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 and follow up survey was completed on May 15, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited staff (#1, #4, and #5) received training to meet the needs of the clients. The findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive Disorder and Autism Spectrum Disorder. - Use of a continuous positive airway pressure (CPAP) machine nightly. - Short range goal to clean and maintain his CPAP machine daily, with strategy for staff to monitor and model how to clean the CPAP machine. Review on 5/9/19 of client #2's record revealed: - 22 year old male admitted 10/6/17. - Diagnoses included schizoaffective Disorder, bipolar type, Cannabis Use Disorder, mild and Mild Intellectual/Developmental Disability. - Documented history of sexually inappropriate behaviors with small children and females and a "long history of physical and sexual aggression," inappropriate sexual encounters with peers, paranoia, manipulation of staff and guardian, communicating threats and making false allegations. Review on 5/9/19 of client #3's record revealed: - 19 year old male admitted 3/3/18. - Diagnoses included Moderate	V 108		

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V 108	Continued From page 2 Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and bilateral deafness due to cytomegalovirus. Review on 5/9/19 of client #4's record revealed: - 34 year old male admitted into the Licensee's services 10/2/15. - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder. - Documented history of delusions. Review on 5/9/19 of staff #1's personnel record revealed: - Title of Paraprofessional, hired 11/6/18. - No documented training in the care and maintenance of a CPAP machine. - No documented training in communication with or meeting the needs of deaf clients.. - No documented training to meet the mental health/developmental disability/substance abuse needs of the clients. Review on 5/9/19 of staff #4's personnel record revealed: - Title of Paraprofessional, hired 2/21/19. - No documented training in the care and maintenance of a CPAP machine. - No documented training in communication with or meeting the needs of deaf clients. - No documented training to meet the mental health/developmental disability/substance abuse needs of the clients. During interview on 5/15/19 staff #4 stated he had "no way to communicate with [client #3], really, just pointing. He can't hear."	V 108		

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V 108	Continued From page 3 Review on 5/9/19 of staff #5's personnel record revealed: - Title of Paraprofessional, hired 6/25/18. - No documented training in the care and maintenance of a CPAP machine. - No documented training in communication with or meeting the needs of deaf clients. - No documented training to meet the mental health/developmental disability/substance abuse needs of the clients. During interview on 5/14/19 the Qualified Professional stated client #1 cleaned his CPAP mask and tubing independently. The House Lead completed an American Sign Language course earlier in the week; client #3 was not proficient in sign language, but was also learning. Staff used a picture exchange system for communication with client #3. The clients had some behavioral issues that sometimes required staff intervention. During interview on 5/15/19 the Director of Operations stated the House Lead was trained in American Sign Language and the Medical Coordinator also knew sign language. Other staff used a picture exchange communication system for communication with client #3.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based	V 109		

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V 109	Continued From page 4 employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview the Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male, admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive	V 109		

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V 109	Continued From page 5 Disorder and Autism Spectrum Disorder. - Documentation of the appointment and qualification of client #1's father as Guardian of the Person dated 8/19/86. - All consents and treatment plans filed in the record were signed by client #1. - No consents or treatment plans signed by client #1's guardian. - No documentation of appointment of a successor guardian or the restoration of client #1's competence. Review on 5/9/19 of the Qualified Professional's (QP) personnel record revealed: - Hire date 6/19/18. - Degree in Business Administration, Health Care Management conferred May 2011. - Work experience met the requirements for Qualified Professional. During interview on 5/14/19 the QP stated client #1's father was his guardian, but he passed away in 2013 or 2014. When his father passed away, client #1 became his own guardian. Client #1 had been signing his own consents and plans since before she began working at the facility. She did not know if client #1's competence had been restored by the court. She could not find any documentation of appointment of a successor guardian or the restoration of client #1's competence. She contacted client #1's Care Coordinator on 5/14/19 and learned that a successor guardian was never appointed and his competence was not restored by the court system.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V 112		

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V 112	Continued From page 6 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. 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 for 3 of 4 audited clients (#1, #3, and #4) the findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male, admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive	V 112		

