

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2019 |
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| NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on May 8, 2019. The complaint was substantiated (intake # NC00150318). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p> | V 000 | | |
| V 105 | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> | V 105 | | |

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

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| V 105 | <p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the</p> | V 105 | | |

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| V 105 | <p>Continued From page 2</p> <p>facility failed to follow the facility admission and discharge policies and procedures when admitting clients from a sister facility and discharging a client to a sister facility. The findings are:</p> <p>Review on 5/8/19 of the facility admission policy dated 9/2/16 revealed: -The policy read, "The member/legally responsible person must consent to the participation of residential services."</p> <p>Review on 5/8/19 of the facility discharge policy dated 9/2/16 revealed: -The policy read, "... Edwards Group Home has a discharge plan in place so that we can facilitate the transition to another facility or another community-based setting."</p> <p>Finding #1: Review on 5/7/19 and 5/8/19 of former client 6's (FC #6) record revealed: -65 year old male, admission date 8/20/18, and discharge date was 3/29/19. -Diagnoses included schizoaffective disorder-bipolar type, hypothyroidism, and hypertension. -Client #6 had been moved from a sister facility on 8/20/18 and discharged back to the same sister facility on 3/29/19. -No documentation FC #6's guardian had consented to the admission on 8/20/18. -No documentation of a discharge plan or notification of FC #6's guardian prior to his discharge on 3/29/19.</p> <p>Interview on 5/8/19 FC #6 stated: -He did not know why he was moved last August 2018 from the sister facility to this facility. -When asked why he was moved from this facility back to the sister facility the client gave no</p> | V 105 | | |

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| V 105 | <p>Continued From page 3 response.</p> <p>Telephone interview on 5/8/19 FC #6's Guardian stated: -FC #6 was moved from the sister facility to this facility on 8/20/18. She did not know he was being moved and learned of the move when she talked with the client on 8/24/18. -She had not been informed of any plan to move FC #6 back to the original sister facility and was informed on 4/1/19 that he had been moved on 3/29/19.</p> <p>Finding #2: Review on 5/7/19 and 5/8/19 of client 4's record revealed: -34 year old male, admission date 3/29/19. -Diagnoses included schizophrenia, hypertension, morbid obesity, intellectual developmental disorder, hypomagnesium, and gastroesophageal reflux disease. -Client #4 had been moved from a sister facility. -No documentation the client's guardian had consented to the admission.</p> <p>Unable to interview client #4 on 5/7/19 due to his refusal to talk.</p> <p>Telephone interview on 5/8/19 client #4's Guardian stated: -Client #4's guardian representative worked up through 4/5/19, then went out on medical leave. -He searched the guardian representative's files, e-mail, and contacted her by phone. -There was no documentation of any communication about moving client #4 to this facility. -There was no documentation the guardian representative was aware client #4 had been moved.</p> | V 105 | | |

