Division of Health Service Regulation

			(X3) DATE SURVEY COMPLETED	
			R	2
MHL051-216	B. WING		12/0	9/2019
STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
1335 LASS	SISTER ROA	AD.		
FOUR OAI	KS, NC 275	24		
MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
	V 000			
up survey was completed es were cited.				
d for the following service 27G. 5600A Supervised Mental Illness.				
onnel Requirements	V 108			
ion shall be documented. g programs shall be nimum, shall consist of the ional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and ne mh/dd/sa needs of the he treatment/habilitation us diseases and s. ed under 10a NCAC 27G hapter, at least one staff lable in the facility at all present. That staff led in basic first aid hagement, currently trained onary resuscitation and maneuver or other first aid hose provided by Red Cross, has sociation or their hing airway obstruction. Hy shall develop and hid procedures for identifying, hand controlling infectious				
TALL THE DEATH OF THE TRANSPORT OF THE PROPERTY OF THE PROPERT	Incompleted as were cited. In shall be documented. In programs shall be himum, shall consist of the lonal orientation; ights and confidentiality as AC 27C, 27D, 27E, 27F and the treatment/habilitation as diseases and shall be himum. State and shall be himum, shall consist of the lonal orientation; ights and confidentiality as AC 27C, 27D, 27E, 27F and the treatment/habilitation as diseases and shall be himum. State and shall be himum, shall consist of the lonal orientation; ights and confidentiality as AC 27C, 27D, 27E, 27F and the treatment/habilitation as diseases and shall be himum, shall consist of the long treatment on the staff lable in the facility at all present. That staff led in basic first aid agement, currently trained on maneuver or other first aid one provided by Red Cross, association or their ng airway obstruction. It is shall develop and	STREET ADDRESS, CITY, S 1335 LASSISTER ROA FOUR OAKS, NC 275 MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION) Up survey was completed es were cited. If for the following service 27G, 5600A Supervised Mental Illness. Innel Requirements PERSONNEL Ion shall be documented. In programs shall be nimum, shall consist of the Ional orientation; ights and confidentiality as IAC 27C, 27D, 27E, 27F and Ine mh/dd/sa needs of the Ine treatment/habilitation In sus diseases and In the facility at all In present. That staff ed in basic first aid agement, currently trained conary resuscitation and In maneuver or other first aid ose provided by Red Cross, Issociation or their Ing airway obstruction. Ity shall develop and Ind procedures for identifying, In and controlling infectious	STREET ADDRESS, CITY, STATE, ZIP CODE 1335 LASSISTER ROAD FOUR OAKS, NC 27524 WENT OF DEFICIENCIES JET BE PRECEDED BY PULL IDENTIFYING INFORMATION) Up survey was completed es were cited. If for the following service 27G. 5600A Supervised Wental Illness. Innel Requirements PERSONNEL Ion shall be documented. programs shall be nimum, shall consist of the onal orientation; gights and confidentiality as AC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the ne treatment/habilitation us diseases and S. di under 10a NCAC 27G apter, at least one staff able in the facility at all present. That staff ed in basic first aid agement, currently trained onary resuscitation and n maneuver or other first aid ose provided by Red Cross, ssociation or their ring airway obstruction. ly shall develop and d procedures for identifying, g and controlling infectious	STREET ADDRESS, CITY, STATE, ZIP CODE 3. INC 1335 LASSISTER ROAD FOUR OAKS, NC 27524 WENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION) UP SURVEY WAS completed es were cited. If or the following service 27G. 5600A Supervised Wental Illness. Innel Requirements V 108 PERSONNEL Ion shall be documented. programs shall be immum, shall consist of the onal orientation; ights and confidentiality as AC 27C, 27D, 27E, 27F and the treatment/habilitation us diseases and a. dunder 10a NCAC 27G tapter, at least one staff able in the facility at all present. That staff ed in basic first aid agement, currently trained onary resuscitation and n maneuver or other first aid ose provided by Red Cross, ssociation or their ng airway obstruction. y shall develop and d procedures for identifying, g and controlling infectious

