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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 9, 2019. The complaint was unsubstantiated (intake # NC00155007). 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,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 audited staff (#1, #2, and the House Lead) received training to meet client needs. The findings are: Review on 10/4/19 of staff #1's personnel record revealed: - Title of Paraprofessional, hire date 11/6/18. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. During interview on 10/4/19 staff #1 stated he communicated with client #1, who was deaf, using flash cards, some sign language, and gestures. Review on `10/4/19 of staff #2's personnel record revealed: - Title of Paraprofessional, hire date 5/16/18. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. Telephone interview with staff #2 was attempted 10/7/19; staff #2 did not answer the telephone and did not return the surveyor's voice message. Review on 10/4/19 of the House Lead's personnel	V 108		

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V 108	Continued From page 2 record revealed: - Title of House Lead, hire date 9/12/19. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. During interview on 10/7/19 the House Lead stated: - One of her responsibilities was to "basically take care of the residents." - She communicated with client #1, who was deaf, using flash cards and "some sign language." - Client #1 "had his own little ways of letting us know what he wants." - She had no formal training in American Sign Language; the Director of Operations trained her in the use of flash cards for communication with client #1. - She was not sure what "aspiration precautions" meant. - Client #2's food was cut into small pieces and he had "drinking precautions" that included using a small cup that was not filled up to the top. - She did not thicken client #2's liquids; he got a powder mixed into a beverage in the morning for constipation. - After speaking with the Registered Nurse/Qualified Professional she determined that she did thicken client #2's beverage at suppertime. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the need for all staff to be trained to meet the needs of the clients. It was important for staff to know how to communicate with client #1 and to know and understand client #2's aspiration precautions.	V 108		

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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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to review the plan annually for 1 of 3 audited clients (#1) and to plan strategies based on assessment for 1 of 3 audited clients (#2) . The findings are:	V 112		

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V 112	Continued From page 4 Finding #1: Review on 10/4/19 of client #1 revealed: - 19 year old male admitted to the facility 6/6/19. - Diagnoses included Attention Deficit Hyperactivity Disorder, Intellectual/Developmental Disorder, mild, Expressive Language Disorder, Oppositional Defiant Disorder, Cerebral Palsy, and bilateral deafness. - Individual Support Plan - Short Range Goals/Interventions implemented 2/1/18. - No updated treatment/habilitation plan. Interview with client #1 not attempted due to inability to effectively communicate. Finding #2: Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted to the facilty 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - Risk/Support Needs Assessment dated 4/17/19 included "requires assistance using a knife . . . food must be in bite size pieces . . . " - Individual Support Plan (ISP) completed by the Local Management Entity Care Coordinator included "What Others Need to Know Medical/Behavioral . . . I have a tendency to aspirate. In an effort to prevent aspiration, Thick-It has been prescribed. The Thick-It is mixed with all my drinks with the exception of water. There are also drinking rules. A copy of the drinking rules accompanies the ISP." - FL-2 by the Physician and dated 11/2/18 included "Aspiration Precautions." - "Physician Office Visit" form signed by a Certified Speech Language Pathologist included "continue swallow tx [treatment] nectar thick liquid and regular diet - small bites, no straws."	V 112		

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V 112	Continued From page 5 - "Short Range Goals/Interventions" effective 5/1/19 included "Short Range Goal . . . [client #2] will take smaller bites of food and not eat too fast with no more than 2 VPs [verbal prompts]. . . . Intervention . . . Staff will verbally prompt [client #2] to take smaller bites of food. Staff will monitor [client #2] while eating to ensure that he does not choke. Staff will cut [client #2]'s food up for him if necessary." - "Short Range Goals/Interventions" did not include any information regarding client #2's "drinking rules" or "aspiration precautions." During interview on 10/4/19 client #2 stated his beverages were not thickened. He had a fast food cheeseburger for lunch. During interviews on 10/7/19 the House Lead stated: - Her basic responsibility was to take care of the clients. - She did goal training with the clients daily at the faciilty; the clients' goals were listed on "the grids" and in their records. - She was not sure what "aspiration precautions" meant. - Client #2's food was cut into small pieces and he had "drinking precautions" that included using a small cup that was not filled up to the top. - She did not thicken client #2's liquids; he got a powder mixed into a beverage in the morning for constipation. - After speaking with the Registered Nurse/Qualified Professional she determined that she did use Thick-It to thicken client #2's suppertime beverage. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the need to include detailed	V 112		