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V 112	Continued From page 7 Disorder and Autism Spectrum Disorder. - Documentation of the appointment and qualification of client #1's father as Guardian of the Person dated 8/19/86. - All treatment plans filed in the record were signed by client #1. - No treatment plans signed by client #1's guardian. - No documentation of appointment of a successor guardian or the restoration of client #1's competence. - No documented assessment of the need for a successor guardian or the restoration of client #1's competence. - "Short Range Goals/Interventions" effective 9/1/2018 and signed by client #1 7/12/18 included no goals or strategies to address the need for the appointment of a successor guardian or the restoration of client #1's competence. During interview on 5/14/19 client #1 stated he did not know what his goals were. Review on 5/9/19 of client #3's record revealed: - 19 year old male admitted 3/3/18. - Diagnoses included Moderate Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and bilateral deafness due to cytomegalovirus. - Supports Intensity Scale dated 9/7/18 included assessment that client #3 needed extensive support in the prevention of stealing and "nonaggressive but inappropriate sexual behavior," maintaining mental health treatments, prevention of emotional outbursts, prevention of assaults to others, and prevention of property destruction. - "Individual Support Plan Short Range Goals" implemented 8/9/18 did not include any	V 112		

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residential goals or strategies to address assessed needs listed above or medication management.
- "Individual Support Plan Short Range Goals" implemented 8/9/18 did not include any residential goals or strategies to address client #3's communication needs or school attendance.

Due to his inability to communicate verbally, an interview with client #3 was not conducted.

Review on 5/9/19 of client #4's record revealed:
- 34 year old male admitted into the Licensee's services 10/2/15.
- Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder.
- "Individual Support Plan" completed by the Local Management Entity Care Coordinator, "Start Date: 2/1/19" included "Health and Wellness Supports" with the assessment that client #4 requires support to manage a medical or health condition (seizure disorder), close supervision due to risk of wandering away, support to prevent victimization/being taken advantage of financially, support to make safe choices, support to evacuate the home in the event of a fire, support to access help in emergencies, support to take medications, and support to make and attend appointments.
- "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address the assessed needs listed above.

During interview on 5/14/19, client #4 stated his goals included keeping his room clean.

During interview on 5/14/19 the Qualified

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V 112	Continued From page 9 Professional stated some of the clients in the facility experienced behavioral challenges. Short range goals and strategies in the individual support plan were based on assessed needs of the clients.	V 112		
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 with a physician.	V 118		

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V 118	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications were administered as ordered by a physician affecting 4 of 4 audited clients (#1, #2, #3 and #4) and to ensure medications administered were recorded on each client's MAR immediately after administration affecting 2 of 4 audited clients (#2, and #4). The findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male, admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive Disorder and Autism Spectrum Disorder. - Physician's order dated 3/6/19 for azithromycin (antibiotic) 250 milligrams (mg) 1 tablet every day for 4 days, orders dated 3/11/19 for calcium carbonate (a dietary supplement used to promote bone and muscle health and sometime used to relieve heartburn) 1250 mg/5 milliliter (ml) suspension, take 15 mls (3750 mg) daily, benztropine (used to treat side effects of other medications) 2 mg 1 tablet twice daily, pravastatin (used to treat high cholesterol and triglyceride levels) 10 mg 1 tablet at bedtime, risperidone (antipsychotic) 3 mg 1 tablet twice daily. Review on 5/9/19 of client #1's electronic MARs for March - May 2019 revealed: - April 2019: Transcription for benztropine with printed circled staff initials for administration at 8:00 am on 4/4/19. - Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 4/4/19, 4/6/19, and 4/7/19.	V 118		

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- Transcription for risperidone with printed circled staff initials for administration at 8:00 am on 4/4/19 and 8:00 pm on 4/14/19.
- Transcription for sertraline with printed circled staff initials for administration at 8:00 am on 4/4/19.
- "Exceptions for [client #1]" 4/4/19 benztropine, risperidone, and sertraline "physically unable to take," Calcium carbonate "out of facility," 4/6/19 and 4/7/19 calcium carbonate "out of facility," and 4/14/19 risperidone "out of facility."
- Electronically printed staff initials indicated that client #1 received other 8:00 am medications as ordered on 4/6/19 and 4/14/19.
- March 2019: Transcription for azithromycin with printed circled staff initials for administration at 8:00 am on 3/9/19.
- Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 3/30/19 and 3/31/19.
- "Exceptions for [client #1] "3/9/19 "Medication: Azithromycin . . . Reason: Out of Facility . . .;" 3/30/19 and 3/31/19 "Medication: Calcium Carb [carbonate] . . . Reason: Out of Facility."
- Electronically printed staff initials indicated client #1 received other 8:00 am medications as ordered on 3/9/19, 3/30/19, and 3/31/19.

