

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2019
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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCE CENTER - GROI	STREET ADDRESS, CITY, STATE, ZIP CODE 249 JOYCE LANE RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 12, 2019. The complaints were substantiated (Intake #NC 00153650 & 00153503.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>facility management failed to maintain minutes of the Quality Assurance and Quality Improvement (QA/QI) committee meetings to document the facility's methods for and activities to monitor and evaluate the quality and appropriateness of client care including delineation of client outcomes and utilization of services. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0208, CLIENT SERVICES, Based on record reviews and interviews, the facility failed to ensure: 1) activities were suitable for the ages, interests, and treatment/habilitation needs of the clients served; 2) clients participated in planning or determining activities and 3) meals prepared for clients were nutritious.</p> <p>Cross Reference: 10A NCAC 27D .0302, CLIENT SELF-GOVERNANCE, Based on record reviews and interviews, the facility failed to develop and implement policy which allows client input into facility governance and the development of client self-governance groups.</p> <p>Interview on 8/12/19 with the Qualified Professional revealed: - He was uncertain of the requirement for facility's to hold QA/QI meetings - He confirmed the facility management did not maintain minutes.</p>	V 105		
V 115	<p>27G .0208 Client Services</p> <p>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,</p>	V 115		

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V 115	<p>Continued From page 3</p> <p>and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(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.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure: 1) activities were suitable for the ages, interests, and treatment/habilitation needs of the clients served; 2) clients participated in planning or determining activities and 3) meals prepared for clients were nutritious. The findings are:</p> <p>Review on 8/6/19 of Client #1's record revealed: - Admission date of 4/28/16 - Age 24 - Diagnoses of Personality Disorder; Bipolar Disorder; Post Traumatic Stress Disorder; Gender Identity Disorder</p>	V 115		

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V 115	<p>Continued From page 4</p> <p>Review on 8/6/19 of Client #2's record revealed: - Admission date of 6/28/17 - Age 30 - Diagnoses of Schizoaffective Disorder; Paranoia; Hypertension and Tachycardia</p> <p>Review on 8/6/19 of Client #3's record revealed: - Admission date of 1/21/19 - Age 30 - Diagnosis of Mild Intellectual Disability; Fetishism; Sexual Function Disorder; Impulse Control Disorder; Attention Deficit Disorder, Combined; Thrombocytopenia; Obesity</p> <p>Review on 8/6/19 of Client #4's record revealed: - Admission date of 7/7/14 - Age 27 - Diagnosis of Mood Disorder; Impulse Control Disorder; Conduct Disorder</p> <p>During interviews on 8/6/19 and 8/7/19 clients revealed the following about meal and activities in the facility: A. Re: Meals - "The menus are made without us. We don't have any say in that." - "They (staff and management) give [Client #3] anything he wants. He gets preferential treatment. He gets juice, snacks. We don't get juice. They say it's to keep him calm because he has Schizophrenia." - "We don't get enough food. We had a bologna sandwich and potatoes for dinner last night." - "They normally don't cook a lot. There's not enough for seconds." - "We don't get fried fish, They said it's too expensive for six people." - "Today (8/7/19) for breakfast we had one pack of oatmeal, a hotdog and a slice of white bread.</p>	V 115		

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V 115	<p>Continued From page 5</p> <p>We haven't had cereal for over a week. It's not a choice for us."</p> <ul style="list-style-type: none"> - "We don't get no fruit." - "We be hungry. Especially at night. We get one boloney sandwich." - "The House Manager treats [Client #3] like he's special. They bring him juice and frozen kool-aid." - "I get hungry at night. For snack, we might get one nutty buddy roll or one Swiss cake in a Ziploc." - "I'd like to have more fresh fruit. The doctor says I'm gaining too much weight." - (One client) "We eat well." - "The food is ok." - "The food is good. It's more than enough for me. There's no food I don't like and no food I don't get that I want to get." <p>B. Re: Activities/Outings</p> <ul style="list-style-type: none"> - "We can sit outside. We play football." - "He's (Licensee) working on getting us more outings. We went to the park last week." - "If we all have good behavior, we go to the park, mostly on the weekends. I'd like to go swimming. I haven't been for a long time." - "We only got one little TV Everybody has one hour. I'd like a TV in my room." - "We can't do a lot of things. Somebody's always having a behavior." - "Staff decide on activities and outings. We don't really have a chance to say what we want." <p>During interview on 8/6/19, the Qualified Professional reported the following:</p> <p>A. Regarding meals and menus:</p> <ul style="list-style-type: none"> - Client have input into meal planning. "Staff ask the clients the day before if they want what is planned for dinner." - "They don't eat fresh fruit. They would just waste it." - "If we let them decide, all they want to eat is one 	V 115		

