interview on 04/18/19 client #7 stated he received his medication daily. During interview on 04/17/19 the Licensee revealed: -Client #7 got his medication from the Veteran's Affairs (VA). -The VA sent the medication for 2 weeks at a time already placed in the pill containers. -She did not have MARs for him. -He was not one of "our" clients so she did not understand why surveyor needed to look at his	V 117		

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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 117	Continued From page 26 information. -She did not know all the medications he was taking. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	Continued From page 27 with a physician. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients audited medications (#2, #6 and #7). The findings are: Finding #1 Review on 04/16/19 of client #2's record revealed: - 41 year old female. - Admission date of 05/23/16. - Diagnoses of Schizophrenia, HIV, Behavior Deficits. Review on 04/17/19 of a Physician order dated 02/11/19 for client #2 revealed: - Zyprexa (Olanzapine) 10mg (milligram) 1 tablet orally every morning and 15mg 2 tablet orally daily at bedtime. Review on 04/17/19 of client #2's February, March and April 2019 MARs revealed: - Olanzapine 20mg Take 2 tablets by mouth everyday at 7:00 in the evening. -The MAR had not been transcribed with the new order. Observation on 04/17/19 at approximately 11:30am of the medication bubble pack revealed: -The medication label read: Take 2 tablets by mouth at 7pm.	V 118		

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V 118	Continued From page 28 During interview on 04/17/19 client #2 stated she received her medication daily. Finding #2 Review on 04/16/19 of client #6's record revealed: -22 year old male. -Admission date of 01/15/19. -Diagnoses of Severe Psychosis, Schizoaffective Disorder, Impulsivity, Self-harm, aggression and Moderate Mental Retardation. Review on 04/17/19 of client #6's Physician orders revealed: 02/22/19 -Clozapine 100mg 1 tablet BID (twice a day). 03/28/19 -Flonase 50mcg(micrograms) 1-2 sprays in each nostril once daily. Review on 04/17/19 of client #6's March and April 2019 MARs revealed: -Clozapine 100mg and Flonase 50mcg were not transcribed on the MAR's and no initials to indicate the medication had been administered. Observation on 04/17/19 at approximately 11:30am of client #6's medication box revealed no Clozapine 100mg. Attempted interview with client #6 on 04/17/19 and 04/18/19 client #6 would not provide responses to any questions. Finding #3 Review on 04/17/19 of client #7's record revealed: -61 year old male. - Admission date of 06/20/17. - Diagnoses of Hypertension, Post Traumatic	V 118		

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V 118	Continued From page 29 Stress Disorder, Paranoid Schizophrenia and Osteoarthritis. Review on 04/17/19 of a signed FL2 dated 07/17/18 for client #7 revealed the following medications: -Benztropine 1mg daily. -Olanzapine 15mg at night. -Topiramate 200mg twice a day. -Ziprasidone 80mg twice a day. -Poroxetine 40 daily. -Tamsulosin 0.4mg daily. -Gabapentin 100mg Three times a day. -Docusate Sodium 50mg daily -Ferrous Sulfate 324mg twice a day. -Metoprolol Tartrate 25mg 1/2 tablet daily. -Omeprazole 20mg 2 tablets daily. -Aspirin 81mg daily. -Flonase Inhaler once daily. Review on 04/17/19 of client #7's record revealed no MAR's to indicate the medication he was currently taking and to indicate if the medication had been administered. Observation of client #7's medication's revealed two large plastic pill containers labeled Morning, Noon, Evening and Bed. The plastic pill containers had approximately 11 pills for the morning, 1 pill for noon, 6 pills for evening and 2 pills for bed. During interview on 04/18/19 client #7 stated he received his medication daily. During interview on 04/17/19 the Licensee revealed: -Client #7 got his medication from the Veteran's Affairs (VA). -The VA sent the medication for 2 weeks at a time	V 118		

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V 118	Continued From page 30 already placed in the pill containers. -She did not have MAR's for him. -He was not one of "our" clients so she did not understand why surveyor needed to look at his information. This deficiency was cited 3 times on 7/8/16, 5/26/17, 4/18/19. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen review for 2 of 3 audited clients (#2 and #7) who received psychotropic drugs. The findings are:	V 121		