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL051-216	b. WING		12/0	9/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	ONS. INC	SISTER ROAKS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ige 1	V 108			
	•	3 -				
	clients.					
	This Date is set as	at an artifact and have				
	This Rule is not me	et as evidenced by: views and interview, the				
		ure staff had training in				
		Resuscitation and First Aid for				
		staff (staff #1 and staff #2).				
	The findings are:					
	files revealed:	19 of the facility's personnel				
	-Staff #1 had a hire -Staff #1 was hired	date of 12/15/15. as a Residential Care				
	Specialist.					
	-Staff #1's Cardiopu First Aid training ex	ulmonary Resuscitation and				
		umentation of current training				
		Resuscitation and First Aid				
	for staff #1.					
	b. Review on 12/6/	19 of the facility's personnel				
	files revealed:					
	-Staff #2 had a hire					
		as the Operations Manager. ulmonary Resuscitation and				
	First Aid training ex					
		umentation of current training				
		Resuscitation and First Aid				
	for staff #2.					
		9 with the Support Staff				
	revealed:	عاد علام عصواه ماهم الماه				
		#2 did work alone with clients.				
	First Aid trainer for	pulmonary Resuscitation and the agency.				
		alized staff #1 and staff #2's				

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 2 of 21

Division of Health Service Regulation

NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′			E SURVEY PLETED
TOT CONNECTION	IDENTIFICATION NO.	A. BUILDING:			
	MHL051-216	B. WING			R 09/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALTH CARE SOLUTIO	INS INC				
ALIII OAKE GOLOTIC	FOUR OA	KS, NC 275	24		
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Continued From pa	ige 2	V 108			
training had expired -He thought he still staff #2 trained. -He confirmed there current training in C	d. had time to get staff #1 and e was no documentation of Cardiopulmonary Resuscitation				
27G .0207 Emerge	ncy Plans and Supplies	V 114			
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.					
Based on record re facility failed to con under conditions th findings are: Review on 12/9/19 revealed the followings	eviews and interviews, the duct fire and disaster drills at simulate emergencies. The of the facility's fire drill log				
	PROVIDER OR SUPPLIER ALTH CARE SOLUTION SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTE DE CARTICULATORY OR LETTE DE CARTICULATOR OR SUPPLIES (a) A Written fire pla area-wide disaster shall be approved to authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at leas repeated for each sunder conditions the (d) Each facility shall be conditions the conditions the conditions the conditions the conditions the conditions the findings are: Review on 12/9/19	MHL051-216 PROVIDER OR SUPPLIER ALTH CARE SOLUTIONS, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Cardiopulmonary Resuscitation and First Aid training had expiredHe thought he still had time to get staff #1 and staff #2 trainedHe confirmed there was no documentation of current training in Cardiopulmonary Resuscitation and First Aid for staff #1 and staff #2. 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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 12/9/19 of the facility's fire drill log revealed the following: -7/2/19-2nd shift	MHL051-216 PROVIDER OR SUPPLIER ALTH CARE SOLUTIONS, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Cardiopulmonary Resuscitation and First Aid training had expired. -He thought he still had time to get staff #1 and staff #2 trained. -He confirmed there was no documentation of current training in Cardiopulmonary Resuscitation and First Aid for staff #1 and staff #2. 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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 12/9/19 of the facility's fire drill log revealed the following: -7/2/19-2nd shift	MHL051-216 MHL051-216 B. WING PROVIDER OR SUPPLIER ALTH CARE SOLUTIONS, INC 1335 LASSISTER ROAD FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCY (EACH DEPICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Cardiopulmonary Resuscitation and First Aid training had expiredHe thought he still had time to get staff #1 and staff #2 trainedHe confirmed there was no documentation of current training in Cardiopulmonary Resuscitation and First Aid for staff #1 and staff #2. 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 conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 12/9/19 of the facility's fire drill log revealed the following: -7/27/19-2nd shift	IDENTIFICATION NUMBER MHL051-216 B. WING 12/I PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1335 LASSISTER ROAD FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 2 Cardiopulmonary Resuscitation and First Aid training had expiredHe thought he still had time to get staff #1 and staff #2 trainedHe confirmed there was no documentation of current training in Cardiopulmonary Resuscitation and First Aid for staff #1 and staff #2. 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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 12/9/19 of the facility's fire drill log revealed the following: -772/19-2-10 shift

