

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/14/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC</p>	V 116		

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V 116	<p>Continued From page 1</p> <p>Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure dispensing of medications was restricted to registered pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. The findings are:</p> <p>Review on 8/13/2019 of client #1's record revealed: - Admission date: 7/12/2019 - Diagnoses: Bipolar I Disorder (D/O) in partial remission, most recent episode depressed; Attention Deficit-Hyperactivity D/O (PTSD) by history; Unspecified disruptive, impulse-control and conduct D/O; Unspecified trauma and stressor related D/O; and Child sexual abuse-perpetrator; - Age: 18</p> <p>Review on 8/13/2019 of client #2's record revealed: - Date of admission: 1/4/2019; - Diagnoses: Disruptive mood dysregulation D/O; and Reaction to severe stress; - Age: 17</p> <p>Review on 8/13/2019 of client #3's record revealed: - Admission date: 5/20/2019;</p>	V 116		

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V 116	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses: PTSD; ADHD, combined type; Separation Anxiety D/O; Disruptive mood dysregulation D/O; and Social anxiety (social phobia); - Age: 16 <p>Observation of the facility's medication storage box at approximately 3:15PM on Tuesday, 8/13/2019 revealed:</p> <ul style="list-style-type: none"> - All clients' medications were stored in the same locked plastic box; - Each client had a weekly pill box with individual sections for "AM" and "PM" Sunday through Saturday; - There were pills present in each individual section, except for the Tuesday AM sections; - There pill boxes did not have pharmacy labels with information about the medications the boxes contained; - Client #1's name was not on either of the pill boxes; - Client #2's first and last names were taped to the back of one of the pill boxes; - Client #3's first name was taped to the back of one of the pill boxes; - There were unidentified loose pills lying in the bottom of the storage box; - The bottles/packages with the pharmacy labels were stored in bags for each client separately. <p>Interviews on 8/13/2019 and 8/14/2019 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Clients' medications were removed from the original bottles and placed in pill packs; - Staff #1, the Qualified Professional (QP), and other 2nd shift staff were the ones who placed clients' medications into the pill packs; - The facility had been using the pill packs instead of administering medications directly form the pharmacy packages/bottles since she had started 	V 116		

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V 116	<p>Continued From page 3</p> <p>working for the facility in March 2019;</p> <ul style="list-style-type: none"> - Staff #1 was a Certified Nursing Assistant and had put medications in pill packs when she was doing that job at a previous employer; - Staff #1 was not a licensed Pharmacist or registered with the Pharmacy board. <p>Interview on 8/13/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - Staff #1 or the QP usually wrote the medication information on the MARs each month; - She thought that client #1 was administered one lithium tablet every morning and every night based on the way the MAR was written out; - 2:00PM medications were supposed to be administered by staff #1; - The AP thought that client #2's Gabapentin administration times had been changed because it was difficult to ensure he got the 2:00PM dose when he was at school; - Client #2 was administered one Gabapentin tablet at 8:00PM; - The AP had filled clients' #1, #2 and #3's weekly pill boxes for the coming week during her shift last night (Monday, 8/12/2019). <p>Interviews on 8/13/2019 and 8/14/2019 with the QP revealed:</p> <ul style="list-style-type: none"> - Clients #1, #2 and #3's medications were placed in pill boxes in order to ensure that they were given the correct medicine every day. <p>Interview on 8/14/2019 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - The ED thought that facility staff had been placing clients' medications in the pill boxes in order to reduce errors. 	V 116		

