

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2019
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NAME OF PROVIDER OR SUPPLIER LUCILLE'S BEHAVIORAL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 HIGHWAY 58 NORTH SNOW HILL, NC 28580	RECEIVED <small>By DHSR - Mental Health Lic. & Cert. Section at 11:39 am, May 08, 2019</small>
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V 000	INITIAL COMMENTS An annual survey was completed April 9, 2019. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000	QM/TD conducted an internal investigation of the deficiencies noted by Ms. Betty Godwin of DHSR for the Annual Review. Findings Quarter 2-Fire Drills Due to a member in the home having elopement issues and extensive behavioral concerns and the 3rd Shift Employee being new, 1st and 2nd shift conducted Fire and Emergency Drills for the second Quarter of 2018. The new employee needed training on drill syndication and Health and Safety Procedures and remained in a training status until the end of May, 2018.. Quarter 3- 2 nd shift not coming a fire drill was an oversight because 3 rd shift conducted more drills during this quarter. Disaster Drills According to the National Fire Protection Association (NFPA) Chapter 11 Health Care Emergency Preparedness 11-5.3.9, each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. Experiences show the importance of drills to rehearse the implementation of all elements of a specific response including the entity's role in the community, space management, staff management, and patient management activities.	5/15/19
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to hold disaster drills and fire drills that simulated fire emergencies at least quarterly on all shifts. The findings are: Interview on 4/4/19 the House Manager stated: -Staff worked 2 shifts Monday through Friday. The shift hours during the week were 12 am to 8:30 am (night shift) and 4 pm to 12 am (evening shift).	V 114		

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LABORATORY DIRECTOR'S OFFICE PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Patricia S. Phillips* TITLE: CEO DATE: 5/3/19

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V 114	<p>Continued From page 1</p> <p>-Typically there were no clients in the home during from 8:30 am to 4 pm Monday through Friday.</p> <p>-There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift.</p> <p>Review on 4/4/19 of fire drills from 4/1/18 through 3/31/19 revealed: -Quarter #2, 4/1/18 - 6/30/18: No fire drills documented for the week end shift. -Quarter #3, 7/1/18 - 9/30/18: No fire drills documented for the evening shift.</p> <p>Review on 4/4/19 of disaster drills from 4/1/18 through 3/31/19 revealed: -Quarter #2, 4/1/18 - 6/30/18: No disaster drills documented for any shift. On 4/4/18 staff documented a "bomb threat" drill at 7:50 am. Staff documented there was a discussion about the procedures regarding a bomb threat with the clients. There was no documentation of a drill activity involving the clients. -Quarter #3, 7/1/18 - 9/30/18: No disaster drills documented for the evening or week end shifts. -Quarter #4, 10/1/18 - 12/31/18: No disaster drills documented for the evening or night shifts.</p> <p>Continued interview on 4/4/19 the House Manager stated: -The facility had done drills for a bomb threat, communicable disease, power outage, medical emergency, and violent situation thinking these were disaster drills. -She did not realize these were not disaster drills. -She would make sure disaster drills were held quarterly on each shift.</p>	V 114	<p>Disaster Drills (continued)</p> <p>The rehearsal of an emergency preparedness plan should be as realistic a test of that plan as possible and preparation for the rehearsal should involve the following: training, walk through familiarizations, and discussions after the walk-through to resolve questions or problems. Findings-LBI-Residential Staff follows a quarterly schedule to ensure Disaster Drills are covered each year.</p> <p>LBI #2 has members who are diagnosed with IDD, Mild, and IDD, Moderate who live in the home. Residential staff involved member's in education and role-plays to perform drills according to the member's understanding and abilities.</p> <p>According to the Drill Book from LBI 204 Hwy 58 N, Snow Hill, NC Disaster/Emergency Drills were conducted on: Qt#2 4/4/2018-Bomb Threat 5/4/18-Medical Emergency 6/11/18-Com. Disease-JDK Qtr #3 7/12/18-Snow&Ice-JDK 8/14/18-Com. Disease-LE 9/10/18-Snow and Ice-JDK Qtr 3 10/19/18-Power Outage 11/2/18-Violent Behaviors 12/8/18-Snow & Ice</p>	5/15/19
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V 114	Continued From page 2 Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -The drills including power outage, medical emergency, and violent situation were done to meet the requirements for their CARF accreditation (Commission on Accreditation of Rehabilitation Facilities). -She would follow up to make sure disaster drills were done as required.	V 114	Qtr 1 1/25/2019-Tornado 2/22/2019-Hurricane 3/31/2019-Earthquake Opportunities For Improvement (OFI) 1) The quarterly residential schedule of drills needed to be updated to reflect the change of schedule of the home, according to member's daily schedules. 2) The Drill form needs to be changed to reflect a better description of the syndication of the drills performed. 3) Staff Disaster Drill Training has been provided annually in July. Due to oversights by employees on documenting time and descriptions we feel that stay may benefit better from quarterly refresher trainings on Health and Safety for Disaster and Emergency Procedures. Plan of Correction 1) QM/TD revised Residential Quarterly Schedule of Drills to reflect a change in the time of shifts due to members arriving early from day programs. 2nd Shift is 2:30pm-11:00 pm, 3rd Shift is 11:00-9:00am, and Weekend shift is from 11:00pm Friday night to 11:00 pm-Sunday night. (Updated 4/30/2019 eff: 5/8/2019) 2) QM/TD revised the Safety Drill Form to reflect a description of the syndication of the drills performed and am/pm was added to the date drill performed section. (updated 4/30/2019 eff: 5/8/2019)	5/15/19
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	V 118		