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 3 of 21

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL051-216	B. WING		12/0	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	ONS INC	SISTER ROAKS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	age 3	V 114			
	-There were no fire 2nd quarter of 2019	drills conducted during the 9.				
	revealed the following	umentation staff conducted				
		t #1 on 12/9/19 revealed: if staff had conducted any fire vith them.				
	-Staff had conducte them.	t #3 on 12/9/19 revealed: ed fire and disaster drills with how often the fire and disaster ed.				
	Interview with the S revealed: -Group home staff shifts. -Staff #2 was responding disaster drills were -He confirmed staff	Support Staff on 12/9/19 normally worked two separate onsible for ensuring the fire and				
	This deficiency con and must be correct	stitutes a re-cited deficiency cted within 30 days.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered					

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 4 of 21

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	
		MHL051-216	B. WING		12/0	9/2019
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTION	DNS. INC	SISTER ROA KS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	drugs. (2) Medications shad clients only when a client's physician. (3) Medications, indications administered only build unlicensed persons pharmacist or other privileged to prepare (4) A Medication Adall drugs administe current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded in the properties of the followed up by a with a physician. This Rule is not medicated the physician of three clients current for one of the record administered affecting two of three affecting two of three dients current for one of the properties of the physician that the physician is not medicated the physician of the current for one of	all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, regally qualified person and re and administer medications. It is a considered to each client must be kept as administered shall be ely after administration. The he following: In and quantity of the drug; administering the drug; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation	V 118			
	findings are: 1. The following is of follow the physician	evidence the facility failed to 's order.				

Division of Health Service Regulation STATE FORM

BUFZ11 If continuation sheet 5 of 21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		MHL051-216	B. WING			R 09/2019
	PROVIDER OR SUPPLIER ALTH CARE SOLUTIO	ONS INC	DRESS, CITY, S SISTER ROA .KS, NC 2752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Review on 12/9/19 -Admission date of -Diagnoses of Schi: Huntington's Disease Hypothyroidism, Hy DeficiencyPhysician's order of Glycol 3350, one can Interview with staff -Client #1 was adm Glycol 3350 most of -Some days client #1 Polyethylene Glyco -The Polyethylene of make client #1's sto -Client #1 would so Glycol 3350 as nee -He confirmed the fi physician's order for Interview with the Sconfirmed: -The facility staff far order for client #1. 2. The following is a keep the MAR curro Review on 12/9/19 -Physician's order of Sodium ER 500 mg Risperidone 4 mg, of Chlorpromazine 20 daily; Lithium Carbo two times daily; Pol capful in the mornir	of client #1's record revealed: 3/8/18. zoaffective Disorder, se, Multiple Sclerosis, perlipidemia and Vitamin D dated 7/1/19 for Polyethylene apful in the morning. #2 on 12/9/19 revealed: inistered the Polyethylene ays. #1 did not take the 13350. Glycol 3350 would sometimes bols loose. metimes take the Polyethylene ded. facility staff failed to follow the or client #1. Support Staff on 12/9/19 siled to follow the physician's evidence the facility failed to ent. of client #1's record revealed: dated 7/1/19 for Divalproex				