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the 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 reviews and interviews, the facility failed to ensure medications were</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>administered as ordered by the authorized person, the MAR included the instructions for administering the drug, and administration of medications was documented immediately following administration affecting 3 of 3 surveyed clients (#1, #2 & #3). The findings are:</p> <p>Review on 8/13/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 7/12/2019 - Diagnoses: Bipolar I Disorder (D/O) in partial remission, most recent episode depressed; Attention Deficit-Hyperactivity D/O (PTSD) by history; Unspecified disruptive, impulse-control and conduct D/O; Unspecified trauma and stressor related D/O; and Child sexual abuse-perpetrator; - Age: 18 - Physician's orders for the following medications: <ul style="list-style-type: none"> - Lithium carbonate 300 milligrams (mg), 1 tablet every morning (QAM) & 2 tablets every night at bedtime (QHS), dated 6/28/2019; - Ranitidine (Zantac) 150 mg, 1 tablet every day (QD), dated 7/2/2019 - Aripiprazole (Abilify) 15 mg, ½ tablet QHS, dated 6/28/2019; - Escitalopram (Lexapro) 10 mg, 1 tablet QHS, dated 6/28/2019; and - Trazodone (Desyrel) 150 mg, ½ tablet QHS, dated 7/2/2019. <p>Review on 8/12/2019 of client #1's MARs dated 7/12/2019 to 8/12/2019 revealed:</p> <ul style="list-style-type: none"> - The medication frequencies were written as "morning 1x", "1x" or "2x"; - The MARs did not specify the number of tablets that were to be administered; - Due to the failure to accurately document the medication administration instructions, it could not 	V 118		

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V 118	<p>Continued From page 6</p> <p>be determined if client #1 received the correct dose of his medications.</p> <p>Review on 8/13/2019 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Date of admission: 1/4/2019; - Diagnoses: Disruptive mood dysregulation D/O; and Reaction to severe stress; - Age: 17 - Physician's orders for the following medications: <ul style="list-style-type: none"> - Guanfacine (Intuniv) 4 mg, 1 tablet QAM, dated 3/12/2019; - Citalopram (Celexa) 20 mg, 1 tablet QD, dated 3/12/2019, with an order to increase to 40 mg, 1 tablet QP on 5/13/2019; - Gabapentin (Neurontin) 300 mg, 1 tablet 3 times daily (TID), dated 6/28/2019; - Trazodone 50 mg, 1 tablet QD, dated 3/12/2019; - Hydroxyzine (Vistaril) 50 mg, 1 tablet QHS, dated 3/12/2019; - Lithium 450 mg, 1 tablet QHS, dated 3/12/2019; - Quetiapine (Seroquel) 300 mg, 1 tablet QHS, dated 3/12/2019; - No physician's orders were present for vitamin D3 50,000 units, or Linzess 145 mg. <p>Review on 8/12/2019 of client #2's MARs dated 5/1/2019 to 8/12/2019 revealed:</p> <ul style="list-style-type: none"> - Vitamin D3 50,000 units was documented as having been administered weekly during the month of May, continued to be listed as an active medication during the months of June and July, and was not listed on the August MAR; - Linzess 145 mg was listed as a PRN medication on the May to August MARs, but was not documented as having been administered; - There were three entries for gabapentin 300 mg "1x daily" at 8AM, 2PM and 8PM on the July and 	V 118		

