

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2019
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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed on 11/25/19. Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of one live in staff's (#3) personnel record was maintained. The findings are:</p> <p>Attempted review on 10/14/19 of the facility's personnel records revealed: -There was no information regarding staff #3's employment. -Staff #3's hire date unknown. -No evidence of written job description, education, competency or work experience.</p> <p>During interview on 10/9/19 staff #3 reported: -Had been employed at the facility for two months. -Had been living in the home with clients. -Had been administering medications. -Had not had any trainings since being employed.</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-Worked in a facility in another state prior to moving to North Carolina. -Had training when employed by the facility out of state.</p> <p>During interview on 10/9/19, the Licensee/Qualified Professional/Registered Nurse reported: -Was in a training and could not bring the client and staff charts to the home until the next day. -She took the charts out of the house the night before to get information for the guardians.</p> <p>During interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse reported: -Staff #3 was not hired, she is currently working on a "trial basis." -Staff #3 had only worked a couple of weeks. -Not sure if she is going to hire her full time. -Staff #3 had not worked everyday.</p> <p>Review on 10/9/19 of client #1, #2, #3, #4 and #5's Medication Administration Record (MAR) for months of September and October 2019 revealed staff #3's initials daily.</p> <p>During interviews on 10/9/19-10/10/19 clients #1, #2, #3, #4 and #5 reported: -Staff #3 had been the "live in" staff for about two months. -Staff #3 worked alone. -Staff #3 had administered all their medications for the last two months.</p> <p>Further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had a personnel file for staff #3 at her office. -Staff #3 is currently working and is still on a "trial</p>	V 107		

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V 107	<p>Continued From page 3</p> <p>basis." -She would fax over staff #3's personnel record.</p> <p>During interview on 11/15/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had not had a chance to gather all information needed to fax the information to surveyor. -"Thought I had two weeks to submit information to surveyors." -With relocating clients, "This has been a lot" and been difficult to gather all information needed. -Will have all information faxed by 11/21/19.</p> <p>As of 11/21/19 no information was provided regarding Staff #3's training.</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 4 audited staff (#3) received training to meet the client's needs. The findings are:</p> <p>During interview on 10/9/19, the Licensee/Qualified Professional/Registered Nurse reported: -Was in a training and could not bring the client and staff charts to the home until the next day. -She took the charts out of the house the night before to get information for the guardians.</p> <p>Attempted review on 10/14/19 of the facility's personnel records revealed:</p>	V 108		

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V 108	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Staff #3's hire date unknown -There was no information regarding staff #3's orientation, training in client rights and confidentiality, client specific treatment regarding their treatment plans, training in Infectious Disease and Bloodstone Pathogens, CPR. <p>During interview on 10/9/19 staff #3 stated she had:</p> <ul style="list-style-type: none"> -Been employed at the facility for two months. -Been living in the home with clients. -Been administering medications. -Not had any trainings since being employed. -Worked in a facility in another state prior to moving to North Carolina. -Training when employed by the facility out of state. <p>During interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse reported:</p> <ul style="list-style-type: none"> -Staff was not hired. -She is currently working on a "trial basis." -Staff #3 had only worked a couple of weeks. -Not sure if she is going to hire her full time. -Staff #3 had not worked everyday. <p>Review on 10/9/19 of client #1, #2, #3, #4 and #5's Medication Administration Record's (MAR) for months of September and October 2019 revealed staff #3's initials daily.</p> <p>During interviews on 10/9/19-10/10/19 clients #1, #2, #3, #4 and #5 stated:</p> <ul style="list-style-type: none"> -Staff #3 had been the "live in" staff for about two months. -Staff #3 worked alone. -Staff #3 had administered all their medications for the last two months 	V 108		