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 6 of 21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL051-216	B. WING			R 09/2019
	PROVIDER OR SUPPLIER ALTH CARE SOLUTION	DNS, INC	DDRESS, CITY, S' SSISTER ROA AKS, NC 2752	D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	weekThe October 2019 10/31 for Divalproe Risperidone 4 mg, Lithium Carbonate 3350, Levothyroxine 5% and Vitamin D2 Interview with staff -The facility staff far for client #1. Interview with the S revealed: -He was not sure w client #1's October -He thought staff por October MARHe confirmed the f MAR current for clie 3. The following is a record administered a. Review on 12/9/ revealed: -Admission date of -Diagnoses of Schit Type, Post Traumar Use-in remission, H Anemia and Morbit -Physician's order of Levothyroxine 150 morningPhysician's order of Clonazepam 1 mg, Prazosin 5 mg, one	MAR had blank boxes on x Sodium ER 500 mg, Chlorpromazine 200 mg, 300 mg, Polyethylene Glycole 75 mcg, Benzoyl Peroxide 1.25 mg. #2 on 12/9/19 confirmed: illed to keep the MAR current support Staff on 12/9/19 why there were blank boxes on MAR. Describe facility staff failed to keep the ent #1. Evidence facility staff failed to demedications immediately. 19 of client #2's record 11/26/18. zoaffective Disorder-Bipolar tic Stress Disorder, Alcohol Hyperthyroidism, Ptosis, dly Obese. dated 10/18/19 for Senna 8.8 edtime. lated 12/13/18 for mcg, one tablet in the	V 118			

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 7 of 21

DIVISION	of Health Service Re	egulation		1			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NU	IVIDEK:	A. BUILDING:		COMP	LEIED
						F	₹
		MHL051-216		B. WING		12/0	9/2019
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				SISTER ROA	,		
RBC HEA	ALTH CARE SOLUTIO	ONS, INC		KS, NC 275			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX		MUST BE PRECEDED BY SC IDENTIFYING INFORMA		PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR L	SCIDENTIFTING INFORMA	(TION)	TAG	DEFICIENCY)	PRIAIE	DAIL
V 440	0 " 15			V 440			
V 118	Continued From pa	ge /		V 118			
	-There was no evidence of an October 2019 MAR						
	for the above admir	nistered medications					
		10 6 11 4 1101	•				
	b. Review on 12/9/1 revealed:	19 of client #3's reco	rd .				
	-Admission date of	2/1/16					
		ression, Morbid Obes	sitv				
		d Vitamin D Deficien					
		lated 8/21/19 for Flu					
		psule in the morning					
		one tablet two times					
		ne tablet three times					
		c, one tablet daily; C					
		daily; Cetirizine HCL ne and Lisinopril 20 n					
	tablet two times dai		ilg, one				
		lated 5/16/19 for Vita	ımin D3				
	5,000 units, one ca						
	-There was no evid	ence of an October 2	2019 MAR				
	for the above admir	nistered medications					
	latamiaith ataff.	#0 a.a 40/0/40 max.a.a.	- al.				
		#2 on 12/9/19 reveal did get their medicat					
	October 2019.	did get trieli irredicat	10115 111				
		ed the October 2019	MAR's for				
	clients' #2 and #3.						
	-He has not sure wi	here those October 2	2019				
	MAR's were located						
		acility staff failed to r	ecord				
	administered medic	cations immediately.					
	Interview with the S	support Staff on 12/9/	/19				
	revealed:	apport otali oli 12/9/	10				
		pleted October 2019	MAR's				
	for clients' #2 and #	3.					
	-The October 2019	MAR's for clients' #2	2 and #3				
	were misplaced.						
		acility staff failed to r	ecord				
	administered medic	rations immediately		II .			1

