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V 000	INITIAL COMMENTS An annual and follow up survey was completed on August 1, 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to implement treatment strategies for 1 of 3 clients (Client #1), failed to update the client treatment plan, and failed to obtain the legal guardian's consent for the client (Client #6)'s treatment plan. The findings are: Review on 8/1/19 of Client #1's record revealed: Date of admission: 2/2/07 Diagnoses: Intellectual Developmental Disability (IDD), Myotonic Muscular Dystrophy -2/1/19, her written treatment plan had her with a goal to pass a weekly room inspection; -7/2019 written goal progress form had this goal coded "NA" for "not applicable" from 7/29/19 through 7/31/19 with a written explanation that Client #1 had leg surgery; -7/2019 medical documents indicated Client #1 had an outpatient medical procedure for her varicose veins. Interviews on 7/31/19 and 8/1/19 with Client #1 revealed: -7/31/19, she had leg surgery on her left leg last week because of her veins; -She was staying at the facility during the daytime this week (week of 7/29/19) to heal from her leg surgery; -She anticipated returning to her day program next week; -She did her laundry on Wednesdays and her legs were already tired from walking to and from the laundry room; -8/1/19, the clothes in her laundry basket were clean; -She was tired and needed to rest.	V 112		

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V 112	Continued From page 2 Observations on 7/31/19 and 8/1/19 of Client #1's bedroom revealed: -7/31/19 at 1:22 pm, clothing items were piled on top of her rolling walker and on her bedroom floor, small particles of debris on her floor, miscellaneous personal items were scattered on her bedside table, and she had blankets piled up near her television; -8/1/19 at 3:31 pm, she had unfolded clothing items piled up in her laundry basket that almost overflowed; -She was lying in bed resting after having been up and moving around in the facility. Observations on 7/31/19 and 8/1/19 of the facility staffing revealed: -7/31/19 from 12: 15 to 1:22 pm, a minimum of 2 staff were present at the facility; -8/1/19 at 3:31 pm, 2-3 staff were present at the facility. Review on 8/1/19 of Client #6's record revealed: Date of admission: 8/1/17 Diagnoses: Moderate IDD, Type 2 Diabetes, Hypertension, Hyperlipidemia, Allergic Rhinitis -7/7/17 written treatment plan had: -Client #6's living arrangement as her prior living arrangement with a request from her guardian that she be moved into a group home; -Her goals and strategies remained the same and were last reviewed on 8/28/18; -No written consent from Client #6's legal guardian that indicated she reviewed and/or consented to the 8/28/18 review of Client #6's plan. Review on 8/1/19 of GHM #1's written job description revealed: -He signed his written job description on 3/1/18; -His "essential job functions" included:	V 112		

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V 112	Continued From page 3 -serving as the Qualified Professional (QP) for the facility; -facilitating client treatment plan meetings and completion of individual client treatment plans. Interview on 7/31/19 with Client #6 revealed: -She had been living at the facility since 8/2017; -She lived alone prior to her current placement; -Her guardian was a social worker from a local county department of social services; -She was uncertain when and if she and when she and her guardian had a meeting to go over her goals she was to work on at the facility; -She thought her goals included cleaning and doing her laundry.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address	V 113		

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V 113	Continued From page 4 and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain client records with the minimally required information for each individual admitted to the facility. The findings are: Review on 8/1/19 of Clients #1 and #4's records revealed: -No updated and signed statements from Client #1's and Client #4's legal guardians that granted the facility permission to seek emergency medical care for them from a physician or a hospital. Observations on 8/1/19 at 10:15 am and approximately 12:00 noon of unfiled client	V 113		

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documents revealed:
-10:15 am, one brown-colored plastic bin was labeled "To be Filed-Residents;"
-The bin contained a variety of printed documents that ranged from written client treatment plans, written progress notes and written behavior tracking logs to client bank statements and client certificates from a local camp;
-The information pertained to the various clients who lived in the facility;
-The client information was not organized in a manner for the information to be readily accessed by staff;
-Approximately 12:00 noon, a minimum of 3 bins of client printed documents were sitting on the table and 2-3 staff were sorting and filing the papers and documents from the bins into the records of the facility clients.

Interview on 8/1/19 at 10:31 am with the Group Home Manager (GHM #1) revealed:
-He was the GHM at the facility;
-He acknowledged the plastic bins in his office contained client documents which had not been filed in each of their client records;
-He had not filed the client information for the client records to be maintained because he had been in and out of work over the past 3-4 weeks with medical issues;
-The facility had been short-staffed the reason he had not had staff to file the documents in each client record for the client records to be maintained.