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V 112	Continued From page 6 information about client #2's aspiration precautions in his treatmen/habilitation plan. The Director of Operations agreed to provide a copy of client #1's updated treatment/habilitation plan via fax 10/9/19. No updated plan was received.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 10/7/19 of documentation filed in the facility's "Fire and Disaster Book" revealed: - Three shifts identified for drills: 1st shift 7:00 am - 3:00 pm, 2nd shift 3:00 pm - 11:00 pm, and 3rd	V 114		

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V 114	Continued From page 7 shift 11:00 pm - 7:00 am. - No fire or disaster drill documented for first or third shift for the third quarter (July - September) 2019, for second shift for the second quarter (April - June) 2019, or third shift for the fourth quarter (October - December) 2018. - No disaster drill documented for first shift for the fourth quarter (October - December) 2018. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the requirement for fire and disaster drills to be held quarterly and repeated on each shift. She would discuss the missing drills and how to correct the deficiency with the Director of Operations.	V 114		
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:	V 118		

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V 118	Continued From page 8 (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 reviews, observations, and interviews, the facility failed to administer medications as ordered by a physician, failed to keep MARs current, and to ensure medications administered were recorded on each clients' MAR immediately after administration affecting 3 of 3 audited clients (#1, #2, and #3). The findings are: Review on 10/4/19 of client #1's record revealed: - 19 year old male admitted to the facility 6/6/19. - Diagnoses included Attention Deficit Hyperactivity Disorder (ADHD), Intellectual/Developmental Disability, moderate, Oppositional Defiant Disorder, Cerebral Palsy, and bilateral deafness. - Physicians orders included clonidine (can treat hypertension and ADHD) 0.1 milligrams (mg) 1 tablet three times daily, methylphenidate (can treat ADHD) 20 mg 1 tablet three times daily, - No signed physician's order for Dimetapp 1 tablet every 12 hours as needed. Review on 10/7/19 of client #1's MARs July - October 2019 revealed:	V 118		

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V 118	Continued From page 9 - Two sets of computer generated MARs for each month; one set with computer printed staff initials and one with hand written staff initials. - Transcription for Dimetapp, 1 tablet every 12 hours as needed. - Transcriptions for clonidine 0.1 mg 1 tab three times daily 8:00 am, 1:00 pm, and 8:00 pm, and methylphenidate 20 mg 1 tablet three times daily, 8:00 am, 12:00 pm, and 3:00 pm. - No documentation of administration of clonidine 8:00 pm, 10/3/19, 9/23/19, 9/29/19, with no documented explanation of the omissions. - No documentation of administration of methylphenidate 7:00 am 9/16/19, 9/17/19, 9/28/19, 8/24/19, 8/26/19, with no documented explanation of the omissions. - Blanks on the October MARs for 12:00 pm and 1:00 pm administrations 10/1/19 - 10/3/19, with a notation dated 10/1/19 3:56 pm that client #1 received methylphenidate at school. - Blanks on the September MARs for 12:00 pm and 1:00 pm administrations on 17 dates with 11 notations that client #1 was in school or received his medications at school, and 4 notations of "Out of Facility." - Circled staff initials 7:00 am 8/5/19 - 12:00 pm 8/8/19 with "Exceptions . . . Out of Facility"; other "Exceptions" listed for August included "Consumer at school." - No documentation of administration of medications while client was at school was provided. Review on 10/7/19 of level I incident reports revealed 6 level I incident reports completed between 9/14/19 and 9/18/19 that client #1's methylphenidate was not available for administration. No other incident reports were provided for review.	V 118		