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| V 105 | <p>Continued From page 4</p> <ul style="list-style-type: none"> -There were no consent forms or other documents received regarding the move of client #4 from the sister facility to this facility. -He talked with the guardian representative on the phone 5/8/19. She was not aware of any plan to move the client to this facility and was not aware the client had been moved. -His department gets all communications via e-mail and he was certain if there had been any communication he would have been able to locate documentation. <p>Interview on 5/7/19 and 5/8/19 the Licensee/Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> -The consent forms on the client records were good until the clients no longer received services from the Licensee. These were not resigned when a client was moved from one sister facility to another. -She did not realize when a client was moved from one licensed sister facility to another it was a discharge from one facility and an admission to the other. -She (Licensee/QP) sent paperwork to FC #6's guardian representative for his admission on 8/20/18. The guardian representative said she sent the paperwork to her supervisor. The forms were not returned. -There was no discharge plan for FC #6 because they had no plans to discharge him. -She (Licensee/QP) talked to his therapist and physician and they thought it best to move him back to the sister facility where he had lived prior to 8/20/18 because of inappropriate communications to persons passing the facility. -There were no incident reports for FC #6's behaviors that necessitated his move. These situations did not rise to a Level 1 or Level 2 incident. -FC #6 was moved on a Friday night, 3/29/19, | V 105 | | |
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| V 105 | Continued From page 5 and she informed his guardian representative the next business day, the following Monday, 4/1/19. -Client #4 was moved from the sister facility on 3/29/19 because he was a member of a gang and another client in the sister facility was a member of a rival gang. There was no violence, but there was conflict between the two. She had sent consents to the guardian but the guardian was on maternity leave and the forms had not been returned. Refer to V291 for additional information. | V 105 | | |
| 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 | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop a treatment plan based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission affecting 1 of 2 clients and 1 of 1 former clients (FC) audited (client #4, FC #6). The findings are</p> <p>Finding #1: Review on 5/7/19 and 5/8/19 of FC #6's record revealed: -65 year old male, admission date 8/20/18, and discharge date was 3/29/19. -Diagnoses included schizoaffective disorder-bipolar type, hypothyroidism, and hypertension. -Client #6 had been moved from a sister facility on 8/20/18 and discharged back to the same sister facility on 3/29/19. -No documentation FC #6's guardian had consented to the admission on 8/20/18. -No documentation of a discharge plan or notification of FC #6's guardian prior to his discharge on 3/29/19.</p> <p>Review on 5/7/19 of FC #6's admission assessment dated 8/20/18 revealed: -He had a history of inappropriate masturbation, delusional thoughts, and manic behaviors. -He had a history of criminal charges for possession and selling controlled substances, assault on a policeman, indecent exposure, and breaking and entering.</p> | V 112 | | |

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| V 112 | <p>Continued From page 7</p> <p>Review on 5/7/19 of FC #6's treatment plan dated 9/27/18 revealed: -The most current treatment plan had been signed on 9/27/18, 37 days prior to admission.</p> <p>Interview on 5/8/19 FC #6 stated: -He did not know why he was moved last August 2018 from the sister facility to this facility. -When asked why he was moved from this facility back to the sister facility the client gave no response.</p> <p>Telephone interview on 5/8/19 FC #6's Guardian stated: -FC #6 was moved from the sister facility to this facility on 8/20/18. She did not know he was being moved and learned of the move when she talked with the client on 8/24/18. -She had not been informed of any plan to move FC #6 back to the original sister facility and was informed on 4/1/19 that he had been moved on 3/29/19.</p> <p>Finding #2: Review on 5/7/19 and 5/8/19 of client 4's record revealed: -34 year old male, admission date 3/29/19. -Diagnoses included schizophrenia, hypertension, morbid obesity, intellectual developmental disorder, hypomagnesium, and gastroesophageal reflux disease. -Client #4 had been moved from a sister facility. -No documentation the client's guardian had consented to the admission.</p> <p>Review on 5/7/19 of client #4's admission assessment dated 3/29/19 revealed:</p> | V 112 | | |

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| V 112 | <p>Continued From page 8</p> <ul style="list-style-type: none"> -He had been hospitalized numerous times, usually due to medication non-compliance, aggressive and violent behaviors. -He had a history of criminal charges for assault on a police officer, burglary, and attempted murder. -He had a history of illegal substance use, crack cocaine and marijuana. <p>Review on 5/7/19 of client #4's treatment plan dated 11/3/18 revealed:</p> <ul style="list-style-type: none"> -The most current treatment plan had been signed on 11/3/18, more than 4 months prior to admission. -No goals addressing gang related behaviors or his history of illegal substance use. -No documentation the client or legal guardian had been involved in development of the treatment plan following admission to the facility. <p>Unable to interview client #4 on 5/7/19 due to his refusal to communicate with surveyor.</p> <p>Telephone interview on 5/8/19 client #4's Guardian stated:</p> <ul style="list-style-type: none"> -Client #4's guardian representative worked up through 4/5/19, then went out on medical leave. -He searched the guardian representative's files, e-mail, and contacted her by phone and did not find any documentation about admitting client #4 to this facility from the sister facility. -He talked with the guardian representative on the phone 5/8/19. She was not aware of any plan to move the client to this facility and was not aware the client had been moved. <p>Interview on 5/7/19 and 5/8/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> -FC #6 was moved back to the sister facility because of his interactions with neighbors. He | V 112 | | |