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V 118	<p>Continued From page 3</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to insure medications were administered as ordered by the physician affecting 2 of 2 clients audited (client #1 and #2), and administered by staff trained by a registered nurse, pharmacist, or other qualified person for 3 of 3 staff audited (Staff #1, #2, #3). The findings are:</p> <p>Finding #1: Review on 4/4/19 of client #2's record revealed: -38 year old male admitted 6/1/02. -Diagnoses included Mood Disorder, Not Otherwise Specified, Attention Deficit Hyperactive Disorder (ADHD); Borderline Intellectual Functioning; Obesity; Intermittent Explosive Disorder; Bipolar, mixed type; Nicotine Dependence -Order dated 2/14/19 for Haldol 5 mg, take 1/2 tab (2.5 mg) every morning and 1 tab (5 mg) every evening (8 am and 8 pm). (antipsychotic medication) -Order dated 3/14/19 to increase Haldol to 10 mg, ½ tab (5mg) every morning and at 6 pm. -Orders dated 11/12/18 and 3/14/19 for Quetiapine 300 mg in the morning and at 6 pm. (antipsychotic medication used for mental/mood conditions to include bipolar disorder) -Order dated 10/17/18 for Listerine mouth wash, use once a day . (antiseptic mouthwash) No order to self administer mouthwash.</p>	V 118	<p>3) The QM/TD and Health and Safety Officer will conduct 2 training to educate staff on the importance of syndication of real emergencies and disasters happening and proper documentation of those events. Training will occur in January and July thereafter to alleviate systemic causes of deficiencies occurring in the future.</p> <p>4) QM/TD will incorporate Health and Safety Committee Reviews as part of the agenda of quarterly meetings and findings and actions taken will be recorded in the minutes.</p> <p>Training #1- Title: Proper Documentation of Emergency and Disaster Drill Syndications By: Diannah Harris, MA, LPC, QM/TD and Evelyn Linton, BS, QP, Health and Safety Officer Location: 414-F Kingold Blvd, Snow Hill, NC 28580 Time: 9:00am-9:30am.</p> <p>Training #2- Title: Emergency and Disaster Procedures Refresher for FIRE, BOMB THREAT, COMMUNICABLE DISEASE, MEDICAL EMERGENCY, VIOLENT BEHAVIORS, - HURRICANE, POWER OUTAGE, EARTHQUAKE, TORNADO, SNOW AND ICE By: Diannah Harris, MA, LPC, QM/TD and Evelyn Linton, BS, QP, Health and Safety Officer Location: 414-F Kingold Blvd, Snow Hill, NC 28580 Time: 9:30am-12:30pm.</p>	5/15/19