Division of Health Service Regulation

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL051-216	B. WING		12/0	R 09/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 12.0	.0.2010
RBC HEA	ALTH CARE SOLUTIO	INS INC:	SSISTER ROA AKS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 119	Continued From pa	ge 8	V 119			
V 119	27G .0209 (D) Med	ication Requirements	V 119			
	medication shall be guards against dive (2) Non-controlled so of by incineration, fl system, or by transf destruction. A recorshall be maintained Documentation shamedication name, so date and method, the disposing of medica witnessing destruction (3) Controlled substances Act, G. substances Act, G. substances Act, G. subsequent amend (4) Upon discharge remainder of his or disposed of prompt expected that the pato the facility and in drug supply shall no calendar days after	osal: and non-prescription disposed of in a manner that rision or accidental ingestion. substances shall be disposed ushing into septic or sewer fer to a local pharmacy for d of the medication disposal by the program. Il specify the client's name, strength, quantity, disposal ne signature of the person ation, and the person ion. tances shall be disposed of in a North Carolina Controlled S. 90, Article 5, including any ments. of a patient or resident, the her drug supply shall be ly unless it is reasonably atient or resident shall return such case, the remaining of be held for more than 30 the date of discharge.				
	interviews the facility prescription medical	et as evidenced by: on, record review and by staff failed to dispose of tions in a manner that guards accidental ingestion affecting				

6899

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			* *	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				A. BUILDING.		F	,
		MHL0	51-216	B. WING			9/2019
NAME OF I	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	NS, INC		SISTER ROA KS, NC 275			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		FICIENCIES CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 119	Continued From pa	ge 9		V 119			
	one of three clients	(#1). The fir	ndings are:				
	Review on 12/9/19 -Admission date of -Diagnoses of Schit Huntington's Diseas Hypothyroidism, Hy DeficiencyPhysician's order of Glycol 3350, one ca -The December 20 was administered the Observation on 12/ of the medication a -The container of P client #1 expired Ma Interview with staff	3/8/18. zoaffective Ese, Multiple Sperlipidemia dated 7/1/19 apful in the national MAR revene above me 9/19 at appropries revealed object hylene ay 30, 2019.	Disorder, Sclerosis, a and Vitamin D for Polyethylene morning. ealed client #1 edication. oximately 9:05 AM d: Glycol 3350 for				
	-Client #1 was adm Glycol 3350 most d -He did not realize to for client #1 had ex -He confirmed the f medications were d guards against dive	ays. the Polyethy pired. acility staff f lisposed of i	lene Glycol 3350 ailed to ensure n a manner that				
	Interview with the S confirmed: -The facility staff fa were disposed of in diversion or acciden	iled to ensur a manner t	re medications hat guards against				
V 121	27G .0209 (F) Med	ication Requ	uirements	V 121			
	10A NCAC 27G .02 REQUIREMENTS (f) Medication revie (1) If the client rece	w:					

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 10 of 21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL051-216	B. WING			R 09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	INS INC	SSISTER ROA			
	T	FOUR O	AKS, NC 2752			Т
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 121	for obtaining a revier regimen at least evidence shall be to be performable physician. The ones the client's physician the review when me (2) The findings of the recorded in the corrective action, if	operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that n is informed of the results of edical intervention is indicated the drug regimen review shall client record along with applicable.				
	revealed: -Admission date of -Diagnoses of Schi: Huntington's Diseas Hypothyroidism, Hy DeficiencyPhysician's order of Sodium ER 500 mg Risperidone 4 mg, of Chlorpromazine 20 daily; Chlorpromazine eded; Lithium Catwo times daily and tablet three times d -The December 20 was administered th -There was a six m review for client #1	zoaffective Disorder, se, Multiple Sclerosis, perlipidemia and Vitamin D dated 7/1/19 for Divalproex g, two tablets daily; one tablet two times daily; o mg, one tablet two times ne 100 mg, one tablet daily as urbonate 300 mg, one capsule Alprazolam 0.25 mg, one aily as needed. 19 MAR revealed client #1 ne above medications. onths psychotropic drug				

