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 October 2, 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 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 1	V 118		

This Rule is not met as evidenced by:
Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three audited clients (#3). The findings are:

Review on 10/02/19 of client #3's record revealed:
- 53 year old female.
- Admission date of 10/01/11.
- Diagnoses of Moderate Mental Retardation, Hypertension, Hyperlipidemia and Schizophrenia.
- No current order for Cogentin (Benzotropine - treats Parkinson's Disease symptoms) 1 milligram (mg) take one tablet twice daily.

Review on 10/02/19 of client #3's signed physician orders revealed:
06/10/19
- Klonopin (Clonazepam - treats seizures) 1mg - take one tablet twice daily

09/09/19
- Klonopin 1mg - take one tablet at bedtime.

Review on 10/02/19 of a signed FL-2 for client #3 dated 10/30/18 revealed the following medication orders:
- Cogentin 1mg - take twice daily.
- Klonopin 1mg - take twice daily.

Review on 10/02/19 of client #3's July 2019 thru September 2019 MARs revealed the following transcribed entries:

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V 118	Continued From page 2 - Cogentin 1mg - take one tablet twice daily. - Klonopin 1mg - take one tablet twice daily. - Klonopin 2mg - take one tablet at bedtime. - Staff initials to indicate the above medications were administered daily. Interview on 10/02/19 client #2 stated: - She had resided at the facility for many years. - She received her medications daily as ordered. Interview on 10/02/19 staff #1 stated: - She had worked at the facility for 4 years. - She worked residential and 1:1 with client #3. - She provided a medication to client #3 at 2pm. - Client #3 received medications as ordered. - She took client #3 to doctor appointments as needed. Interview on 10/02/19 staff #2/Administrative Assistant stated: - The facility had changed pharmacies several months ago. - She had sent copies of medication orders to the new pharmacy along with MARs. - She had contacted the new pharmacy today and they did not have current orders for Cogentin or Klonopin 2mg at bedtime. - She would contact the doctor to ensure correct medications were administered. - Client #3 went to the doctor frequently and had labs drawn. - Client #3 had not had any medical or behavioral changes. - She would follow policy and procedure for medication errors. Due to the failure to accurately document medication administration it could not be determined if the client received their medications as ordered by the physician.	V 118		

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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. 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, observation and interviews, the facility failed to maintain coordination among the medical providers responsible for the clients' treatment, affecting	V 291		

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V 291	Continued From page 4 one of three audited clients (#1). The findings are: Review on 10/1/19 and 10/2/19 of client #1's record revealed: - 49 year old female. - Admission date of 01/02/17. - Diagnoses of Moderate Mental Retardation, Mood Disorder, Schizoaffective Disorder, Morbid Obesity, Gastroesophageal Reflux Disease and Cerebral Palsy. Review on 10/02/19 of a signed FL-2 for client #1 and dated 11/28/18 revealed the following medication order: - Ventolin Inhaler (Albuterol) treats and prevents bronchospasm) - 2 puffs every 4 hours as needed. Observation on 10/02/19 at approximately 11:10am revealed: - Client #1 was not at the facility Client #1 had traveled to her day program. - Client #1's medications contained an Albuterol inhaler for client #1. The directions were for client #1 to take 2 puffs as needed every 4 hours. Interview on 10/02/19 the House Manager stated: - Client #1 did not take the Albuterol inhaler when she went into the community. - Client #1 would take the Albuterol with her during home visits. Interview on 10/02/19 the Qualified Professional stated: - He understood the Albuterol inhaler needed to accessible for client #1 while in the community. - He would follow up to ensure the medication was available as needed per the physician.	V 291		

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V 536	Continued From page 5	V 536		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	V 536		

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V 536	Continued From page 6 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for 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 Qualifications 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	V 536		

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V 536	Continued From page 7 by scoring a passing grade on testing in an instructor training program. (3) 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. (4) 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 (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) 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 outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	Continued From page 8 (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 4 of 4 audited staff (#1, #2/Administrative Assistant, House Manager and Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 10/01/19 of staff #1's personnel record revealed: - Date of Hire: 09/30/11. - Training in alternatives to restrictive interventions expired 07/31/19. Review on 10/01/19 of staff #2/Administrative Assistant's personnel record revealed: - Date of Hire: 10/15/01. - Training in alternatives to restrictive interventions expired 07/31/19. Review on 10/01/19 of the House Manager's	V 536		

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V 536	Continued From page 9 personnel record revealed: - Date of Hire: 02/19/10. - Training in alternatives to restrictive interventions expired 07/31/19. Review on 10/01/19 of the QP's personnel record revealed: - He began employment in 2005. - Training in alternatives to restrictive interventions expired 07/31/19. Interview on 10/01/19 the QP stated: - The policy was for staff to have current training in alternatives to restrictive interventions. - The facility did not use hands on restraints. - All the staff have expired training in alternatives to restrictive interventions. - He was working with a local trainer to get the required training completed.	V 536		