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V 118	<p>Continued From page 7</p> <p>August MARs; - There was no documentation that the 2PM gabapentin dose was administered in July or August; - The medication frequencies were written as "1x daily" for each medication ordered; - The MARs did not specify the number of tablets that were to be administered; - Due to the failure to accurately document the medication administration instructions, it could not be determined if client #2 received the correct doses of his medications.</p> <p>Observation at approximately 3:30PM on 8/13/2019 of client #2's medication bottles revealed: - There was an empty bottle for Linzess 145 mg, 1 tablet every day at 7AM, was filled on 11/27/2018; - There was no vitamin D preset; - The administration instructions on the guanfacine label was for 300 mg, 1 tablet TID, with a fill date of 6/28/2019.</p> <p>Review on 8/13/2019 of client #3's record revealed: - Admission date: 5/20/2019; - Diagnoses: PTSD; ADHD, combined type; Separation Anxiety D/O; Disruptive mood dysregulation D/O; and Social anxiety (social phobia); - Age: 16 - Physician's orders for the following medications: - Cetirizine (Zyrtec) 10 mg, 1 tablet every night (QPM), dated 5/17/2019; - Divalproex (Depakote) 500 mg, 1 tablet QHS, dated 7/10/2019; - Aripiprazole 10mg, 1 tablet QHS, dated 7/10/2019; and - Metformin 500 mg, 2 tablets with breakfast</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>and 2 tablets with supper, dated 7/22/2019.</p> <p>Review on 8/13/2019 of client #3's MARs dated 5/20/2019 to 8/13/2019 revealed:</p> <ul style="list-style-type: none"> - The medication frequencies were written as "once daily" for cetirizine, and "1x daily" for divalproex and aripiprazole; - The medication frequency for Metformin was "2x daily"; - The Metformin was only listed as administered at 8AM; - The MARs did not specify the number of tablets that were to be administered; - Due to the failure to accurately document the medication administration instructions, it could not be determined if client #3 received the correct doses of his medications. <p>Observation at approximately 3:35PM on 8/13/2019 of client #3's medication bottles revealed:</p> <ul style="list-style-type: none"> - Metformin 500 mg, had been filled on 7/22/2019 with administration instructions of 2 tablets with breakfast and 2 tablets with supper. <p>Interview on 8/13/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> - He knew the names of his medications and when he was supposed to take them; - He thought the he had been administered the correct dosages of medications. <p>Interview on 8/13/2019 with client #2 revealed:</p> <ul style="list-style-type: none"> - He did not know the names of all of his medications because facility staff had not been telling him what he was taking; - He was supposed to get one medication at 2PM, but facility staff had decided to give him two tablets of that medication at night for an unknown reason. 	V 118		

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V 118	<p>Continued From page 9</p> <p>Interview on 8/13/2019 with client #3 revealed:</p> <ul style="list-style-type: none"> - He was able to name three of his medications as cetirizine, Metformin, and Abilify; - He thought that his Abilify had been stopped, but he was not sure. <p>Interviews on 8/13/2019 and 8/14/2019 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Staff #1 only administered medications at 8:00AM because her shift ended at 2:00PM; - She knew how many tablets to administer to clients when their medications were due because that information was on the MARs and on the medication bottles; - There had not been any confusion for staff about what medicines they were supposed to administer to each client; - Staff #1 was one of the facility staff that transcribed the medication information onto the MAR forms each month; - She copied the MAR information from the previous MAR. <p>Interview on 8/13/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - Staff #1 or the QP usually wrote the medication information on the MARs each month; - She thought that client #1 was administered one lithium tablet every morning and every night based on the way the MAR was written out; - 2:00PM medications were supposed to be administered by staff #1; - The AP thought that client #2's Gabapentin administration times had been changed because it was difficult to ensure he got the 2:00PM dose when he was at school; - Client #2 was administered one Gabapentin tablet at 8:00PM. <p>Interviews on 8/13/2019 and 8/14/2019 with the</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>QP revealed:</p> <ul style="list-style-type: none"> - Client #2's gabapentin was not administered at 2:00PM because there were concerns about him not getting it due to being at school at that time; - Client #2 was administered two gabapentin tablets at bedtime instead of one tablet TID; - Client #3 had not been administered Metformin because the facility had not yet received the physician's order for it; - The QP believed that each clients' medications had been administered correctly. <p>Interview on 8/14/2019 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - It was the QP's role to oversee medication administration; - The AP could assist with medication administration oversight; - A Licensed Professional also reviewed the MARs weekly to ensure that they are accurate; - There had not been any issues with medications not being administered correctly that the ED was aware of. 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 2 of 3 surveyed staff (#1 & the Associate Professional (AP)). The findings are:</p> <p>Review on 8/13/2019 of staff #1's employee record revealed: - Hire date: 3/9/2019 - Documentation that the HCPR was not accessed until 4/17/2019 for staff #1.</p> <p>Review on 8/13/2019 of the AP's employee record revealed: - Hire date: 3/4/2019 - Documentation that the HCPR was not accessed until 4/17/2019 for the AP.</p> <p>Interviews on 8/13/2019 and 8/14/2019 with the Qualified Professional revealed: - The hiring process was turned over to office staff, and they were the ones who accessed the HCPR for new staff.</p> <p>Interview on 8/14/2019 with the Co-Director revealed: - There had been an emergency round of staff hires around the time that staff #1 and the AP were hired; - There had been some confusion about whether the "hire date" or the "start date" should be used when considering the time frame to access the HCPR for new staff.</p> <p>Interview on 8/14/2019 with the Executive Director (ED) revealed: - It was challenging to keep facility staff due to the</p>	V 131		

