

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl096-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/12/2019
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NAME OF PROVIDER OR SUPPLIER ASA LIVING I	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 BEN BREWINGTON DRIVE GOLDSBORO, NC 27530
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 12/12/19. 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 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting 1 of 4 audited staff (Qualified Professional). The findings are:</p> <p>Review on 12/11/19 of the Qualified Professional's (QP) record revealed: -Hire date was 12/15/14. -No documented evidenced of completion of a HCPR check prior to hire. -No documentation of a HCPR check since her employment.</p>	V 131		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 131	<p>Continued From page 1</p> <p>During interview on 12/11/19 the Group Home Director stated: -He was not sure what the HCPR check was. -He would contact the QP to get it done.</p> <p>Telephone interview on 12/12/19 the QP stated: -She had a HCPR check done by her other employer. -She had never had a HCPR check done by this facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 2 on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the	V 133		

Division of Health Service Regulation

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

Division of Health Service Regulation

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V 133	<p>Continued From page 4</p> <p>or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 5</p> <p>29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete criminal history record checks within five days of conditional offer of employment for 1 of 4 staff audited (Qualified Professional). The findings are:</p> <p>Review on 12/11/19 of the Qualified Professional's (QP) personnel record revealed: -Hire date was 12/15/14. -No documented evidenced of completion of a criminal history check within five days of hire. -No documentation of a criminal history check since her employment.</p> <p>During interview on 12/11/19 the Group Home Director stated: -The QP said she did not require a criminal history check. -He would contact the QP to get this done.</p> <p>Telephone interview on 12/12/19 the QP stated: -She had a criminal background check done by her other employer. -She had never had a criminal background check done by this facility. -She did not recall ever signing a consent for the facility to request a criminal background check.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 7</p> <p>provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 8</p> <p>disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5600A facility which serves adults whose primary diagnosis is mental illness for 1 of 2 audited current clients (#1). The findings are:</p> <p>Review on 12/11/19 of the facility's license issued by the Division of Health Service Regulation (DHSR) revealed the facility was licensed to provide services for adults whose primary diagnosis was mental illness.</p> <p>Review on 12/11/19 of client #1's record revealed: -62 year old male admitted 9/3/13. -Diagnoses included hypertension, hypercholesterolemia, and blindness. -Psychiatric Evaluation dated 1/28/11</p>	V 289		

Division of Health Service Regulation

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V 289	Continued From page 9 documented client #1 had moderate mental retardation and he did not "appear" to have mental health problems. -Medications ordered were for the treatment of hypertension (Amlodipine, Losartan), hypercholesterolemia (Pravastatin), reflux (Omeprazole), and allergies (Singulair). -No orders for any psychotropic medications. Review on 12/11/19 of client #1's Psychological Assessment dated 3/11/14 revealed: -Client #1 was referred for evaluation in order to determine his IQ (intelligence quotient) and level of adaptive behavior so care givers could assure he received appropriate care. -Client #1's history indicated developmental disability since birth and severe intellectual disability diagnosed in early childhood. -Client #1's caregivers were seeking supportive services including continued ADVP (Adult Developmental and Vocational Program). Telephone interview on 12/12/19 the Qualified Professional stated: -The Group Home Director told her that it had been questioned in the past as to why client #1 was admitted to this facility. -Client #1 did not have a mental illness diagnosis. -Client #1 did not see a psychiatrist. -She thought there may have been a waiver in the past for client #1 to reside in the facility. -The reason for the most recent Psychological Assessment was done because the client did not have a mental illness diagnosis.	V 289			
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON	V 536			