Division of Health Service Regulation

STATE FORM BUFZ11 If continuation sheet 11 of 21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				-		R
		MHL051-216	B. WING		12/0	09/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	INS INC	ASSISTER ROA DAKS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 121	Continued From pa	ge 11	V 121			
	psychotropic drug r	eview for client #1.				
	revealed: -Admission date of -Diagnoses of Schiz Type, Post Trauma Use-in remission, H Anemia and Morbid -Physician's order of HCL 100 mg, one to Clozapine 50 mg, of four tablets at bedti -Physician's order of Clonazepam 1 mg, -The December 20 was administered th -There was a six m review for client #2 -There was no evid psychotropic drug r c. Review on 12/9/1 revealed: -Admission date of -Diagnoses of Depr Chronic Rhinitis and -Physician's order of HCL 40 mg, one ca Risperidone 2 mg, Lorazepam 1 mg, of neededThe December 20 was administered th -There was a six m review for client #3 -There was no evid psychotropic drug r	zoaffective Disorder-Bipolar tic Stress Disorder, Alcohol dyperthyroidism, Ptosis, dly Obese. dated 12/3/19 for Trazodone ablet at bedtime and one tablet in the morning and me. dated 12/11/18 for one tablet two times daily. 19 MAR revealed client #2 ne above medications. onths psychotropic drug dated 2/16/19. ence of a current six months eview for client #2 ne sion, Morbid Obesity, d Vitamin D Deficiency. Dated 8/21/19 for Fluoxetine psule in the morning; one tablet two times daily and the tablet three times daily as 19 MAR revealed client #3 ne above medications. onths psychotropic drug dated 2/16/19. ence of a current six months				

Division of Health Service Regulation

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		MHL051-216	B. WING			9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RBC HEALTH CARE SOLUTIONS INC. 1335 LAS			SISTER ROAKS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 121	was not currents fo -He confirmed the s	ge 12 the six months drug review r clients' #1, #2 and #3. six months psychotropic drug npleted for clients' #1, #2 and	V 121			
V 536	Int. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall in practices that emptote to restrictive interverses (b) Prior to providing disabilities, staff incompleting training other strategies for which the likelihood or injury to a person property damage is (c) Provider agency based on state components and degathered. (d) The training shall include measurable testing behavior) on those methods to determ course. (e) Formal refresholds.	mplement policies and nasize the use of alternatives entions. In services to people with eluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in a of imminent danger of abuse in with disabilities or others or	V 536			

6899

Division of Health Service Regulation STATE FORM

BUFZ11 If continuation sheet 13 of 21

Division of Health Service Regulation

B 11/11/2	R 09/2019
B 11/11/2	
MHL051-216 B. WING 12	00/2010
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RBC HEALTH CARE SOLUTIONS, INC 1335 LASSISTER ROAD	
FOUR OAKS, NC 27524	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536 Continued From page 13 V 536	
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; (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; 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/faili); (B) when and where they attended; and instructor's name; (2) The Division of MH/DD/SAS may	

Division of Health Service Regulation

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
71101 2111 01	CONTROL	BEITH 10/ (1011 10 MBEIT	A. BUILDING:			
		MHL051-216	B. WING		12/0	₹ 9/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DDC UEAL	TH CARE COLUTIO	INC. 1335 LAS	SISTER ROA	AD		
RBC REAL	TH CARE SOLUTIO	FOUR OA	KS, NC 275	24		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 14	V 536			
(F)	i) Instructor Qualifications (ii) Instructor Qualifications (iii) Trainers (iii) Soy scoring 100% on the defendence of the content of the con	ications and Training chall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. chall demonstrate competence g grade on testing in an rogram. Ing shall be g include measurable learning able testing (written and by avior) on those objectives and adds to determine passing or ent of the instructor training the ans to employ shall be vision of MH/DD/SAS pursuant (5) of this Rule. It instructor training programs a not limited to presentation of: ding the adult learner; for teaching content of the for evaluating trainee ation procedures. Is chall have coached experience program aimed at preventing, stating the need for restrictive at one time, with positive at one time, with positive at the state of the and the state of the state of the attentions and eliminating the attentions at least once attentions at least once attentions at least once attentions at least once	V 536			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL051-21	16	B. WING			R 09/2019
	PROVIDER OR SUPPLIER ALTH CARE SOLUTION	DNS, INC	1335 LAS	DRESS, CITY, S SISTER ROA KS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	documentation of ir training for at least (1) Docur (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a formal (2) Coaches the course which is	nitial and refresher three years. mentation shall in tipated in the trail; if where attended its name. ion of MH/DD/SA this documentate of Coaches: shall meet all presentations. shall teach at lead being coached. shall demonstration of coachetruction.	nclude: ning and the ; and AS may ion any time. eparation ast three times ee	V 536			
	This Rule is not me Based on record re failed to ensure one Support Staff) had alternatives to restr providing services.	view and intervie e of four audited : training on the us ictive intervention	ew, the facility staff (the se of ns prior to				
	Review on 12/6/19 revealed: -There was no spect Support StaffThe Support Staff training on the use interventions.	cific date of hire f	or the				