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V 121	Continued From page 31 Finding #1: Review on 04/16/19 and 04/17/19 of client #2's record revealed: - Admission date of 05/23/16. - Diagnoses of Schizophrenia, HIV and Behavior deficits. - No drug regimen review had been completed. Review on 04/17/19 of client #2's most recent medication revealed: - Clonazepam 0.5mg -Escitalopram 20mg -Olanzapine 20mg -Topiramate 100mg -Trazodone 150mg -Tiumeq Finding #2: Review on 04/17/19 of client #7's record revealed: - Admission date of 06/20/17. - Diagnoses of Hypertension, Post Traumatic Stress Disorder, Paranoid Schizophrenia and Osteoarthritis. -No drug regimen review had been completed. Review on 04/17/19 of client #7's most recent medication revealed: -Benztropine 1mg -Olanzapine 15mg -Topiramate 200mg -Ziprasidone 80mg -Poroxetine 40mg -Tamsulosin 0.4mg -Gabapentin 100mg -Docusate Sodium 50mg -Ferrous Sulfate 324mg -Metoprolol Tartrate 25mg -Omeprazole 20mg -Aspirin 81mg	V 121		

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V 121	Continued From page 32 -Flonase Inhaler During interview on 04/18/19 the Licensee revealed: -She had just changed pharmacy companies. -She had told the new pharmacy that she needed to have drug regimen reviews completed for all the clients. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 121		
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.	V 138		

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V 138	Continued From page 33 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: Review on 04/16/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 6. Review on 04/16/19 of the Client Census form completed by the Licensee revealed: - 8 current clients resided at the facility. Observation on 04/16/19 at approximately 11:15am revealed 10 beds in the facility. During interview on 04/18/19 client #9 revealed: -She was living at Sunrise Residential Care. -She had just moved to the "boarding house" two days ago (during the start of the survey on 04/16/19). -She did not know why she had to move. -Her towels and wash cloths were still at the facility and her suitcase and clothes. -She wanted to go back to her original facility. -The Licensee went to the "boarding house" and gave her her medications and she brought food for her. -10 people were living at Sunrise Residential Care. During interview on 04/18/19 client #10 revealed: -He had just moved to a "boarding house." -He moved to the "boarding house two days ago (during the start of the survey on 04/16/19). -He living at Sunrise Residential Care before	V 138		

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V 138	Continued From page 34 moving. -He stayed upstairs at Sunrise Residential Care. -10 people lived at Sunrise Residential Care. -The Licensee took him his medicine at the "boarding house." During interview on 04/17/19 staff #2 revealed: -6 clients lived at the facility. -Client #10 lived at a different facility. -Client #10 would visit the facility and have dinner with the other clients but he did not live at the facility. During interview on 04/17/19 a police officer with the local police department revealed: -He was aware of approximately 9 clients living at the facility. -One of the clients had to be arrested due to aggressive behaviors. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 138		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either:	V 289		

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V 289	Continued From page 35 (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)	V 289		

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V 289	Continued From page 36 (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews, interviews and observations the facility failed to provide supervised living in a 24-hour facility which provides residential services to individuals who have a mental illness and/or other disabilities and who require supervision when in the residence affecting 10 of 10 clients (#1-#10). The findings are: A. Cross Reference 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting two of ten clients(#6 and #8) and failed to develop a treatment plan for three of ten clients (#1, #3 and #7). B. Cross Reference 10A NCAC 27G .0206 CLIENT RECORDS (V113). Based on record review and interview the facility failed to ensure client records were maintained for two of ten clients (#9 and #10). C. Cross Reference 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (V114).	V 289		

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V 289	Continued From page 37 Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. D. Cross Reference 10A NCAC 27G .0208 CLIENT SERVICES (V115). Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare for six of ten clients (#2, #3, #4, #6, #8 and #10). E. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V117). Based on record reviews, observations and interviews, the facility failed to ensure that medications for administration at the facility were packaged and labeled as required for one of three clients audited medications (#7). F. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118). Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients audited medications (#2, #6 and #7). G. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V121). Based on record reviews and interview, the facility failed to a obtain drug regimen review for 2 of 3 audited clients (#2 and #7) who received psychotropic drugs. H. Cross Reference 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (V138). 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.	V 289		