Review on 5/9/19 of level I incident reports completed March - May 2019 for client #1 revealed:
- "Date of incident April 4, 2019 Time 7:00 am . . . Type of Incident: . . . Medications . . . Wrong Time . . . Medication names: Linzess . . . Benztropine . . . Risperidone . . . Sertraline . . . keys for the medication closet were not present in the residence at the time of administration."
- No risperidone available for administration 4/14/19.
- No calcium carbonate available for

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administration 4/7/19, 4/6/19, 4/4/19, 3/31/19, and 3/30/19.
- No azithromycin available for administration 3/9/19.

During interview on 5/14/19 client #1 stated staff assisted him with his medications daily and he had never missed any.

Review on 5/9/19 of client #2's record revealed:
- 22 year old male admitted 10/6/17.
- Diagnoses included schizoaffective Disorder, bipolar type, Cannabis Use Disorder, mild and Mild Intellectual/Developmental Disability.
- Physician's orders dated 4/16/19 for Linzess (used to treat irritable bowel syndrome with constipation and chronic constipation) 75 micrograms (mcg) 1 capsule every day on an empty stomach at least 30 minutes prior to first meal of the day, benztropine 1 mg 1 tablet twice daily in the morning and at 6:00 pm, divalproex (used to treat seizures and bipolar disorder) 500 mg 2 tablets (1000 mg) twice daily in the morning and at 5:00 pm, haloperidol (antipsychotic) 10 mg 2 tablets (20 mg) at 5:00 pm, Therems-M (multivitamin used to treat or prevent vitamin deficiency) 1 tablet daily, Clearlax Powder (laxative) mix 17 grams powder in 8 ounces of liquid and drink daily and vitamin D3 50000 international units, 1 capsule daily.

Review on 5/9/19 of client #2's electronic MARs for March - May 2019 revealed:
- April 2019: Transcription for benztropine, Clearlax powder, divalproex, haloperidol, Therems-M and vitamin D3 with printed circled staff initials for 8:00 am administration and for Linzess 6:00 am administration on 4/4/19.
- Transcription for Linzess with handwritten staff initials for 6:00 am administration on 4/5/19,

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4/6/19, 4/7/19, and 4/14/19; all other staff initials for morning medication administration were printed electronically for 4/5/19, 4/6/19, 4/7/19 and 4/14/19.
- "Exceptions for [client #2]" 4/4/19 Linzess, benztropine, divalproex, haloperidol, Therems-M, and vitamin D3 "physically unable to take"; Clearlax Powder "out of facility."
- March 2019: Transcription for Linzess with handwritten staff initials for 6:00 am administration on 3/1/19 - 3/3/19, 3/8/19 - 3/10/19, printed circled staff initials 3/12/19, handwritten staff initials for administration 3/15/19 - 3/17/19, 3/22/19 - 3/23/19, 3/25/19, and 3/29/19 - 3/31/19. All other staff initials for morning medication administration on these dates were printed electronically.
- "Exceptions for [client #2]" 3/12/19 Linzess "out of facility."

Review on 5/9/19 of level I incident reports completed March - May 2019 for client #2 revealed "Date of incident April 4, 2019 Time 7:00 am . . . Type of Incident: . . . Medications . . . Wrong Time . . . Medication names: Linzess . . . Benztropine . . . Divalproex DR [delayed release] . . . Haloperidol . . . Therems M . . . Vitamin D3 . . . keys for the medication closet were not present in the residence at the time of administration."

Client #2 was not available for an interview.

Review on 5/9/19 of client #3's record revealed:
- 19 year old male admitted 10/6/17.
- Diagnoses included Moderate Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and bilateral deafness due to cytomegalovirus.
- Physicians orders dated 1/25/19 for clonidine