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V 118	<p>Continued From page 4</p> <p>-No order documented for Ibuprofen 200 mg. (Pain)</p> <p>Review on 4/4/18 of client #2's MARs from 1/1/19 through 4/4/19 revealed: -Haldol 5 mg, 1/2 tab (2.5 mg) was documented as administered from 3/15/19 - 3/31/19. -The pre-printed 6 pm dosing time for Quetiapine 300 mg was hand written over to 8 pm and documented at 8 pm daily in January, February, March, and April, 2019. -No documentation the client used Listerine daily. -Ibuprofen 200 mg, take 1 tablet every 4 to 6 hours as needed was handwritten on the January and March 2019 MARs. Ibuprofen was documented as administered 1/22/19 at 8 am; 3/1/19 at 8 am; 3/9/19 at 4 pm; 3/10/19 at 8 pm.</p> <p>Observations on 4/4/19 at approximately 1:50 pm revealed: -There was no Listerine stored with client #2's medications. -There was a small bottle of Listerine found in a basket in the top of client #2's closet.</p> <p>Interview on 4/5/19 client #2 stated: -Staff administered his medications. -He always received his medications. -He used his Listerine daily.</p> <p>Finding #2: Review on 4/4/19 of client #1's record revealed: -38 year old male admitted 10/3/14. -Diagnoses included Mood Disorder, Not Otherwise Specified; Moderate Intellectual Disability; Hypertension; Chronic Kidney Disease Stage III; Renal Osteodystrophy; Joint Pain. -Order dated 12/11/18 for Fluconazole 150 mg once weekly for 4 weeks. (antifungal medication) -No order for saline nasal spray.</p>	V 118	<p>Medication Requirements Findings #1 -Member #2</p> <p>1) MAR's reflected the same dosage as each pill bottle. Member went from seeing the doctor every three months to seeing the doctor monthly because of behavioral issues. The Prescription sent to the pharmacy in March was not filled because member receives his medication in the mail and he had already received his medication for the month of March, when member attended his appointment on 3/14/2019 because the February prescription had a refill. The dosage of all medications remained the same until the prescription was re-written at member's appointment on 4/11/2019.</p> <p>2) The Primary Care Physician and Psychiatrist recommended that member walk 30 minutes in the morning and at night. The prescription reads twice a day but the consultation form reads 6pm. The Primary Care Physician and the Psychiatrist asked that member walk 30 in the morning and 30 minutes in the evening. So staff chose because member was usually walking between 6:00-7:00pm. Member's medication was consistently given at 8pm daily. There was no prescription for Listerine, It was noted on the consultation form as a preventative recommendation.</p>	5/15/19

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V 118	<p>Continued From page 5</p> <p>Review on 4/4/18 of client #1's MARs from 12/1/18 through 4/4/19 revealed: -Fluconazole 150 mg was documented on 12/12/18, 12/19/18, 12/26/18, and 12/27/18. -Saline nasal spray, squeeze twice in each nostril pm (as needed) was hand written on the March 2019 MAR and documented as administered 3/20/19 at 8 am.</p> <p>Finding #3: Review on 4/9/19 of Staff #1's record revealed: -Paraprofessional staff hired 11/9/15. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 2/3/19, 1/24/18, 1/30/17, 2/25/16, 10/28/15.</p> <p>Review on 4/9/19 of Staff #2's record revealed: -Paraprofessional staff hired 3/25/19. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 4/1/19.</p> <p>Review on 4/9/19 of Staff #2's record revealed: -Paraprofessional staff hired 2/21/18. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 2/12/18 and 2/7/19.</p> <p>Interview on 4/4/19 the House Manager stated: -She was not aware if client #2 used Listerine mouthwash. -She thought client #2's dosage of Haldol changed in mid-March because they had "run out" of the 5 mg 1/2 tabs and the pharmacy dispensed the 10 mg tabs. The staff failed to change the MAR. -She could not find orders for client #2's Ibuprofen.</p>	V 118	<p>Medication Requirements Member #2 3) There was not a standing order for Ibuprofen there is a standing order for Tylenol. 4) Member does not self-administer medications. Staff administers medications to member daily as scheduled by the MAR.</p> <p>Findings #2-Member #1 <u>Findings</u> 1) Fluconazole was errantly administered two days in one week but member was not administered any additional medication. 2) Saline nasal spray is not on the standing order.</p> <p><u>Finding #3</u> 1) All staff received Medication Administration Training through Southern Pharmacy Nursing Group on-line. 2) A copy of the signed Roster by the Nursing Supervisor will be available, upon request.</p> <p><u>Findings #4</u> 1) Medication Disposal Member FC#4- Staff failed to dispose of medication as required. 2) FC#3-Member or the guardian returned to retrieve member's belongings, including her over the counter medications.</p>	5/15/19

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V 118	Continued From page 6 -She could not find orders for saline nasal spray for client #1. -The documentation of client #1's Fluconazole 150 mg looked to her as it had been administered 2 days in a row in December instead of weekly as ordered. Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -She had discussed with the provider of medication training she was not sure on line classes met requirements. -She would follow up to make sure training was done by a qualified individual. 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	Opportunities for Improvement 1) Staff should request a new MAR when medications are changed within the 30 day period of the last prescription. 2) Staff needs to request a prescription for any over the counter medication or added to the standing order. 3) All Staff needs to take a face-to-face medication administration training. 4) Staff needs to log medications left by discharged members and contact the pharmacy upon member discharge. 5) CEO will research changing the weekend shift to a 12 hour shift schedule.	5/15/19
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in	V 119		