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| V 112 | Continued From page 9 was making inappropriate remarks to persons walking by the facility when he would be sitting on the front porch. He had made a very inappropriate remark to an elderly man that was sexual in nature. -These behaviors started "slowly but surely... maybe around mid-January we started noticing some." The behaviors became more of a problem the last 2 weeks prior to his discharge on 3/29/19 when they started getting more complaints . She (Licensee/QP) told FC #6 he had to stop these behaviors or he would have to go back to the "camp" (a term often used to describe the sister facility) and could not go out on the porch without staff. -Client #4 was moved from the sister facility on 3/29/19 because he was a member of a gang and another client in the sister facility was a member of a rival gang. -Client #4's plan was developed while he was admitted to the sister facility. There was no plan developed/signed with his guardian since his admission on 3/29/19. | V 112 | | |
| 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. | V 114 | | |

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| V 114 | <p>Continued From page 10</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>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:</p> <p>Interview on 5/7/19 the House Manager stated: -The shifts were 8 am - 8 pm and 8 pm - 8 am. -She worked 8 am - 8 pm. -Staff #3 worked 8 pm - 8 am. -Staff #2 filled in as needed.</p> <p>Review on 5/7/19 of the fire and disaster drill reports from 7/1/18 - 3/31/19 revealed: -The House Manager had performed all documented drills. -There were no drills documented to include other staff. -For the quarter, 10/1/18 - 12/31/18 there were no fire or disaster drills documented between 8 am and 8 pm.</p> | V 114 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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</p> | V 118 | | |

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| V 118 | <p>Continued From page 11</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#2 and #4). The findings are:</p> <p>Finding #1: Review on 5/7/19 and 5/8/19 of client 4's record revealed: -34 year old male, admission date 3/29/19. -Diagnoses included schizophrenia, hypertension, morbid obesity, intellectual developmental</p> | V 118 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2019 |
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| NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580 |
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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 |
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| V 118 | <p>Continued From page 12</p> <p>disorder, hypomagnesemia, and gastroesophageal reflux disease.</p> <p>-Medication orders dated 3/29/19 included:</p> <ul style="list-style-type: none"> -Desmopressin Acetate 0.2 mg (milligram), 1 at bedtime. (bed wetting) -Magnesium Oxide 400 tablet twice daily (mineral supplement) -Metoprolol 25 mg in the morning (treat high blood pressure) -Risperidone 2 mg twice daily (mental/mood disorders i.e. schizophrenia, bipolar disorder) -Topiramate 100 mg twice daily (control seizures, epilepsy, prevent migraine headaches and treat mood disorders) <p>Review on 5/7/19 of client #4's MARs for April 2019 revealed.</p> <ul style="list-style-type: none"> -Desmopressin Acetate 0.2 mg was scheduled to be administered at 8 pm. Medication administration was not documented on 4/29/19 or 4/30/19. -Magnesium Oxide 400 was scheduled to be administered at 8 am and 8 pm. Medication administration was not documented at 8 pm on 4/29/19, or at 8 am or 8 pm on 4/30/19. -Metoprolol 25 mg scheduled to be administered at 8 am. Medication administration was not documented on 4/30/19. -Risperidone 2 mg was scheduled to be administered at 8 am and 8 pm. Medication administration was not documented at 8 pm on 4/29/19, or at 8 am or 8 pm on 4/30/19. -Topiramate 100 mg was scheduled to be administered at 8 am and 8 pm. Medication administration was not documented at 8 pm on 4/29/19, or at 8 am or 8 pm on 4/30/19. -There was no documentation of why client #4 would not have his medications administered on 4/29/19 or 4/30/19. | V 118 | | |