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V 115	<p>Continued From page 6</p> <p>thing."</p> <ul style="list-style-type: none"> - However, he said staff try to help clients learn to eat healthy. "We talk to them about nutrition." - "The House Manager sets the menu based on what is available and what has been purchased. We make the menu for the month." <p>B. Regarding outings and activities:</p> <ul style="list-style-type: none"> - All clients, except one, are in a Psychosocial Rehabilitation (PSR) program or Day Program - The facility management provides all outings. - He provided copies of monthly recreation calendars May 2019 through July 2019. <p>Review on 8/7/19 of copies of the weekly menus from May 2019 through August 2019 revealed meals and snacks contained very few vegetables (fresh or cooked) and no fruits. The following are examples of meals:</p> <ul style="list-style-type: none"> - Breakfast <ol style="list-style-type: none"> 1. Cereal & Milk; 2. 1 frank, one egg & 1 toast; 3. 2 slices bacon and 1 pack grits & 1 slice toast; 4. 1 frank; 1 pack grits & 1 toast; 5. 2 pancakes, 2 bacon (or 1 frank) & 1 slice toast (or no toast) 6. 2 bacon, 1 egg & 1 toast 7. 2 bacon, 1 pack oatmeal & 1 toast 8. 1 egg, 1 frank & 1 toast 9. 1 frank, 1 grits, 1 toast 10. 1 egg, 1 pack oatmeal, 1 toast - Lunch <ol style="list-style-type: none"> 1. One Deli Sandwich 2. 1 Egg Salad Sandwich 3. 1 Grill Cheese Sandwich 4. 1 PB & J Sandwich 5. ABC Soup & 1 toast 6. 1 Chicken/Tuna Salad Sandwich 7. 1 Frank & Beans (sometimes 6 crackers added) 	V 115		

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V 115	<p>Continued From page 7</p> <p>8. 1 Bologna Sandwich (sometimes cheese added)</p> <p>9. Jalapeno, Sardines & Crackers</p> <p>10. 1 Ramen Soup & six crackers</p> <p>- Dinner</p> <p>1. BBQ Ham, Mash Potatoes & String Beans</p> <p>2. Spaghetti, Corn, 1 Toast</p> <p>3. Pork Chop, Mash Potatoes, Peas</p> <p>4. BBQ Turkey, Mash Potatoes & String Beans</p> <p>5. 1 Cheeseburger, French Fries & Baked Beans</p> <p>6. Fried Chicken, Rice & Peas</p> <p>7. Baked Ham, Mac & Cheese, String Beans</p> <p>8. 3 Chicken Tenders, French Fries & Baked Beans</p> <p>9. 1 Bologna Sandwich, Mash Potatoes, Bake Beans</p> <p>10. 1 Ramen Noodles, Hot Dog w/Bun & Green Beans</p> <p>- Snacks served at 10:00 AM & 4:00 PM includes one of the following examples: Cookies; Cheese Doodles; Pretzels; Popcorn; Candy & Nourish Bar.</p> <p>Observation on 8/7/19 at 4:00 PM of the facility's kitchen and food supplies revealed:</p> <p>- Refrigerator had a padlock on it, however it was open for the survey.</p> <p>- Items in fridge included:</p> <p>1. four gallons of frozen milk with an expiration date of 6/15/19</p> <p>2. frozen hot dog buns with expiration dates of 6/15 and 7/25</p> <p>3. pack of deli ham, pack of bologna and 3 packs of cheese</p> <p>4. Condiments - mustard, expired 3/22/19; large gallon jar salad dressing, expired 8/7/19</p> <p>5. Container chicken stock - expired 3/1/19</p> <p>6. Fresh vegetables = 1 head cabbage; 1 and half pack of carrots</p> <p>7. Large case of eggs</p>	V 115		