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V 118	Continued From page 14 (antihypertensive, sometimes used to treat ADHD) 0.1 mg 1 tablet three times daily, and methylphenidate (a stimulant used to treat ADHD) 20 mg 1 table three times daily. Review on 5/9/19 of client #3's MARs for March - May 2019 revealed: - April 2019: Transcription for clonidine with printed circled staff initials for 8:00 am administration on 4/4/19. - Transcription for methylphenidate with printed circled staff initials for 7:00 am administration on 4/4/19 and 3:00 pm administration on 4/25/19. - "Exceptions for [client #3]" 4/4/19 clonidine and methylphenidate and 4/25/19 methylphenidate "physically unable to take." - March 2019: Transcription for clonidine with printed circled staff initials for 1:00 pm administration on 3/23/19; transcription for methylphenidate with printed circled staff initials for 3:00 pm administration on 3/10/19. - "Exceptions for [client #3]" 3/10/19 methylphenidate and 3/23/19 clonidine "out of facility." Review on 5/9/19 of level I incident reports completed March - May 2019 for client #3 revealed: - "Date of incident April 4, 2019 Time 7:00 am . . . Type of Incident: . . . Medications . . . Wrong Time . . . Medication names: Clonidine . . . Methylphenidate . . . keys for medication closet were not present in the residence at the time of administration." - No methylphenidate was available for administration 4/25/19 or 3/10/19. - No clonidine was available for administration 4/5/19 or 3/23/19. Due to client #3's inability to communicate	V 118		

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V 118	Continued From page 15 verbally, an interview was not conducted. Review on 5/9/19 of client #4's record revealed: - 34 year old male admitted into the Licensee's services 10/2/15. - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder. - Physician's orders signed 4/6/19 for artificial tears (used for dry eye relief) 1 drop to both eyes twice daily, benztropine 1 mg 1 tablet twice daily, divalproex 500 mg 2 tablets (1000 mg) every morning, haloperidol 10 mg 1 tablet three times daily, Listerine Cool Mint mouthwash (antiseptic mouthwash) use as directed three times daily, Fanapt (antipsychotic) 6 mg one tablet every morning and sertraline 100 mg 1 tablet every morning. Review on 5/9/19 of client #4's MARs for March - May 2019 revealed: - May 2019: Transcription for artificial tears eye drops with printed circled staff initials for 8:00 am and 8:00 pm administrations 5/5/19 - 5/8/19 and 8:00 am administration 5/9/19. - "Exceptions for [client #4]" artificial tears eye drops "out of facility" 5/5/19 - 5/9/19. - April 2019: Transcriptions for artificial tears, benztropine, divalproex, Fanapt, Haloperidol, and sertraline with printed circled staff initials for 8:00 am administration on 4/4/19; printed circled staff initials for Listerine Cool Mint Mouthwash for 8:00 am administration 4/2/19 - 4/4/19 and 4/8/19; no staff initials for 2:00 pm administration on 4/8/19. - "Exceptions" for Listerine Cool Mint Mouthwash 4/2/19, 4/3/19, and 4/8/19 "out of facility." - "Exceptions" for artificial tears eye drops, benztropine, divalproex, Fanapt, haloperidol, Listerine Cool Mint Mouthwash and sertraline	V 118		

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V 118	Continued From page 16 4/4/19 "physically unable to take." - No documented explanation for omission of Listerine Cool Mint Mouthwash at 2:00 pm on 4/8/19. - March 2019: Transcriptions for haloperidol with no staff initials for 2:00 pm administration on 3/12/19, printed circled staff initials for 2:00 pm administration on 3/23/19; transcription for Listerine Cool Mint Mouthwash with printed circled staff initials for 8:00 am administration 3/28/19 and 3/30/19 - 3/31/19, 2:00 pm administration on 3/23/19 and 3/30/19 - 3/31/19, and 8:00 pm administration 3/30/19. - "Exceptions for [client #4]" 3/23/19 haloperidol and Listerine Cool Mint Mouthwash "consumer on community outing." - "Exceptions" for Listerine Cool Mint Mouthwash 3/28/19 - 3/31/19 "out of facility." Review on 5/9/19 of level I incident reports completed March - May 2019 for client #4 revealed: - "Date of incident April 4, 2019 Time 7:00 am . . . Type of Incident: . . . Medications . . . Wrong Time . . . Medication names: artificial tears drops, benztropine . . ., sertraline . . ., divalproex . . . Fanapt . . . haloperidol . . . keys for medication closet were not present in the residence at the time of administration." - No artificial tears eye drops were available for administration 5/5/19 - 5/8/19. During interview on 5/14/19 client #4 stated staff assisted him to take his medications daily and he had never missed any medications. During interview on 5/15/19 the Medical Coordinator stated the facility used electronic MARs. The handwritten staff initials on the MARs indicated times when the "computer went down"	V 118		

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V 118	Continued From page 17 and staff were unable to electronically sign the MAR. When that happened, the medications were administered and staff signed a paper MAR that was attached to the printed electronic MAR and filed. Circled staff initials indicated a medication was not available for administration. The "out of facility" exception was the best choice for staff to enter. She reached out to the pharmacy to get other, more appropriate "exceptions" entered into the system. Client #3 took some medications during the day while he was at school; no facility staff was at school with client #3. Some clients who attended the Licensee's day program received medications during the day; administration of those medications was documented electronically.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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.	V 291		