Interview on 8/1/19 with the Facility Supervisor revealed:
-She made a site visit on 7/29/19 and was aware of the amount of unfiled client documents;
-She was concerned about client records not

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V 113	Continued From page 6 being maintained with the minimally required information; -GHM #1 was at the facility working on 7/29/19 but was out with medical issues; -GHM #2 was called in to assist with locating and filing client information in the records, and to assist with client needs.	V 113		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure meals were nutritious. The findings are: Observation on 8/1/19 from 3:30 pm to 3:50 pm of the facility revealed: -A vegetable drawer in the kitchen refrigerator contained one squash that was wilted, a plastic bag dated 7/27/19 which contained half of a green pepper and half of an onion, and a packaged head of lettuce with brown leaves which was dated 7/23/19. Interviews on 8/1/19 with the Group Home Manager #2 and Staff #4 revealed: -The vegetables were not usable to prepare and serve to the facility clients; -There was no designated staff or staff on a designed shift who ensured expired foods were discarded from the refrigerator; -All staff were responsible for ensuring expired foods in the facility were discarded.	V 115		
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	V 118		

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V 118	Continued From page 8 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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure client medications were prescribed on written order of persons authorized to prescribe medications. The findings are: Review on 8/1/19 of Client #4's record revealed: Date of admission: 1/8/01 Diagnoses: Profound Intellectual Developmental Disability (IDD), Infantile Cerebral Palsy, Speech Impairment, Seizure Disorder, Esophageal Reflux, Convulsions -No signed physician order for cetirizine (Zyrtec) 5 milligram (mg) once daily to treat allergy symptoms;	V 118		

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V 118	Continued From page 9 -No signed physician order fluticasone (Flonase) nasal spray 50 micrograms (mcg), 2 sprays each nostril daily to treat allergy symptoms; -The electronic transmitted prescriptions for the cetirizine and fluticasone had no electronic signature from Client #4's primary care provider (PCP). Review on 8/1/19 of Client #4's May 2019, June 2019 and July 2019's MARs revealed: -The cetirizine and fluticasone medications were initialed as administered from 5/1/19-5/31/19, 6/1/19-6/30/19 and 7/1/19-7/31/19 at the 8:00 AM dose time; -The MARs documentation indicated each of these medications was prescribed on 4/15/19. Observation on 7/31/19 at 2:25 pm of Client #4's medications revealed: -One medicine bottle of cetirizine 5 mg had a dispense date of 7/15/19; -One medicine bottle of fluticasone 50 mcg had a dispense date of 7/10/19. Interview on 8/1/19 with the Group Home Manager #2 revealed: -She could not locate signed physician orders for Client #4's cetirizine and fluticasone medications.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs	V 366		

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of individuals involved in the incident;
(2) determining the cause of the incident;
(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;
(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The

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internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility

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V 366	Continued From page 12 for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their written policies regarding their response to Level I incidents. The findings are: Review on 8/1/19 of Level I facility incident reports for July 2019 revealed: -7/31/19 at 6:00 pm, a written report that Client #3 was nicked on his bottom lip and the right side of his chin while being shaved by a staff; -This incident was identified as a "minor injury;" -There was no additional information that indicated if first aid was needed or applied, and what corrective measures were to be taken to prevent similar incidents; -There was no signature that indicated there was a review of this incident; -7/31/19 at 6:10 pm, a written report that Client #3 had a toenail missing on his right foot and 2nd toe; -This incident was identified as an "unexplained injury;" -There was no additional information that indicated this information would be followed up on to determine possible cause or whether a medical	V 366		

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response was needed;
-There was no signature that indicated there was a review of this incident.

Review on 8/1/19 of the facility's written policy on incident reports revealed:
-7/2019 was the last revision of the policy;
-Staff response for "all incidents" included:
-Attend to the health and safety needs of the individuals involved in an incident;
-Determine the cause of the incident;
-Develop and implement corrective measures to prevent similar incidents from occurring;
-Assign person(s) to be responsible for implementation of the corrections;
-All staff were responsible completing Level I incident reports.

Interview on 8/1/19 with the Group Home Manager (GHM #2) revealed:
-These were the written incident reports for the facility for the requested time period from 5/1/19 to 7/31/19;
-She was uncertain if the reports had been reviewed and followed up on;
-She was filling in for GHM #1 to assist the facility staff and clients as needed;
-She was uncertain if Quality Management (QM) reviewed the 7/31/19 incident reports and advised staff on any follow up needed for Client #3.