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| V 118 | <p>Continued From page 13</p> <p>Unable to interview client #4 on 5/7/19 due to his refusal to communicate with surveyor.</p> <p>Finding #2: Review on 5/7/19 and 5/8/19 of client #2's record revealed: -32 year old male, admission date 7/04/16. -Diagnoses included psychotic disorder, mild mental retardation, and antisocial personality disorder. -Medication orders dated 6/15/18 included: -Benzotropine 1mg twice daily (involuntary movements and Parkinson's). -Lorazepam 2mg twice daily (seizures and epilepsy). -Risperidone 1mg once daily (schizophrenia and bipolar disorder). -Risperidone 2mg once daily (schizophrenia and bipolar disorder).</p> <p>Review on 5/7/19 of client #2's MARs for April 2019 revealed. -Benzotropine 1mg was scheduled to be administered at 8 am and 8 pm. Medication administration was not documented on 4/29/19 (8 pm) or 4/30/19 (8 am and 8 pm). -Lorazepam 2mg was scheduled to be administered at 8 am and 8 pm. Medication administration was not documented on 4/29/19 (8 pm) or 4/30/19 (8 am and 8 pm). -Risperidone 1mg was scheduled to be administered at 8 am. Medication administration was not documented on 4/30/19. -Risperidone 2mg was scheduled to be administered at 8 pm. Medication administration was not documented on 4/29/19 or 4/30/19. -There was no documentation of why client #2 would not have his medications administered on 4/29/19 or 4/30/19.</p> | V 118 | | |

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| V 118 | <p>Continued From page 14</p> <p>Interview on 5/7/19 client #2 stated: -He had experienced no concerns with medications. -He had received all medications as prescribed.</p> <p>Interview on 5/7/19 the House Manager stated: -She worked from 8 am to 8 pm. -She felt sure the clients received their medications on 4/29/19 and 4/30/19. -She failed to document the medications on 4/29/19 at 8 pm and on 4/30/19.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> | V 118 | | |
| V 291 | <p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident.</p> | V 291 | | |

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| V 291 | <p>Continued From page 15</p> <p>Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the others responsible for the client's treatment, affecting 1 of 2 current clients and 1 of 1 former clients (FC) audited (client #4, FC #6). The findings are:</p> <p>Finding #1: Review on 5/7/19 and 5/8/19 of FC #6's record revealed: -65 year old male, admission date 8/20/18, and discharge date was 3/29/19. -Diagnoses included schizoaffective disorder-bipolar type, hypothyroidism, and hypertension -FC #6 had been moved from a sister facility on 8/20/18 and discharged back to the same sister facility on 3/29/19. -No documentation FC #6's guardian had consented to the admission on 8/20/18. -No documentation of a discharge plan or notification of FC #6's guardian prior to his discharge on 3/29/19.</p> <p>Interview on 5/8/19 FC #6's stated: -He did not know why he was moved last August 2018 from the sister facility to this facility.</p> | V 291 | | |

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| V 291 | <p>Continued From page 16</p> <p>-When asked why he was moved from this facility back to the sister facility the client gave no response.</p> <p>Telephone interview on 5/8/19 FC #6's Guardian stated: -FC #6 was moved from the sister facility to this facility on 8/20/18. She did not know he was being moved and learned of the move when she talked with the client on 8/24/18. -She had not been informed of any plan to move FC #6 back to the original sister facility and was informed on 4/1/19 that he had been moved on 3/29/19.</p> <p>Finding #2: Review on 5/7/19 and 5/8/19 of client 4's record revealed: -34 year old male, admission date 3/29/19. -Diagnoses included schizophrenia, hypertension, morbid obesity, intellectual developmental disorder, hypomagnesium, and gastroesophageal reflux disease. -Client #4 had been moved from a sister facility.</p> <p>Unable to interview client #4 on 5/7/19 due to his refusal to talk.</p> <p>Telephone interview on 5/8/19 client #4's Guardian stated: -Client #4's guardian representative was working when client #4 admitted to the facility. She went on medical leave after 4/5/19. -He searched the guardian representative's files, e-mail, and contacted her by phone. -There was no documentation of any communication about moving client #4 to this facility. -He talked with the guardian representative on the phone 5/8/19. She was not aware of any plan</p> | V 291 | | |