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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 131	Continued From page 12 severity of clients' behaviors; - Staff at the Licensee's office accessed the HCPR for new hires; - The office staff did not have a copy of the statute related to accessing the HCPR; - The ED would take responsibility for the HCPR not being accessed within the required time frame.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this	V 133		

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V 133	<p>Continued From page 13</p> <p>subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in 	V 133		

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V 133	<p>Continued From page 15</p> <p>the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public</p>	V 133		

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V 133	<p>Continued From page 16</p> <p>Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal history</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>background check within 5 days of making the conditional offer of employment affecting 2 of 3 audited staff (#1 & the Associate Professional (AP)). The findings are:</p> <p>Review on 8/13/2019 of staff #1's employee record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/9/2019 - Documentation that staff #1's criminal history record check was not completed until 4/17/2019. <p>Review on 8/13/2019 of the AP's employee record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/4/2019 - Documentation that the AP's criminal history record check was not completed until 4/17/2019. <p>Interviews on 8/13/2019 and 8/14/2019 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The hiring process was turned over to office staff, and they were the ones who completed criminal history record checks for new staff. <p>Interview on 8/14/2019 with the Co-Director revealed:</p> <ul style="list-style-type: none"> - There had been an emergency round of staff hires around the time that staff #1 and the AP were hired; - There had been some confusion about whether the "hire date" or the "start date" should be used when considering the time frame to complete criminal history record checks; - Each new employee's criminal history was reviewed and concerns addressed if the new staff had any relevant offenses. <p>Interview on 8/14/2019 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - It was challenging to keep facility staff due to the severity of clients' behaviors; 	V 133		

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V 133	Continued From page 18 - Staff at the Licensee's office completed criminal history record checks for new hires; - The ED would take responsibility for background checks not being completed within the required time frame.	V 133		
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 observations and record reviews, the facility was not maintained in a safe manner. The findings are: Observations at approximately 1:45PM on 8/12/2019 revealed: - The window panel in client #2's bedroom fell out of the frame when opened; - There was a stained area approximately 18 inches x 20 inches on client #2's bedroom ceiling; - Mildew was present on the grout in the bathroom shower; - There was an area of damaged drywall approximately 2-3 inches x 12-14 inches near the door in the bathroom; - There was missing floor trim near the door in clients #3 & #4's bedroom; - The charge status dial on the fire extinguisher mounted on the wall in the living room was pointed to "recharge", indicating that the	V 736		

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V 736	<p>Continued From page 19</p> <p>extinguisher would be unusable in a fire emergency;</p> <ul style="list-style-type: none"> - 4 of 4 bulbs were missing in the ceiling fan/light fixture in the TV room; - There was a hole in the drywall approximately 6-8 inches x 5 inches in the office; - There was a pile of sticks and wire at the door on the back porch; and - The lock hasp on the crawlspace door was broken. <p>Interview on 8/13/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> - The only damage/needed repair at the facility was for the light bulbs in the TV room to be replaced. <p>Interview on 8/13/2019 with client #2 revealed:</p> <ul style="list-style-type: none"> - He had noticed problems with moldy vents and holes in the walls at the facility. <p>Interview on 8/13/2019 with client #3 revealed:</p> <ul style="list-style-type: none"> - The only damage he knew about was holes in the office wall that occurred when he and client #2 got in a fight. <p>Interviews on 8/13/2019 and 8/14/2019 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She was not aware that client #2's bedroom window was loose in the frame; - She did not know why the fire extinguisher was not charged; - The process for getting repairs was for facility staff to notify the Qualified Professional (QP), and she would get in touch with the Co-Director (CD). <p>Interview on 8/13/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - She did not know that client #2's window was loose in the frame; - The fire extinguisher had not been used for a 	V 736		