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V 118	Continued From page 10 Observation at 10:30 am on 10/4/19 of client #1's medications revealed no methylphenidate on hand. No interview was conducted due to the surveyor's inability to effectively and meaningfully communicate with client #1 who is deaf. Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - Physician's orders signed 3/5/19 included Albuterol 0.083% solution (can treat or prevent bronchospasm), use 1 vial in nebulizer four times daily, aspirin (can reduce the risk of heart attack) 81 mg 1 tablet daily; benztropine (can treat side effects of other drugs) 2 mg 1 tablet by mouth every morning, chlorhexidine 0.12% rinse (can treat gingivitis) apply small amount on toothbrush with toothpaste twice daily, diphenhydramine (can treat hay fever, allergies, cold symptoms, and insomnia) 50 mg 2 capsules at bedtime, divalproex (can treat seizures) 250 mg 1 tablet by mouth twice daily, divalproex 500 mg 1 tablet twice daily, docusate (can treat or prevent occasional constipation) 100 mg 1 capsule every day, esomeprazole (can treat gastroesophageal reflux disease) 40 mg 1 capsule every morning, fluoxetine (can treat depression and obsessive-compulsive disorder) 40 mg 1 capsule every morning, Clearlax (can treat occasional constipation) mix 17 grams in 8 ounces of beverage of choice and take every day, haloperidol (can treat schizophrenia, mania in bipolar disorder, agitation, and acute psychosis) 10 mg 1 tablet three times daily, levothyroxine (can treat hypothyroidism) 50 micrograms (mcg)	V 118		

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V 118	Continued From page 11 1 tablet every day at 6:00 am, Mucinex (can thin mucus; this may make it easier to clear from the head, throat, and lungs) 600 mg 1 tablet twice daily, quetiapine (can treat schizophrenia, and depression) 400 mg 2 tablets (800 mg) at bedtime, saline 0.65% nasal spray (can treat nasal dryness) 1 spray each nostril twice daily, simvastatin (can treat high cholesterol and triglyceride levels) 10 mg 1 tablet at bedtime, Symbicort (can treat asthma and COPD) 160/4.5 mcg inhale 2 puffs every 12 hours, vitamin D3 (dietary supplement) 5000 units 1 capsule every day. - No signed physician's order for benztropine 2 mg 1 tablet three times daily. Review on 10/4/19 of client #2's MARs July - October 2019 revealed: - Two sets of computer generated MARs for each month; one set with computer printed staff initials and one with hand written staff initials. - Transcriptions for Albuterol, four times daily 8:00 am, 12:00 pm, 4:00 pm, 8:00 pm; Albuterol four times daily as needed; benztropine once daily 8:00 am (NOT on August MAR), benztropine three times daily 8:00 am, 2:00 pm, 8:00 pm; chlorhexidine twice daily 8:00 am, 8:00 pm, Clearlax Powder once daily 8:00 am; saline nasal spray twice daily 8:00 am, 8:00 pm; diphenhydramine daily at bedtime; divalproex 250 mg twice daily 8:00 am, 8:00 pm; divalproex 500 mg twice daily 8:00 am, 8:00 pm; docusate daily 8:00 am; esomeprazole daily 8:00 am; fluoxetine daily 8:00 am; haloperidol three times daily 8:00 am, 2:00 pm, 8:00 pm; levothyroxine daily 7:00 am; Mucinex twice daily 8:00 am, 8:00pm; quetiapine daily at bedtime 8:00 pm; simvastatin daily at bedtime 8:00 pm; Symbicort every twelve hours 8:00 am, 8:00 pm; vitamin D3 daily 8:00 am.	V 118		

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V 118	Continued From page 12 - No documentation of administration 10/3/19 of 12:00 pm Albuterol or 8:00 pm Albuterol, chlorhexidine, saline nasal spray, diphenhydramine, divalproex (250 mg and 500 mg), haloperidol, Mucinex, quetiapine, simvastatin, or Symbicort, with no documented explanation for the omissions. - No documentation of administration of: Albuterol 8:00 am 8/7/19; 12:00 pm 9/2/19 - 9/5/19, 9/20/19, 9/23,19, 9/27/19, 8/7/19, 8/9/19, 8/12/19, 8/13/19, 8/15/19, 8/16/19 and 8:00 pm 9/29/19. Benztropine once daily 9/21/19, 9/22/19. Chlorhexidine 8:00 pm 9/23/19 or 9/29/19. Clearlax Powder 8/7/19. Saline nasal spray 8:00 pm 9/23/19, 9/29/19, 8/26/19, 8/27/19, or 8:00 am 8/7/19 or 8/23/19. Diphenhydramine 9/23/19 or 9/29/19. Divalproex 250 mg 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Divalproex 500 mg 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Docusate 8/7/19, 8/19/19. Esomeprazole 8/7/19. Fluoxetine 8/7/19. Haloperidol 8:00 am 9/16/19, 8/7/19; 2:00 pm 8/8/19; 8:00 pm 9/23/19, or 9/29/19. Levothyroxine 9/28/19, 8/13/19, or 8/24/19. Mucinex 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Quetiapine 9/23/19, or 9/29/19. Simvastatin 9/23/19, or 9/29/19. Symbicort 8:00 pm 9/23/19, or 9/29/19. Vitamin D3 8/7/19. - No documented explanation for the omissions. - Benztropine 2 mg three times daily was documented as administered three times daily 2 days in October, 24 days in September, and 20 days in August. - Some medication administrations were	V 118		