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V 108	<p>Continued From page 6</p> <p>Further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had a personnel file for staff #3 at her office. -Staff #3 is currently working and is so on a "trial basis." -She would fax over staff #3's personnel record.</p> <p>During interview on 11/15/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had not had a chance to gather all information needed to fax the information to surveyor. -"Thought I had two weeks to submit information to surveyors." -With relocating clients, "This has been a lot" and been difficult to gather all information needed. -Will have all information faxed by 11/21/19.</p> <p>As of 11/21/19 No information was provided regarding Staff #3's training.</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview one of one Qualified Professional (the Licensee/Qualified Professional/Registered Nurse) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p> </p> <p>A. During interviews from 10/9/19- 11/24/19 the Licensee/Qualified Professional/Registered Nurse</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>stated:</p> <ul style="list-style-type: none"> -Staff #3 was hired by the Licensee/Qualified Professional/Registered Nurse two months ago as a live in staff she called "trial basis." -Staff #3 was placed in the home to live and work with no evidence of a Health Care Personnel Record Check, Criminal Record check completed. -During interview on 10/9/19 with client #5 stated staff #3 is not fluent in English and they all complained they can not understand her. -Client #5 stated staff #3 did not understand English. -During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated the training she received through another employer was not the same curriculum she had in her policy for staff to use. <p>Record review on 10/14/19 of Staff #3's record revealed she had not received any trainings in Medication Administration, First Aid and Cardiopulmonary Resuscitation prior to working with the clients.</p> <p>Record Review on 10/9/19-11/24/19 revealed the Licensee/Qualified Professional/Registered Nurse had not provided training in Alternative to Restrictive Interventions for staff #1, #2, and #3.</p> <ul style="list-style-type: none"> -Observation and record review on 10/14/19 at 11:00 AM, revealed the Licensee/Qualified Professional/Registered Nurse provided surveyors with a training card she had received at another employer through an agency that provides training in Alternative to Restrictive Interventions <p>B. During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated:</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>-She completed treatment plans for all the clients. -she used a format to complete the treatment plans and just changed the names and goals to match the client.</p> <p>Record Review on 10/14/19 of client #3, #4 and #5's records revealed: -did not have signatures on their treatment plans. -client #5's plan had a former client's name all through the plan -client #3 had a goal for an item he did not receive.</p> <p>C. During interviews and observations on 10/9/19-11/24/19 the Licensee/Qualified Professional/Registered Nurse stated she was responsible for client records. -Observation on opening of survey 10/9/19 at 10:00 AM no client records were present in the facility. -Observation on 10/14/19 at 10:45 AM the Licensee/Qualified Professional/Registered Nurse arrived at the facility for review for surveyors. -During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse stated she had taken the records home the day before to work in them and send emails to guardians regarding appointments. -During interview on 10/9/19 Staff #3 stated she had been working in the home for two months and client records were never there. -During interview on 10/9/19 Staff #2 stated the Licensee/Qualified Professional/Registered Nurse kept the client records at her office at all times to use for training when hiring new staff.</p> <p>Record review on 10/14/19 of client #4 and #5's records revealed: -did not have emergency information and consent for medical care.</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>-Client #5's face sheet did not have accurate date of birth or emergency contact information.</p> <p>D. During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated Fire and Disaster Drills were not completed quarterly for each shift, "We would have to wake them up."</p> <p>E. During interviews on 10/9/19 Clients #3, #4, & #5 complained of the food being served. There is no menu followed and rarely served fruits and vegetables.</p> <p>-Clients #3, #4, & #5 and staff #3 stated Ramen Noodles, hot dogs and peanut butter and jelly sandwiches are mostly served through out the week.</p> <p>-During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated she bought the groceries for the home and only bought Ramen Noodles and crackers at the request of client #5.</p> <p>-The Licensee/Qualified Professional/Registered Nurse stated clients get nutritious meals and pick what they like to eat. "If clients are saying different they are lying."</p> <p>F. During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated she monitors the Medication Administration Records (MAR's) weekly and never noticed any discrepancies.</p> <p>Record review and interview on 10/9/19 of client #5's MAR revealed documentation for medication (a nicotine patch) for days that she stated she did not receive it.</p> <p>Record review on 10/9/19 of client #4's MAR revealed a PRN (as needed) medication for migraines and when given that medication staff</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>#3 documented it on the back of the previous month's MAR.</p> <p>G. During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated the Aspirin was a stock medication. -During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated client #3 had just ran out of Aspirin on 10/8/19 and the pharmacy was sending out a new bottle that day.</p> <p>Record review on 10/9/19 of client #3's MAR revealed he received Aspirin 81 milligrams a day.</p> <p>During observation at 11:00 AM on 10/9/19 staff #3 was observed taking aspirin 81 milligrams out of client #1's medication bag to give to client #3.</p> <p>H. Review on 10/9/19 of the DHSR Facility Public File revealed the facility was licensed to provide services for adults with mental retardation and developmental disability (MR/DD). -The facility had been cited in the last three surveys dated 10/26/18, 10/19/17 and 10/26/16 referenced deficient practice regarding clients admitted into the group home with different diagnoses than what facility licensed. -Record review on 10/14/19 of facility records revealed no clients in the facility had a MR/DD diagnosis. -Record review on 10/14/19 of client #5's record revealed client #5 was admitted by the Licensee/Qualified Professional/Registered Nurse on 8/1/19. -During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated she was told by client #5's previous placement she had a MR/DD diagnosis but never</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>saw paperwork to reflect this.</p> <p>I. During interviews on 10/15/19 and 11/14/19 the legal guardian (Department of Social Services -DSS) of client #3 stated the Licensee/Qualified Professional/Registered Nurse failed to inform her of client #3's appointments. -During interview on 10/15/19 client #4's Assertive Community Treatment (ACT) team stated they had a difficult time locating client #4 to provide services. -Client #4's ACT team stated the Licensee/Qualified Professional/Registered Nurse had attempted to get client #4 to switch provider and not involve them in her treatment plan meetings.</p> <p>J. Record review on 10/14/19 of client #4's record revealed the Licensee/Qualified Professional/Registered Nurse failed to complete a Level II incident report regarding client #4's incident on 5/29/19 where client #4 was out on her unsupervised time. -Client #4 did not meet for her pick up time and staff could not locate her. -Local police department was contacted and searched for many hours. -Client #4 was found later in the evening at local hospital.</p> <p>During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated she had completed the incident report but could not locate it.</p> <p>Record review on 10/15/19 of a search of the North Carolina Incident Response Improvement System (IRIS) data base for the incident report revealed it was not found Record review on 11/21/19 revealed the</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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V 109	<p>Continued From page 13</p> <p>Licensee/Qualified Professional/Registered Nurse faxed an incident report regarding client #4's incident on 5/29/19 to surveyor dated 11/21/19.</p> <p>K. During interviews on 10/9/19 clients #3 and #4 stated they are giving the Licensee/Qualified Professional/Registered Nurse money for copays and house repairs for which they had not received any invoices for or receipts. -Clients #4 and #5 stated they had never seen any documentation of the Licensee/Qualified Professional/Registered Nurse keeping a record of their funds. -During interview on 11/15/19 client #3's legal guardian (DSS) stated the Licensee/Qualified Professional/Registered Nurse had not provided her any invoices or receipts for copays withheld from client #3's funds. -During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated she had kept a written record of client funds and would provide those. -The Licensee/Qualified Professional/Registered Nurse stated the clients were aware of these hand written logs she maintained.</p> <p>Record review on 11/21/19 revealed the Licensee/Qualified Professional/Registered Nurse provided hand written sheets to surveyors of money withheld from clients' funds.</p> <p>L. Observation on 10/9/19 at 10:00 AM revealed the Licensee/Qualified Professional/Registered Nurse failed to complete repairs to the home that resulted in all clients being removed due to safety issues. -During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse there had been ongoing leak issues which she had repaired along with the Landlord.</p>	V 109		