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V 291	Continued From page 18 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. 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 other professionals responsible for the clients's care for 1 of 4 audited clients (#1). The findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male, admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive Disorder and Autism Spectrum Disorder. - Documentation of the appointment and qualification of client #1's father as Guardian of the Person dated 8/19/86. - No consents or treatment plans signed by a court appointed guardian. - No documentation of appointment of a successor guardian or the restoration of client #1's competence. - No documentation of efforts to secure the appointment of a successor guardian or the restoration of client #1's competence. During interview on 5/14/19 the Qualified Professional stated client #1's father was his guardian, but he passed away in 2013 or 2014	V 291		

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V 291	Continued From page 19 and client #1 had been his own guardian ever since. Client #1 had been signing his own consents and plans since before she began working at the facility. She did not know if client #1's competence had been restored by the court. She could not find any documentation of appointment of a successor guardian or the restoration of client #1's competence. She contacted client #1's Care Coordinator on 5/14/19 and learned that a successor guardian was never appointed and his competence was not restored by the court system. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		
V 511	27D .0303 Client Rights - Informed Consent 10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:	V 511		

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V 511	Continued From page 20 (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses. (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility. (d) Documentation of informed consent shall be placed in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure documentation of informed consent for 1 of 4 audited clients (#1). The findings are: Review on 5/9/19 of client #1's record revealed: - 57 year old male, admitted into the Licensee's services 1/15/97. - Diagnoses included Intermittent Explosive Disorder and Autism Spectrum Disorder. - Documentation of the appointment and qualification of client #1's father as Guardian of the Person dated 8/19/86. - No consents or treatment plans signed by a court appointed guardian. - No documentation of the restoration of client #1's competence. During interview on 5/14/19 the Qualified Professional stated client #1's father was his guardian, but he passed away in 2013 or 2014	V 511		

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V 511	Continued From page 21 and client #1 had been his own guardian ever since. Client #1 had been signing his own consents and plans since before she began working at the facility. She did not know if client #1's competence had been restored by the court. She could not find any documentation of appointment of a successor guardian or the restoration of client #1's competence. She contacted client #1's Care Coordinator on 5/14/19 and learned that a successor guardian was never appointed and his competence was not restored by the court system.	V 511		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating	V 537		

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V 537	Continued From page 22	V 537		

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 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

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V 537	Continued From page 23 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 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.	V 537		

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V 537	Continued From page 24 (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. (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.	V 537		

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V 537	Continued From page 25 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited staff (#1 and #4) received training in physical restraint, seclusion and isolation time-out prior to the delivery of services to a person whose treatment plan included restrictive interventions. The findings are: Review on 5/9/19 of client 2's record revealed: - 22 year old male admitted 10/6/17. - Diagnoses included schizoaffective Disorder, bipolar type, Cannabis Use Disorder, mild and Mild Intellectual/Developmental Disability. - Documented history of sexually inappropriate behaviors with small children and females and a "long history of physical and sexual aggression," inappropriate sexual encounters with peers, paranoia, manipulation of staff and guardian, communicating threats and making false allegations. - "Behavior Support Plan" revised 12/19/18 included ". . . Consequences . . . A. Major: (Serious rule violation) Therapeutic hold approved by Ambleside when he presents a danger to himself or others . . . " Review on 5/9/19 of staff #1's personnel record revealed: - Title of Paraprofessional, hire date 11/6/18. - No documented training in restrictive interventions Review on 5/9/19 of staff #4's personnel record revealed: - Title of Paraprofessional, hire date 2/21/19. - No documented training in restrictive interventions or defensive techniques.	V 537		

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V 537	Continued From page 26 During interview on 5/15/19 staff #4 stated he had completed North Carolina Interventions (NCI) training but had never used any physical restraints at the facility. During interview on 5/9/19 Human Resources Assistant stated he thought perhaps the Licensee was eliminating the use of hands on, restrictive interventions. He could not locate documentation of training in restrictive interventions for staff #1 or staff #4. During interview on 5/15/19 the Chief of Operations stated he thought staff #1 and staff #4 had completed all elements of North Carolina Interventions including training in physical restraint, seclusion and isolation time out.	V 537		