Division of Health Service Regulation

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V 536	<p>Continued From page 10</p> <p>ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 12</p> <p>objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl096-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/12/2019
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NAME OF PROVIDER OR SUPPLIER ASA LIVING I	STREET ADDRESS, CITY, STATE, ZIP CODE 1308 BEN BREWINGTON DRIVE GOLDSBORO, NC 27530
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V 536	<p>Continued From page 13</p> <p>requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 4 of 4 audited staff (Group Home Director, Licensee, Staff #3, Qualified Professional) received training in alternatives to restrictive interventions using an approved curriculum chosen by the facility. The findings are:</p> <p>Review on 12/11/19 of the Group Home Director's personnel record revealed: -Hire date 9-5-07. -North Carolina Interventions training expired 8/31/18. -No updated training in alternatives to restrictive interventions.</p> <p>Review on 12/11/19 of the Licensee's personnel record revealed: -Hire date 9/8/06. -North Carolina Interventions training A & B expired 8/31/18. -No additional training in alternatives to restrictive interventions documented after 8/31/18.</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 14</p> <p>Review on 12/11/19 of Staff #3's personnel record revealed: -Hire date 9/18/15. -North Carolina Interventions Training Plus dated 8/1/19.</p> <p>Review on 12/11/19 of the Qualified Professional's (QP) personnel record revealed: -Hire date 12/15/14. -Crisis Prevention and Intervention training dated 3/27/19.</p> <p>During interview on 12/11/19 the Group Home Director stated: -He was not sure if he had taken the training and would have to check with the Licensee. -He thought they no longer were required to have this training.</p> <p>-Telephone interview on 12/12/19 the QP stated she understood staff were to be trained on behavior management and proper interventions.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 15</p> <p>Observations on 12/11/19 between 11:00 am and 12:00 pm revealed:</p> <ul style="list-style-type: none"> -Transition molding between the kitchen and living room flooring was broken and unattached to floor. -Dust build up under the television stand, on living room wall adjacent to the kitchen, and adhered to the decorative mirror frames on the same wall. -Client #1's bedroom: Broken drawers in bedside dresser by vacant bed; drawers off track and broken in the 2 chest of drawers. One was in use by client #1. -Dust, bits of trash, bug casings, and dead bugs about the size of an apple seed collected in the drawers of client #1's bedside table and the bedside table by the vacant bed. -Vacant room, previously occupied by former client #3: Broken wooden dressers stacked in the room. Dust, bug casings, and dead bugs about the size of an apple seed collected on top of the dresser. Stains, dark rust to black in a spatter pattern, covered the television remote control. Similar stains present on the mattress encasements. -Client #2's room: Dust, debris, bug casings, and dead bugs about the size of an apple seed collected in the drawers of client #2's bedside table. Dark stains on client #2's sheets and pillow case. Stains, dark rust to black in a spatter pattern, present on the mattress encasements and on the wall beside the client's bed. <p>Interview on 12/11/19 the Director stated:</p> <ul style="list-style-type: none"> -The broken furniture in former client (FC) #3's room was to be discarded. -The room occupied by FC#3 had the largest concentration of bed bug infestation. -Client #2's linens, to include his comforter, had been washed since the last survey (10/3/19). 	V 736		

Division of Health Service Regulation

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V 736	Continued From page 16 This deficiency has been cited 2 times since the original cite on 8/27/18 and must be corrected within 30 days.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not kept free from insects. The findings are: Observations on 12/11/19 between 11:00 am and 12:00 pm revealed: -Bug casings, and dead bugs about the size of an apple seed collected in the drawers of client #1's bedside table and the bedside table by the vacant bed in the same room. -Vacant room, previously occupied by former client (FC) #3: bug casings, and dead bugs about the size of an apple seed collected on top of the dresser. Stains, dark rust to black in a spatter pattern, covered the television remote control. Similar stains present on the mattress encasements. -Client #2's room: bug casings, and dead bugs about the size of an apple seed collected in the drawers of client #2's bedside table. Dark stains on client #2's sheets and pillow case. Stains, dark rust to black in a spatter pattern, present on	V 738		