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V 289	Continued From page 38 I. Cross Reference 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366). Based on record reviews and interviews the facility failed to document their response to level I incidents. J. Cross Reference 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367). Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. K. Cross Reference 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTION (V536). Based on record reviews and interview, the facility failed to ensure three of six audited staff (#2, #3 and Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. L. Cross Reference 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (V537). Based on record reviews and interviews, the facility failed to ensure three of six audited staff (#2, #3 and Qualified Professional (QP)) received annual training updates in seclusion, physical restraint and isolation time-out. M. Cross Reference 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (V762). Based on record review, observation and interviews, client bedrooms failed to meet the 160 square foot minimum for double occupancy rooms.	V 289		

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V 289	Continued From page 39 Review on 04/18/19 of the Plan of Protection dated 04/18/19 and completed by the Licensee revealed: "-What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? We will ensure that all clients are monitored at all times. We'll make sure they have a set time for medication and ensure accuracy while administering medications. We will ensure that all staff provide appropriate care for all consumers as well as have a weekly monitoring of medications and MARs. Also we will implement quarterly fire drills to ensure understanding for all clients in case of emergency or fires. -Describe your plans to make sure the above happens. All staff will be retrained immediately." Client's #1-#10 had diagnoses which included Schizophrenia, Mental Retardation, Attention Deficit Hyperactivity Disorder, Severe Psychosis, Oppositional Defiant Disorder (D/O), Bipolar D/O, Post-Traumatic Stress D/O, Depressive D/O, Intermittent Explosive D/O. Behaviors exhibited from individuals included elopement, aggressive behaviors, threatening harm to others/neighbors and solicitation/panhandling none of which were addressed by the facility through strategies or staff trainining. The facility was over capacity by 4 clients with many times only one staff working the shifts with all 10 clients present. Several of the clients would often leave the facility without staff's permission and go to the homes of neighbors and the gas station to ask for cigarettes and to use the phone to call 911. Approximately 39 calls had been made to the local police department since	V 289		

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SUNRISE RESIDENTIAL CARE	5227 OLD RAILROAD WAY HOPE MILLS, NC 28348

(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 289	Continued From page 40 August 2018 for incidences of neglect/heat exhaustion, elopement, disturbance, missing persons, suspicious activity, suicidal threats, violent disorderly conduct, clients unsupervised, verbal disturbance and well-being checks. Client #10 had an incident after leaving the facility unsupervised causing heat related issues resulting in being taken to the hospital for treatment. Several elopements by clients from the facility resulted in damaging neighbors' property and threatening to harm and kill neighbors. The systemic failures of the facility included failure of the licensee to operate within the scope of the license by providing housing to more than the licensed capacity, failing to have updated strategies to address behaviors of clients, failure to have staff supervision to meet the needs of the clients, failure to have trained staff, failure to provide medications as ordered including drug regimen reviews and failure to assess and document incident reporting including failure to determine cause and implement corrective actions. These systemic failures resulted in serious neglect and constitutes a Type A1 rule violation and must be corrected within 23 days. An administrative penalty in the amount of $2000.00 is imposed.	V 289		
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 of individuals involved in the incident;	V 366		

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V 366	Continued From page 41 (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 internal review team shall consist of individuals	V 366		

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V 366	Continued From page 42 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 for maintaining and updating the client's	V 366		

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V 366	Continued From page 43 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 document their response to level I incidents. The findings are: See Tag V367 for specifics. Review on 04/16/19 of the facility records from August 2018 thru present revealed no incident report documentation. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	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	V 367		

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V 367	Continued From page 44 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 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	V 367		

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V 367	Continued From page 45 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 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 ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings	V 367		

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V 367	Continued From page 46 are. Review on 04/17/19 of the documented police activity at the facility revealed: -From 08/01/18-present approximately 39 police calls and visits had been made for the facility. -The police visits were made due to neglect/heat exhaustion, elopement, disturbance, missing persons, suspicious activity, suicidal threats, well being checks, violent disorderly conduct, client's unsupervised, domestic/physical, verbal disturbance. -Hospitalizations were made on a weekly basis due to client behaviors. Review on 04/15/19 of the North Carolina Incident Response Improvement System revealed only one report dated 09/06/18 had been submitted. During interview on 04/18/19 the Qualified Professional revealed: -The Licensee completed the Level 1 and Level 2 reports. -He had not completed any for the facility. During interview on 04/16/19 and 04/17/19 the Licensee revealed: -No incident reports had been completed because no one had been hurt. -She had not completed any incident reports. -The staff were not the one's calling the police. -The neighbors and clients are the one's calling 911 all the time. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 367		