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V 109	<p>Continued From page 14</p> <p>Record review on 10/9/19 of the Statement of Deficiency report completed on 10/9/19 by the Division of Health Service Regulation (DHSR) Construction Section revealed citations regarding the need to fix the fire escape stairs due to deterioration.</p> <p>During interview on 10/9/19 with the DHSR Construction Engineer, after they had assessed the fire escape on 10/9/19, stated: -the clients needed to be moved because there was no egress for the upstairs clients due to the condition of the stairs and deck. -the Licensee/Qualified Professional/Registered Nurse had told him (DHSR Construction Engineer) on 10/9/19 that she was unable to complete repairs due to the weather.</p> <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse told surveyors she was not aware of any issues with stairs and fire escape. She further stated that the DHSR Construction Section told her everything was fine with the home on their last survey in May 2019.</p> <p>Observations and interview with the Licensee/Qualified Professional/Registered Nurse on 10/9/19 at 6:00 PM revealed clients were removed and placed in a hotel.</p> <p>During interviews with clients #3 and #4 on 10/16/19 and 11/6/19 stated they had been moved multiple times from hotel, rental house and back to hotel during the repair of fire escape.</p> <p>M. Observation on 10/9/19 at 10:00 AM revealed the mattresses in the clients' bedrooms were worn and sunken in the middle.</p>	V 109		