6899

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
					R	
		MHL051-216	D. WING		12/0	9/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	NS. INC	SISTER ROA KS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFEDERICS OF THE APPROFE	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 16	V 536			
	revealed: -The facility used N Core Plus for training restrictive interventing the normally did not home clientsHe just recently state with the clientsHe did some trans appointments for the her confirmed he her confirmed necessarily used to the second state of	t do direct care with the group arted having more interactions port and medical				
V 537	27E .0108 Client Ri	ghts - Training in Sec Rest &	V 537			
	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.					

Division of Health Service Regulation

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		MHL051-216	B. WING) 9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DDC UE	ALTH CARE COLUTIO	NS INC 1335 LAS	SISTER ROA	AD		
KBC HE	ALTH CARE SOLUTIO	FOUR OA	KS, NC 275	24		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ige 17	V 537			
V 537	(c) A pre-requisite demonstrating com training in preventir the need for restrict (d) The training shainclude measurable measurable testing behavior) on those methods to determ course. (e) Formal refreshiby each service proannually). (f) Content of the training shainclude measurable testing behavior) on those methods to determ course. (e) Formal refreshiby each service proannually). (f) Content of the training provider plans to end the Division of MH/Paragraph (g) of the Use of restrictive (2) guidelines (1) refresher the use of restrictive interventions which assessment and most psychological well-luse of restrictive interventions which assessment and most prohibited (b) prohibited	for taking this training is upetence by completion of any, reducing and eliminating tive interventions. All be competency-based, a learning objectives, (written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service apploy must be approved by DD/SAS pursuant to is Rule. Ining programs shall include, so, presentation of: information on alternatives to be interventions; and when to intervene aninent danger to self and an an intervention); afor the safe implementation entions; and an intervention of the physical and being of the client and the safe oughout the duration of the ion; a procedures;	V 537			
	but are not limited to (1) refresher the use of restrictive (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive interversions which assessment and mpsychological well-luse of restrictive intervent (6) prohibited	co, presentation of: information on alternatives to e interventions; s on when to intervene ninent danger to self and c on safety and respect for the f all persons involved (using estrictive interventions and n an intervention); f for the safe implementation entions; f emergency safety include continuous onitoring of the physical and being of the client and the safe oughout the duration of the ion; d procedures; g strategies, including their				