Division of Health Service Regulation

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V 738	<p>Continued From page 17</p> <p>the mattress encasements and on the wall beside the client's bed. -1 live bed bug observed crawling on client #2's comforter.</p> <p>Telephone interview on 12/11/19 client #2 stated: -He saw bed bugs on his bed every night. He had seen 8 bugs on his blanket the night before around 3 am. -He may see 8 bed bugs or he might see 1 bed bug at night. -He had not been bitten by the bugs since they had treated the house for the bed bugs. -The Group Home Director was aware of the bed bugs in his room. He had asked the client about bed bugs about 1 month ago. -The facility would spray for the bed bugs and the bugs would just come back.</p> <p>Telephone interview on 11/26/19 the Exterminator Staff stated: -She was the person currently in charge of bedbug services for this company. -The facility purchased the "full bed bug treatment," and the service was provided on 10/16/19. The treatment included a heat tent, chemical spray, and mattress encasements. This service had a 90 day warranty during which time the facility could have an exterminator return to the site, inspect, and treat if needed at no additional cost. -According to her records there had not been a request for a follow up inspection</p> <p>Telephone interview on 11/26/19 the Group Home Director stated: -The facility was treated for bed bugs on 10/16/19. -A follow up inspection was done 10 days later and there was evidence of bed bugs in FC#3's</p>	V 738		

Division of Health Service Regulation

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V 738	<p>Continued From page 18</p> <p>bedroom. The exterminator technician retreated by chemical spray. -A second follow up inspection was done 14 days later and everything was "clear."</p> <p>Telephone interview on 12/11/19 the Exterminator Branch Manager stated: -His company provided bed bug treatment on 10/16/19. -The last inspection and treatment was on 11/13/19. The Group Home Director requested the inspection. The technician did not see any evidence of "live activity." The technician documented the Director requested 2 rooms that had the most bed bug activity sprayed for "peace of mind." -Technicians look for bugs, fecal droppings, blood stains, and casings from the bed bug shedding to determine if there continued to be bed bugs. -The exterminator would consider the bed bugs exterminated based on the technicians findings on 11/13/19. The facility could request additional inspections and treatment for 90 days after the initial service on 10/16/19 at no additional charge.</p> <p>Interview on 12/11/19 the Group Home Director stated: -The broken furniture in FC) #3's room was to be discarded. -The room occupied by FC#3 had the largest concentration of bed bug infestation. They planned to acquire a new television, so the remote controller would be discarded. -Client #2's linens, to include his comforter, had been washed since the last survey (10/3/19). -He had not seen any bud bugs when he requested the last exterminator inspection 11/13/19. The technician did not find any bed bugs, but he (Director) requested the technician to spray 2 of the rooms for his "peace of mind."</p>	V 738		

Division of Health Service Regulation

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V 738	<p>Continued From page 19</p> <p>-He was not aware of any current live bed bugs in the home.</p> <p>Review on 12/11/19 of a Plan of Protection signed by the Group Home Director dated 12/11/19 revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumer in your care?: Call [local exterminator] Today." - "Describe your plans to make sure the above happens. Make sure [local exterminator] come as soon as possible." <p>This deficiency constitutes a recited deficiency.</p> <p>On 12/11/19 one (1) live bed bug was observed on client #2's bed comforter. Dead bugs, bug encasements, and stains consistent with bed bug fecal staining, was present on mattress encasements in all 3 bedrooms, on the wall beside client #2's bed, inside client #2's bedside table drawers, and covering the television remote control in FC#3's room. Client #2 stated he saw bed bugs on his bed every night and had seen 8 bugs on his bed around 3 am on 12/11/19. Client #2 stated the Group Home Director was aware of the continued presence of bed bugs. The pest control company had treated the home on 10/16/19 using heat treatment, chemical spray, and mattress encasements. The service purchased included a 90 day warranty during which time the facility could request inspections and treatments without additional charges. The pest control staff had returned on 10/30/19 and found ongoing live bed bug activity and retreated with chemical spray. The Group Home Director requested an additional inspection on 11/13/19 and requested treatment for 2 of the 3 bedrooms." The pest control staff did not identify</p>	V 738		

Division of Health Service Regulation

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V 738	Continued From page 20 any live activity, but sprayed in 2 of the bedrooms as requested. No further inspections or treatment have been requested. The facility's failure to report live activity and request additional services from the pest control provider to treat bed bugs continues to place the clients in an unsafe environment, detrimental to their health, safety and welfare. This deficiency constitutes an Imposed Type B rule violation. A penalty of \$200 per day is imposed for failure to correct within 45 days.	V 738		