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| V 291 | <p>Continued From page 17</p> <p>to move the client to this facility and was not aware the client had been moved.</p> <p>Interview on 5/7/19 and 5/8/19 the Licensee/Qualified Professional (QP) stated: -FC #6 had a history of inappropriate masturbating in public area. -FC #6 had stopped this behavior while living at the sister facility. The sister facility was located in a very rural area and the thought was to move him to this facility because he could advance to a place of less supervision in a more populated neighborhood. At this facility clients had much more stimulation, i.e. neighbors passing by the home. -FC #6 was moved back to the sister facility because of his interactions with neighbors. He was making inappropriate remarks to persons walking by the facility when he would be sitting on the front porch. He had made a very inappropriate remark to an elderly man that was sexual in nature. -FC #6's behaviors started "slowly but surely... maybe around mid-January we started noticing some." The behaviors became a more of a problem the last 2 weeks of prior to his discharge on 3/29/19 when they started getting more complaints . She (Licensee/QP) told FC #6 he had to stop these behaviors or he would have to go back to the "camp" (a term often used to describe the sister facility) and could not go out on the porch without staff. -When asked why the FC #6 was moved on a Friday night, the Licensee/QP stated FC #6 had "hollered a comment to a female and she told a male." The male returned to the facility and voiced his concerns to staff. FC #6 also made comments about wanting to peep into windows of older women to see the color of their underwear. -There was no incident reports for FC #6's</p> | V 291 | | |

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| V 291 | Continued From page 18 behaviors that necessitated his move. These situations did not rise to a Level 1 or Level 2 incident. -She (Licensee/QP) talked to his therapist and physician and they thought it best to move him back to the sister facility where he had lived prior to 8/20/18. -She did not discuss or inform the guardian of the move on Friday, 3/29/19, until the following Monday. -Client #4 was moved from a sister facility because he and another client were members of rival gangs and there was conflict, but no violence. | V 291 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner, free from offensive odor.. The findings are: Observations on 5/7/19 between 1015 am and 10:52 am revealed: -Kitchen: Orange spatter staining on ceiling and inside cabinets above the stove. Two (2) drawers of bottom cabinets would not open; knob on cabinet below sink was missing. Dead bugs seen | V 736 | | |

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| V 736 | <p>Continued From page 19</p> <p>in upper cabinet drawers and under stove. Stove bottom drawer had been removed. Paint peeling on shelves used to store canned food. Particulate debris inside cabinets and drawers.</p> <p>-Hall: Dead bug was on the floor. Paint was peeling approximately 24" - 48" up the wall adjacent to door frame. Popcorn ceiling was peeling from the upper left corner. Floor tile approximately 8"x 10" missing in front of bathroom door.</p> <p>-Dining room: upholstery on dining chairs torn and stained dark grey/black.</p> <p>-Unfinished wall repair around door facing in hall.</p> <p>-Dust build up visible on baseboards throughout the home.</p> <p>Observations on 5/8/19 between 11:05 am revealed:</p> <p>-Strong urine odor present in hall bathroom.</p> <p>-Dust particles/debris buildup on horizontal surfaces of cabinets.</p> <p>-Bathroom flooring wrinkled and uneven.</p> | V 736 | | |
| V 738 | <p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not free from insects/rodents. The findings are:</p> | V 738 | | |

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| V 738 | <p>Continued From page 20</p> <p>Observations on 5/7/19 between 10:15 am and 10:52 am revealed:</p> <ul style="list-style-type: none"> -Black pellets similar in size and shape to a grain of rice were observed in the upper cabinet drawers to the right of the stove. -Live roach seen in lower cabinet to right of stove. -Dead bugs seen inside lower cabinets by stove, under sink, under stove and on floor in hall. <p>Interview on 5/7/19 the House Manager stated:</p> <ul style="list-style-type: none"> -The maintenance man sprays for insects. -He will come and spray when she calls him. -She has not seen any mice in the home. -She does not use or look inside many of empty cabinets. | V 738 | | |