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	2
		MHL051-216	B. WING		12/0	9/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RBC HE	ALTH CARE SOLUTIO	INS. INC	SISTER ROA			
		FOUR OA	KS, NC 275	24		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 18	V 537			
	(8) document (h) Service provided documentation of in at least three years (1) Document (A) who particulate outcomes (pass/fail) (B) when and (C) instructor (2) The Division review/request this (i) Instructor Qualify Requirements: (1) Trainers of the bight of the provided at preventing need for restrictive (2) Trainers of the provided at preventing need for restrictive (2) Trainers of the provided at preventing need for restrictive (3) Trainers of the provided at preventing need for restrictive (3) Trainers of the provided at preventing need for restrictive (3) Trainers of the provided at preventing provided passing instructor training provided provide	tation methods/procedures. rs shall maintain nitial and refresher training for tation shall include: cipated in the training and the l); d where they attended; and d's name. ion of MH/DD/SAS may documentation at any time. ication and Training shall demonstrate competence testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence testing in a training program seclusion, physical restraint out. shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ans to employ shall be vision of MH/DD/SAS pursuant				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		MHL051-216	B. WING	<u> </u>		9/2019
NAME OF				STATE, ZIP CODE		
RBC HEALTH CARE SOLUTIONS INC			SISTER ROA KS, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 537	course; (C) evaluatio (D) document (7) Trainers s annually and demo of seclusion, physic time-out, as specifi Rule. (8) Trainers s in teaching the use least two times with coach. (10) Trainers s use of restrictive in annually. (11) Trainers s instructor training a (k) Service provide documentation of in training for at least (1) Document (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a s (2) Coaches times, the course w (3) Coaches competence by cor train-the-trainer ins	n of trainee performance; and tation procedures. Shall be retrained at least instrate competence in the use cal restraint and isolation ed in Paragraph (a) of this shall be currently trained in shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the terventions at least once shall complete a refresher to least every two years. East shall maintain initial and refresher instructor three years. Itation shall include: Expated in the training and the coaches in the training and the coaches in the training and the coaches: Shall meet all preparation trainer. Shall teach at least three which is being coached. Shall demonstrate inpletion of coaching or truction. In shall be the same	V 537			

Division of Health Service Regulation

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1335 LASSISTER ROAD FOUR OAKS, NC 27524 [X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 20 V 537 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support StaffThe Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
NAME OF PROVIDER OR SUPPLIER RBC HEALTH CARE SOLUTIONS, INC 1335 LASSISTER ROAD FOUR OAKS, NC 27524 [X4] ID SUMMARY STATEMENT OF DEFICIENCIES IDEA (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 20 V 537 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support Staff. -The Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.							
RBC HEALTH CARE SOLUTIONS, INC 1335 LASSISTER ROAD FOUR OAKS, NC 27524 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROPROPERTY PROPRIETY PRO			MHL051-216	B. WING		12/0	9/2019
(x4) ID PREFIX (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The support Staff and no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	NAME OF	PROVIDER OR SUPPLIER					
CX4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY V 537 Continued From page 20 V 537 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support StaffThe Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	RBC HEALTH CARE SOLUTIONS, INC						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 537 Continued From page 20 V 537 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support Staff. -The Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	(VA) ID	SLIMMADV STA		1		ON.	(VE)
This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support StaffThe Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
Based on record review and interview, the facility failed to ensure one of four audited staff (the Support Staff) had training in the use of seclusion, physical restraints and isolation time-out. The findings are: Review on 12/6/19 of the facility's personnel files revealed: -There was no specific date of hire for the Support Staff. -The Support Staff had no documentation of training in the use of seclusion, physical restraints and isolation time-out. Interview with the Support Staff on 12/6/19 revealed: -The facility used North Carolina Interventions Core Plus for training in the use of seclusion, physical restraints and isolation time-out.	V 537	Continued From pa	ge 20	V 537			
-He normally did not do direct care with the group home clientsHe just recently started having more interactions with the clientsHe did some transport and medical appointments for the clientsHe confirmed he had no documentation of training in the use of seclusion, physical restraints and isolation time-out.		This Rule is not me Based on record refailed to ensure one Support Staff) had seclusion, physical time-out. The findin Review on 12/6/19 revealed: -There was no spec Support StaffThe Support Staff training in the use of and isolation time-out. Interview with the Secure Plus for training physical restraints and the normally did not home clientsHe just recently stawith the clientsHe did some trans appointments for the training in the use of the secure process.	et as evidenced by: view and interview, the facility e of four audited staff (the training in the use of restraints and isolation ngs are: of the facility's personnel files cific date of hire for the had no documentation of of seclusion, physical restraints out. Support Staff on 12/6/19 orth Carolina Interventions ng in the use of seclusion, and isolation time-out. of do direct care with the group exted having more interactions port and medical lie clients. ad no documentation of of seclusion, physical restraints				

6899