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V 115	<p>Continued From page 8</p> <p>8. Large bag grated cheese 9. 1 pack whole wheat spaghetti - Cabinets contained items such as: 1. canned green peas, kidney beans, potatoes, corn, green beans, soup, mixed fruit, pork and beans; baked beans and pot roast 2. boxed pancake mix; grits; oatmeal; macaroni & cheese; chicken stock (11 boxes expired 3/1/19) 3. bags of mixed cereal; raisins; brown rice, flour and potatoes 4. jars of peanut butter; pasta sauce and Teriyaki sauce 5. various noodles; Ramen and pasta</p> <p>Interview on 8/7/19 with staff revealed: - Evening meals are usually prepared ahead of time by staff working the 1st shift - 7:00 AM to 3:00 PM. - The House Manager is responsible for making the weekly menu. - Staff try to base it (meals) off of what clients want. "Most of the time they want sandwiches and chips." - However, clients cannot make their own sandwiches, add milk to their cereal nor add any condiments to their sandwiches. Staff must do this due to management's direction.</p> <p>Interview on 8/7/19 with another staff revealed: - Meals decisions are made by management - Staff make some suggestions. However, staff are instructed not to cook "big meals" every day; sometimes hot dogs and fries." - Clients do not participate in meal preparation in any way. - Staff are not allowed to let clients use the microwave or fridge.</p> <p>Review on 8/7/19 of copies of the facility's Monthly Recreation calendar from May 2019</p>	V 115		

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V 115	<p>Continued From page 9</p> <p>through July 2019 revealed the following examples of "activities:"</p> <ul style="list-style-type: none"> - Monday through Friday - Topical discussions: Personal Hygiene; Social Skills; Stress; Triggers; Patience; Behavior; Coping; Bad Habits; Team Building. - Saturday = Movie Night (in home;) Gilmore Rec Center; Site Seeing; Lake Rim. - Sunday = Church <p>Review on 8/12/19 of the Federal Governments' (United States Department of Agriculture - USDA) Dietary Guidelines for Americans - 2015 - 2020 revealed:</p> <p>A. Daily calorie recommendations for males ages 25 to 30, like the clients identified above, range between 2,500 and 3,000 per day.</p> <p>B. Recommendations for nutrition and health:</p> <ul style="list-style-type: none"> - are ultimately intended to help individuals improve and maintain overall health and reduce the risk of chronic disease. - encourage people to achieve healthy eating patterns at an appropriate calorie level to help achieve and maintain a healthy body weight and support nutrient adequacy by choosing a variety of nutrient-dense foods across and within all food groups - defines a healthy eating pattern as one low in added sugars, saturated fats, and sodium and focused on variety by taking into account all foods and beverages within an appropriate calorie level, nutrient density, as well as amount. - describes a healthy eating pattern as including: <ul style="list-style-type: none"> [1] A variety of vegetables from all of the subgroups - dark green, red and orange, legumes (beans and peas), starchy, and other fruits, especially whole fruits [2] Grains, at least half of which are whole grains [3] Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages 	V 115		

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V 115	<p>Continued From page 10</p> <p>[4] variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products [5] Oils</p> <p>Observation on 8/6/19 - 8/7/19 of the facility's food supplies revealed:</p> <ul style="list-style-type: none"> - Numerous foods stored in the facility had expired dates or "Best By" or "Use By" dates. - There was little fresh vegetables and no fresh fruit contained among the food supplies. - Menus and meals provided to clients were limited in type and quantity. - However, the facility had sufficient and varied quantities of canned, boxed and frozen foods stored to prepare a variety of meals with limited compliance with the USDA guidelines for nutritious meals. <p>During interview on 8/12/19, the Qualified Professional confirmed the above findings.</p>	V 115		
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>	V 118		

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V 118	<p>Continued From page 11</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: (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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to assure: 1) medication was administered as ordered by a physician and 2) the MAR for all medications administered to 2 of 4 audited clients (#3) was kept current. The findings are:</p> <p>Review on 8/6/19 of Client #2's record revealed: - Admission date of 6/28/17 - Diagnoses of Schizoaffective Disorder; Paranoia; Hypertension and Tachycardia - Physician's orders as dated for the client to be administered: 1. 5/14/19 - Benzotropine Mes 1mg, One tablet 2 times each day. 2. 7/25/19 - Clonazepam 0.5mg, One in the morning and two in the evening. 3. 6/13/19 - Haloperidol 5mg, 1.5 tablet twice daily PRN agitation</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER MULTICULTURAL RESOURCE CENTER - GROI	STREET ADDRESS, CITY, STATE, ZIP CODE 249 JOYCE LANE RAEFORD, NC 28376
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V 118	<p>Continued From page 12</p> <p>Additional review on 8/6/19 of Client #2's record revealed June 2019, July 2019 and August 2019 MARs with the following documentation:</p> <ol style="list-style-type: none"> 1. Clonazepam 0.5mg was administered four (4) hours apart at 4:00 PM and 8:00 PM on the following days: 7/25 - 7/28 and 7/30 and 8/1. 2. Haloperidol 5mg was also administered four (4) hours apart on the following days: 7/7 (3:00 PM & 7:00 PM;) at 4:00 PM and 8:00 PM on 7/13; 7/17 - 18 (4:00 PM & 7:00 PM;) 7/24 - 28; 7/30 - 8/6 (4:00 PM & 8:00 PM) 3. For Haloperidol 5mg: time of administration was missing for the following dates: <ol style="list-style-type: none"> a) 6/21, once at 9:00 PM and no time noted for the second PM administration b) 6/25, twice - no times <p>Further review on 8/6/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation or orders from the physician to include information on how far apart/hours medication should be administered. <p>Observation on 8/6/19 at 5:45 PM of Client #2's medications-on-hand revealed:</p> <ul style="list-style-type: none"> - No container of Benztropine Mes 1mg was stored with the client's medications-on-hand - A container of the Benztropine Mes 1mg medication was stored in the facility's box of extra medications. <p>Review on 8/6/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/21/19 - Diagnosis of Mild Intellectual Disability; Fetishism; Sexual Function Disorder; Impulse Control Disorder; Attention Deficit Disorder, Combined; Thrombocytopenia; Obesity - Physician's orders as dated directed the client to be administered: 	V 118		