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V 119	<p>Continued From page 7</p> <p>accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to dispose of medications on hand for clients who had been discharged for greater than 30 calendar days after the date of discharge. The finding are:</p> <p>Observations at 10:47 am on 4/4/19 revealed: -2 tubes of Clotrimazole-Betamethasone Cream labeled for FC #4. -3 bottles of Ketoconazole Shampoo labeled for FC #4. -5, 16 ounce bottles of Milk of Magnesia labeled for FC #3.</p> <p>Interview on 4/4/19 the House Manager stated: -FC#3 was discharged in July 2018. -She was not sure when FC#4 had been discharged but it was prior to FC#3's discharge. -She was not aware that medications of discharged clients had to be disposed of within 30 days of discharge. -She would contact the pharmacy for assistance with medication disposal.</p>	V 119	<p>Plan of Correction</p> <p>1) An appointment was scheduled for Bobby on 5/3/2019 to see the dentist. On the consultation form the dentist clarified her earlier consultation and provided the take home bag that she provides each patient at each appointment. Dentist noted on the consultation that she recommends that Member#2 use Alcohol-Free Listerine daily, which can be self-administered. A photo is available for review in member's record of the sample gift bag from the dentist.</p> <p>2) Staff will receive a prescription for any and all over the counter medications administered to members. The Current Standing Order will remain in place until all prescriptions can be changed over by physician.</p> <p>3) Staff will be provided a face to face Medication Administration that includes medication disposal. Training Title: Medication Administration By: Jacqueline Thompson, BSN, RN Date: 5/9/2019 Time: 9:00am-1:00pm Location: Location: 414-F Kingold Blvd, Snow Hill, NC 28580</p>	5/15/19

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V 119	Continued From page 8 Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -FC #4 had been discharged maybe 5 years ago. -FC #3 had been discharged in July 2018. -The medications for these clients should have been returned to the pharmacy.	V 119	Supervised Living Staff Requirements Findings-Member #1 1) In speaking with the MCO the Risk Assessment for 6/1/2018 was errantly copied with the same information from 2017. When member entered services in 2014, he was at a higher acuity level and needed awake staff 24 hours. Member's level has declined to a level #2, therefore 24 hour awake staff is not need. 2) Care Coordinator was contacted on 4/30/2019 for a possible correction to the Risk Assessment. The Care Coordinator made the correction to the Risk Assessment Document based on current information obtained in the last ISP meeting.	6/30/19
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (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. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance 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 (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	V 290	Opportunities for Improvement 1) LBI Staff will review Risk/Needs Assessment and ask for immediate updates to documentation when discrepancies are identified. 2) CEO and Residential Supervisor will immediately start interviewing staff to fill 2 shifts for the weekend at the home.	

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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 290	Continued From page 9 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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staffing above the minimum numbers to enable staff to respond to individualized client needs affecting 1 of 2 clients audited (client #1). The findings are: Review on 4/4/19 of client #1's record revealed: -38 year old male admitted 10/3/14. -Diagnoses included Mood Disorder, Not Otherwise Specified; Moderate Intellectual Disability; Chronic Kidney Disease Stage III; Renal Osteodystrophy; Joint Pain. -6/1/18 North Carolina Support Needs Assessment Profile (NC-SNAP) documented client #1 required 24 hour awake Staff. -6/1/18 Innovations Risk/Support Needs Assessment documented client #1 required 24 hour awake staff for the following reason: "If [client #1] is aware that he is not monitored throughout the night he will get up and eat snacks and food throughout the night which has caused	V 290	Plan of Correction 1) A team meeting will be held for member with MCO, CEO, Residential Supervisor, and Clinical Team to review risk assessment findings and assess staffing needed and services to be provided for members with additional needs. 2) Implementation of a new schedule that will alleviate the need for staff to have downtime or require a sleeping quarters. The change will be pursued in the next 30 days. The projected shift will change from Saturday at 12am-Sunday at 11:59 pm to Saturday and Sunday 12:00am-12:00pm and 12:00pm-12:00am. 3) Results will be documented in the Clinical Executive Meeting Minutes by June 30, 2019.	6/30/19

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V 290	Continued From page 10 him to gain weight in the past and elevate blood pressure. ... will rearrange his room throughout the night..." Interview on 4/4/19 the House Manager stated: -There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift. -There was a cot provided for staff to sleep in the living room.	V 290		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 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: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sleeping area for staff separate from the areas in which habilitative activities are routinely conducted. The findings are: Observations on 4/4/19 at approximately 10:45 am revealed: -3 furnished client bedrooms. Two rooms were	V 784		

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V 784	<p>Continued From page 11</p> <p>occupied and 1 room was empty. -No separate sleep area for staff. -A large box was on the floor in the living room. -In addition to the bedrooms, the home had a kitchen with eat in dining area and a living room.</p> <p>Interview on 4/4/19 the House Manager stated: -There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift and was allowed to sleep. -There was a cot provided for staff to sleep in the living room. -She was not aware this was not in compliance with regulatory rules.</p> <p>Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -They had always allowed staff to sleep in the living room. -She was not aware staff had to have a separate sleep area.</p>	V 784		