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V 736	<p>Continued From page 20</p> <p>fire;</p> <ul style="list-style-type: none"> - She did not know why the fire extinguisher was discharged; - The CD was the person who coordinated repairs at the facility. <p>Interview on 8/13/2019 with the QP revealed:</p> <ul style="list-style-type: none"> - The QP had just learned that client #2's window was loose today; - The facility had completed several repairs recently; - The CD coordinated getting repairs made. <p>Interview on 8/14/2019 with the CD revealed:</p> <ul style="list-style-type: none"> - Many repairs had been made to the facility in recent months; - Client #2 was very destructive; - The CD had not been aware that client #2's bedroom window was loose in the frame; - He tried to react quickly to ensure repairs were made; - A meeting was held weekly in which facility issues, including needed repairs, was discussed; - The fire extinguisher had been serviced in November of 2018; - The CD had just found out that client #2 had been playing with the fire extinguisher on an unknown date, and that is possibly when the extinguisher was discharged. <p>Interview on 8/14/2019 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - The CD had made sure that multiple repairs were made at the facility in recent months; - The ED had not been aware that client #2's window was loose in the frame; - As soon as repairs were made to old damage, new holes were knocked in the office wall; - A meeting was held with facility staff every week, and the ED Had not heard of any current 	V 736		

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V 736	Continued From page 21 damages or issues with the facility.	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the hot water temperature was not maintained between 100-116 degrees Fahrenheit (F) in areas where clients were exposed to hot water. The findings are:</p> <p>Observation of hot water temperatures at approximately 1:25PM on 8/12/2019 revealed:</p> <ul style="list-style-type: none"> - The hot water at the bathroom sink and shower, and at the kitchen sink was 126 degrees F; - Staff #1 used the facility's thermometer to test the hot water at the kitchen sink at the same time the Surveyor tested the water; - The facility's thermometer displayed 100 degrees F, while the Surveyor's thermometer displayed 126 degrees F. <p>Interviews on 8/13/2019 with clients #1, #2 & #3 revealed:</p> <ul style="list-style-type: none"> - No concerns about the water being too hot. <p>Interviews on 8/13/2019 and 8/14/2019 with staff</p>	V 752		

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V 752	<p>Continued From page 22</p> <p>#1 revealed:</p> <ul style="list-style-type: none"> - Staff #1 had checked the hot water temperature with the facility's thermometer early in the morning on 8/12/2019, and the temperature had been 115 degrees F; - The hot water temperature was tested every morning; - All clients at the facility could adjust the water temperature independently; - There had not been any injuries/scalds due to the water being too hot. <p>Interview on 8/13/2019 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - The hot water temperature was tested every shift; - No clients had complained about the hot water temperature; - There had not been any injuries/scalds due to the hot water temperature. <p>Interviews on 8/13/2019 and 8/14/2019 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - There had not been any issues with the hot water temperature being too high; - The QP would ensure the thermostat on the water heater was adjusted and a new thermometer purchased in order to obtain accurate water temperature readings. <p>Interview on 8/14/2019 with the Co-Director (CD) revealed:</p> <ul style="list-style-type: none"> - The CD was not aware that the hot water temperature was too high; - There had not been any injuries/scalds due to the water being too hot. <p>Interview on 8/14/2019 with the Executive Director (ED) revealed:</p> <ul style="list-style-type: none"> - The ED was not aware that the hot water 	V 752		

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V 752	Continued From page 23 temperature was too high; - The ED would order a new thermometer for the facility.	V 752		