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V 118	<p>Continued From page 13</p> <ol style="list-style-type: none"> 1. 7/24/19 - Divalproex 500mg, Two tablets at bedtime. 2. 6/26/19 - Albuterol AER HFA, Inhale 2 puffs every 4 hours as needed (PRN) for wheezing 3. Dicyclomine 10mg, One to two tablets each day PRN for pain 4. Fluticasone Spray 50mcg, Two sprays each nostril once daily PRN 5. Tramadol/APAP 37.5 - 325mg, 1 tablet three times a day PRN <p>Observation on 8/6/19 at 5:30 of Client #3's medications-on-hand revealed:</p> <ul style="list-style-type: none"> - The following PRN medications were not available: Dicyclomine 10mg, Fluticasone Spray 50mcg nor Tramadol/APAP. - An Albuterol AER HFA container identifying 154 of 156 doses of the medication had been administered. <p>Additional review on 8/6/19 of Client #3's record revealed July 2019 and August 2019 MARs with the following documentation:</p> <ol style="list-style-type: none"> 1. For Divalproex 500mg, one tablet once daily and two tablets at bedtime. 2. For Albuterol AER HFA, documentation on August 2019 MAR noted the client was "Out of medication" for dates - 8/3 - 5/19 <p>Additional observation on 8/6/19 at approximately 3:00 PM revealed:</p> <ul style="list-style-type: none"> - The staff prepared all client medications prior to the time to be administered to each client. - All clients' medications were kept together in bubble packs in a large storage bin. However, each client's medication was banned separately in the large container. - Staff punched each medication out of the bubble pack into a small paper cup and placed all cups in a drawer in the staff desk. 	V 118		

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V 118	Continued From page 14 - After punching the medication into the cup and prior to administering each client the medication at the time ordered by his physician, staff signed the MAR. -The staff person who administered the medications to each client was a different staff person from the one who placed the medications in each client's cup for administering. Interview on 8/12/19 with the Qualified Professional confirmed the above findings.	V 118		
V 506	27D .0201(d) Client Rights - Informing Clients 10A NCAC 27D .0201 INFORMING CLIENTS (d) In each facility, the information provided to the client or legally responsible person shall include; (1) the rules that the client is expected to follow and possible penalties for violations of the rules; (2) the client's protections regarding disclosure of confidential information, as delineated in G.S. 122C-52 through G.S. 122C-56; (3) the procedure for obtaining a copy of the client's treatment/habilitation plan; and (4) governing body policy regarding: (A) fee assessment and collection practices for treatment/habilitation services; (B) grievance procedures including the individual to contact and a description of the assistance the client will be provided; (C) suspension and expulsion from service; and (D) search and seizure.	V 506		

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V 506	<p>Continued From page 15</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to provide each client and/or their legal guardian with a summary of the information identified in the statute, i.e.: rules the client is expected to follow and possible penalties for violations of the rules and the facility's policy for: a) grievance procedures including the individual to contact and a description of the assistance the client will be provided; b) suspension and expulsion from service; c) search and seizure. The findings are:</p> <p>During interview on 8/6/19 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Client rights are discussed with them upon admission. - Each client signs a copy of the form documenting their client rights have been reviewed. - The Licensee explains the house rules and consequences to all clients when they are admitted. - All clients have the Licensee and QP's phone number and can call him "any time" if they have a complaint or grievance. - Clients are permitted to have a personal cell phone. However, they must turn the phone in to staff overnight. This prevents theft. - He has also explained to clients they can go "straight to the State" if they have a grievance. He said " They do not have to go through the agency staff or management to complain." - The Licensee meets with the clients "at least monthly" to sit down and review "overall policy and procedure, household wise." - He confirmed there was no documentation of House Meetings nor of Client Governance meetings. 	V 506		