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V 118	Continued From page 13 documented on the "back up" MAR, while other medications administered at the same time on the same date were documented in the E-MAR (Electronic MAR) system. Review on 10/7/19 of Level I incident reports revealed 1 incident report that client #2's haloperidol was not available for administration 8:00 am 9/15/19. No other incident reports were provided for review. Observation on 10/4/19 at 11:20 am of client #2's medications on hand revealed benztropine 2 mg 1 tablet three times daily dispensed by the pharmacy 9/15/19. During interview on 10/4/19 client #2 stated he took his medications daily with staff assistance. He had never missed any medications. Review on 10/4/19 of client #3's record revealed: - 34 year old male admitted 6/6/19. - Diagnoses included Intellectual/Developmental Disability, moderate, ADHD, Schizophrenia, paranoid type, Delusional Disorder, Intermittent Explosive Disorder, and Seizure Disorder. - Physician's orders signed 7/23/19 included artificial tears (can treat dry eyes) 1 drop to both eyes twice daily, benztropine 1 mg 1 tablet twice daily, clonazepam (can treat seizures, panic disorder, and anxiety) 0.5 mg 1 tablet three times daily, Fanapt (can treat schizophrenia) 6 mg 1 tablet twice daily, haloperidol 10 mg 1 tablet three times daily, Listerine Cool Mint Mouthwash (can treat bad breath, plaque and gingivitis) use three times daily after brushing. Review on 10/4/19 of client #3's MARs for July - October 2019 revealed: - Two sets of computer generated MARs for each	V 118		

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V 118	Continued From page 14 month; one set with computer printed staff initials and one with hand written staff initials. - Transcriptions for artificial tears eye drops twice daily 8:00 am, 8:00 pm; benztropine twice daily 8:00 am, 8:00 pm; clonazepam three times daily 8:00 am, 2:00 pm, 8:00 pm; Fanapt twice daily 8:00 am, 6:00 pm; haloperidol three times daily 8:00 am, 2:00 pm, 8:00 pm; - Listerine Cool Mint Mouthwash three times daily 8:00 am, 2:00 pm, 8:00 pm. - No documentation of administration 10/3/19 8:00 pm artificial tears eye drops, benztropine, clonazepam, haloperidol, or Listerine mouthwash. - No documentation of administration of: artificial tears eye drops, benztropine, clonazepam, or haloperidol 8:00 pm 9/23/19, 9/29/19; clonazepam 2:00 pm 9/27/19, Fanapt 8:00 pm 9/28/19 and 9/29/19; no documented explanation for the omissions. - "Exceptions . . . Notes" for Listerine mouthwash included "Physically unable to take . . . Out of Facility . . . Out of Medication . . . " documented 19 times in September. Review on 10/7/19 of Level I incident reports revealed 21 incident reports completed between 2:00 pm 9/24/19 and 8:00 pm 10/3/19 that client #3's Listerine mouthwash was not available for administration. No other incident reports were provided for review. Observation on 10/4/19 at 11:45 am of client #3's medications revealed no Listerine Cool Mint mouthwash on hand. During interview on 10/4/19 client #3 stated he took his medications daily with staff assistance and had never missed any medications. During review of MARs for the audited clients it	V 118		