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V 536	Continued From page 47	V 536		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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). (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. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	V 536		

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V 536	Continued From page 48 (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 relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 49 by scoring a passing grade on testing in an instructor training program. (3) 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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	Continued From page 50 (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of six audited staff (#2, #3 and Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 04/17/19 of the Staff #2's personnel file revealed: -Hired 05/10/17. -North Carolina Interventions (NCI) training update in alternatives to restrictive interventions expired on 01/14/19. -No current documentation of annual training updates in alternatives to restrictive interventions. Review on 04/17/19 of staff #3's personnel file revealed: -Hired 01/15/19. -North Carolina Interventions (NCI) training update in alternatives to restrictive interventions	V 536		

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V 536	Continued From page 51 expired on 12/17/17. -No current documentation of annual training updates in alternatives to restrictive interventions. Review on 04/17/19 of the QP's personnel file revealed: -No hire date documented. -North Carolina Interventions (NCI) training update in alternatives to restrictive interventions expired on 02/04/17. -No current documentation of annual training updates in alternatives to restrictive interventions. Interview on 04/18/19 the Licensee stated: -All the staff worked at other jobs that required the same training and she had not received copies of the current training from the staff. She would fax me the current training. No training had been received by the exit of the survey. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	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	V 537		

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V 537	Continued From page 52 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). (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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation	V 537		

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V 537	Continued From page 53 of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (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. (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. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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	V 537		

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V 537	Continued From page 54 failing the course. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time.	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-939	A. BUILDING: _____ B. WING _____	R 04/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE RESIDENTIAL CARE	5227 OLD RAILROAD WAY HOPE MILLS, NC 28348

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V 537	Continued From page 55 (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of six audited staff (#2, #3 and Qualified Professional (QP)) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are Review on 04/17/19 of the Staff #2's personnel file revealed: -Hired 05/10/17. - North Carolina Interventions (NCI) training updates in seclusion, physical restraint and isolation time-out expired effective 01/14/19. - No current training updates in seclusion, physical restraint and isolation time-out. Review on 04/17/19 of staff #3's personnel file revealed: -Hired 01/15/19. - NCI training updates in seclusion, physical restraint and isolation time-out expired effective 12/17/17. - No current training updates in seclusion, physical restraint and isolation time-out. Review on 04/17/19 of the QP's personnel file	V 537		

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V 537	Continued From page 56 revealed: -No hire date documented. - NCI training updates in seclusion, physical restraint and isolation time-out expired effective 02/04/17. - No current training updates in seclusion, physical restraint and isolation time-out. Interview on 04/18/19 the Licensee stated: -All the staff worked at other jobs that required the same training and she had not received copies of the current training from the staff. She would fax me the current training. No training had been received by the exit of the survey. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 537		
V 762	27G .0304(d)(1) Client Bedrooms 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (1) Client bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom. This Rule is not met as evidenced by: Based on record review, observation and interviews, client bedrooms failed to meet the 160	V 762		

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V 762	Continued From page 57 square foot minimum for double occupancy rooms. The findings are: Review on 04/15/19 of Division of Health Service Regulation records revealed the facility was licensed for a capacity of 1 client in each upper floor bedroom and 2 clients in each lower bedroom. Observation on 04/16/19 at approximately 11:15am of the facility revealed: -A split level house with two client bedrooms on upper floor and three bedrooms on the lower floor. -10 beds in the facility. -2 beds in each room on the upper floor (4 beds total upstairs). -2 beds in the master bedroom. -2 beds in each of the two rooms in the enclosed garage area. During interview on 04/16/19 the Licensee revealed she only had 6 clients living at the facility and she had removed the extra beds out of the facility and gave them away. This deficiency constitues a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation.	V 762		