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V 506	<p>Continued From page 16</p> <ul style="list-style-type: none"> - QP provided surveyor with a copy of the "Consumer Handbook" published by DHHS - Division of Mental Health. The copy was printed from on-line. <p>Review on 8/6/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 4/28/16 - Diagnoses of Personality Disorder; Bipolar Disorder; Post Traumatic Stress Disorder; Gender Identity Disorder <p>Review on 8/6/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 6/28/17 - Diagnoses of Schizoaffective Disorder; Paranoia; Hypertension and Tachycardia <p>Review on 8/6/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/21/19 - Diagnosis of Mild Intellectual Disability; Fetishism; Sexual Function Disorder; Impulse Control Disorder; Attention Deficit Disorder, Combined; Thrombocytopenia; Obesity <p>Review on 8/6/19 of Client #4's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 7/7/14 - Diagnosis of Mood Disorder; Impulse Control Disorder; Conduct Disorder <p>Interview with the above clients revealed:</p> <ul style="list-style-type: none"> - The QP, Licensee and staff tell them the house rules as they "go along." A client said "They make rules up as they go, then we're persuaded into it. They bribe us." - Rules sometimes seem arbitrary and are enforced differently by each staff and depends on the client. - The only consequence clients was aware of for violation of house rules was the possibility of expulsion from the facility or cigarette restriction. - No client reported staff informed him of the 	V 506		

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V 506	<p>Continued From page 17</p> <p>formal grievance process. "They just say talk to [Licensee.]"</p> <ul style="list-style-type: none"> - They did not have and were not aware of where to locate the State's number for confidential reporting of complaints and grievances. - At least one client said staff had searched his room for "contraband." - No client was in possession of a copy of the above identified requirements. <p>Interview on 8/7/19 with a staff who has worked in the facility for two years revealed:</p> <ul style="list-style-type: none"> - The QP meets with residents on a regular basis. - QP discusses client concerns with the clients and talks to them about facility rules and consequences. - Confirmed staff may find it necessary to search a client's room for certain prohibited items. - She was unaware of whether clients and/or their guardian received a written copy of the above information identified in the rule. 	V 506		
V 510	<p>27D .0302 Client Rights - Client Self-Governance</p> <p>10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE</p> <p>In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement policy which allows client input into facility governance and the development of client self-governance groups. The findings are:</p>	V 510		

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V 510	<p>Continued From page 18</p> <p>Review on 8/6/19 of Client #1's record revealed: - Admission date of 4/28/16 - Diagnoses of Personality Disorder; Bipolar Disorder; Post Traumatic Stress Disorder; Gender Identity Disorder</p> <p>Review on 8/6/19 of Client #2's record revealed: - Admission date of 6/28/17 - Diagnoses of Schizoaffective Disorder; Paranoia; Hypertension and Tachycardia</p> <p>Review on 8/6/19 of Client #3's record revealed: - Admission date of 1/21/19 - Diagnosis of Mild Intellectual Disability; Fetishism; Sexual Function Disorder; Impulse Control Disorder; Attention Deficit Disorder, Combined; Thrombocytopenia; Obesity</p> <p>Review on 8/6/19 of Client #4's record revealed: - Admission date of 7/7/14 - Diagnosis of Mood Disorder; Impulse Control Disorder; Conduct Disorder</p> <p>Interview with the above clients revealed: - No client had participated in a Client Governance meeting. - No client has input into the governance of the facility. - Clients reported they have individually attempted to have input into decisions such as foods for meals; room/room mate choices; outings and personal clothing. However, the facility management does not have Client Governance meetings.</p> <p>Interview on 8/7/19 with a staff who has worked in the facility for two years revealed: - The QP meets with residents on a regular basis. - QP discusses client concerns with the clients and talks to them about facility rules and</p>	V 510		

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V 510	<p>Continued From page 19</p> <p>consequences.</p> <ul style="list-style-type: none"> - She was uncertain whether the discussions were Client Governance Meetings and whether documentation was maintained. <p>During interview on 8/12/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The Licensee meets with the clients "at least monthly" to sit down and review "overall policy and procedure, household wise." - He confirmed there was no documentation of House Meetings nor of Client Governance meetings. 	V 510		