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V 118	Continued From page 15 was noted staff documented administration of some of client #1's medications via hand written initials on the "back up" MAR while medications administered to clients #2 and #3 on the same dates and at the same times were documented in the E-MAR system. During interview on 10/7/19 the House Lead stated: - One of her responsibilities was to administer medications. - Medications were always available. - Client #3's mouthwash had not been available for some time; he needed to be seen by his Primary Care Provider before the pharmacy could refill the prescription. - If the E-MAR system "went down" staff documented medication administration by handwriting their initials on a copy of the MAR. A blank copy of the MAR was printed at the beginning of each month. During interviews on 10/4/19 and 10/7/19 the Director of Operations stated: - Staff were still adapting to the E-MAR system. - If the E-MAR system "went down" staff documented medication administration by handwriting their initials on a copy of the MAR. - A blank copy of the MAR was printed at the beginning of each month and provided to facility staff to use as a backup system. - Client #1 went to school during the week and his afternoon medications were administered at school. - The pharmacy would not refill client #3's mouthwash prescription until he was seen by the primary care provider. - Client #3's mouthwash could be purchased over the counter. - Incident reports were completed for all	V 118		

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V 118	Continued From page 16 medication errors. - Medications were added to or removed from the MAR by the pharmacy. - He understood the requirement for medications to be administered as ordered by the physician, for MARs to be kept current and for medications administered to be recorded on the MAR immediately after administration. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 2 of 3 audited staff (#2 and the House Lead). The	V 131		

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V 131	Continued From page 17 findings are: Review on 10/4/19 of staff #2's personnel record revealed: - Title of Paraprofessional, hire date 5/16/18. - HCPR check dated 5/31/18. Review on 10/4/19 and 10/7/19 of the House Lead's personnel record revealed: - Title of House Lead, hire date 9/12/19. - HCPR check dated 10/7/19. During interview on 10/7/19 the Human Resources Director stated: - She was not employed by the Licensee at the time of staff #2's hire. - A HCPR check was completed prior to the House Lead's hire and was filed with the interview notes, but she could not find the report. - A HCPR check was completed 10/7/19. - She understood the requirement for HCPR checks to be completed prior to hire.	V 131		
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	V 291		

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V 291	Continued From page 18 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 review and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment affecting 1 of 3 audited clients (#2). The findings are: Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted to the facilty 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - "Physician Office Visit" form dated 3/5/19 and signed by a Physician included "Progress Notes/Findings: [symbol for increase] in tremor. Will refer to neurology. . ." - No documentation of neurology appointment. During interview on 10/4/19 client #2 stated staff took him to see the doctor as scheduled and if	V 291		

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V 291	Continued From page 19 needed. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated client #2 had been to the neurologist but she could not find documentation of the visit. She would fax the documentation of the neurology appointment to the surveyor. No documentation of the neurology appointment was received by 10/9/19.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility between approximately 9:30 am and 10:00 am on 10/4/19 revealed: - 12 of 16 windows with no screen. - Organic debris, including leaves and spider webs and egg sacks, in all of the window spaces. - Paint peeling on the outside of the wooden spring loaded windows. - The carpet in the living area was stained. - Black particles, approximately the size of a grain of rice, consistent with rodent droppings, inside	V 736		

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V 736	Continued From page 20 the kitchen drawers. - One kitchen drawer with a missing pull knob. - 2 broken slats in the blinds in the living room. - Hardware for drapes, but no drapes, in the living room. - Client #1's bedroom door was dingy and stained. - The flush handle on the toilet in client #1's bathroom was loose. - Client #1's shower had dingy stains and the water control knob was missing. - Hair was stuck to client #1's bathroom walls around the sink and mirror. - Purple paint stain on client #2's bedroom wall. - Client #3's dresser was missing 3 drawer pulls; his nightstand was missing 1 drawer pull. - The flush mechanism on the toilet in the hall bathroom stuck in the "down" position when flushed. - Decorative tiles in the hall bath were cracked. - The wood molding at the base of the bathtub was loose. - A small area of damage to the wall beside the bathtub in the hall bathroom. - Unfinished repair to the wall between the bathtub and the sink in the hall bathroom. - Matter that appeared consistent with dead insects inside the bathroom exhaust fan light fixture. - The air return in the hall was heavily rusted and bent. During interview on 10/4/19 the Director of Operations stated he had received reports of mice in the facility and they had a contract with a local exterminator. He understood the requirement for the facility to be maintained in a safe, clean, orderly and attractive manner. During interview on 10/7/19 the Registered	V 736		

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V 736	Continued From page 21 Nurse/Qualified Professional stated the maintenance man had recently resigned. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		