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V 109	<p>Continued From page 15</p> <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse stated she had recently purchased several new mattresses for the home.</p> <p>During interview on 10/9/19 client #4 stated she had been living in the home for ten years and stated she had never had a new mattress.</p> <p>During interview on 10/9/19 clients #2, #3 and #5 denied having a new mattress.</p> <p>During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated she had receipts for the purchase of mattresses, but never provided them.</p> <p>N. Observation on 10/9/19 at 6:00 PM revealed all clients were relocated from the facility due to safety issues with no egress for clients on second floor of the facility.</p> <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse was instructed to complete an Emergency Relocation on the DHSR website and email to the Mental Health Licensure Team Leader.</p> <p>Record review on 10/17/19 revealed surveyor received an email with Emergency Relocation completed for the hotel. On 11/21/19 an Emergency Relocation for the rental house was received.</p> <p>During interviews on 10/14/19-11/8/19 the Licensee/Qualified Professional/Registered Nurse stated the clients were moved to a rental house in between hotel stays.</p> <p>O. During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated she took clients to doctor appointments</p>	V 109		

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V 109	<p>Continued From page 16</p> <p>with her because, "It's easier for all of them to go and it's good for them." -She stated if they needed anything, she was right there with them. -The clients sit in the waiting room while other clients are in their appointments.</p> <p>P. Multiple occasions when surveyors were trying to make contact during survey and meet, the Licensee/Qualified Professional/Registered Nurse would not return calls, cancel meetings or show up over an hour late. The following are examples: -10/9/19-9:30 AM -Could not meet surveyors because she was in a conference all day. -10/9/19-1:30 PM Surveyor spoke with DHSR Construction Engineer who was at the home and the Licensee/Qualified Professional/Registered Nurse was present. -10/9/19- 2:22 PM during interview the Licensee/Qualified Professional/Registered Nurse to meet back at the home to discuss safety issues. She was unable to do so because client #4 had a doctor appointment at 3:00 PM and she had no other staff available to take the client. She stated she would take all clients with her to the doctor appointment. -10/9/19 -3:30 PM surveyors arrived and staff #2 was present at the home and no clients present. -10/9/19- 5:11 PM Licensee/Qualified Professional/Registered Nurse arrived with client #4, #5 and #2. -10/14/19-Scheduled to meet with the Licensee/Qualified Professional/Registered Nurse at 9:30 AM, she arrived at 10:35 AM. -10/15/19-Called the Licensee/Qualified Professional/Registered Nurse at 10:29 AM to locate clients. The Licensee/Qualified Professional/Registered Nurse stated the clients were out for their unsupervised time and at their</p>	V 109		

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V 109	<p>Continued From page 17</p> <p>program. Would call surveyors back when she pulled over to contact staff #1 to locate clients.</p> <p>-10/15/19- 11:25 and 1:20 PM called Licensee/Qualified Professional/Registered Nurse and unable to make contact.</p> <p>-10/16/19- The Licensee/Qualified Professional/Registered Nurse returned call saying her phone had been dead all day. and not sure if she would be able to meet on 10/17/19.</p> <p>-10/16/19- 4:00 PM spoke to staff #1 regarding meeting to see clients on 10/17/19. Staff #1 stated she could bring them to surveyors office at 10:00 AM to be interviewed. Staff #1 stated she was not aware of clients having doctor appointments on 10/17/19.</p> <p>-10/16/19- Received text from staff #1 stating she could not meet because clients had doctor appointment.</p> <p>-10/16/19-A text was sent to the Licensee/Qualified Professional/Registered Nurse regarding the need to see the clients to ensure their safety since being relocated from the facility and reminded the Licensee/Qualified Professional/Registered Nurse the requirement that she must comply with the survey process.</p> <p>-10/17/19-9:46 AM Received text from the Licensee/Qualified Professional/Registered Nurse stating she could not meet surveyors this morning due to taken client to doctor appointment. The Licensee/Qualified Professional/Registered Nurse stated she had client #3 and #5 with her at the local hospital and surveyors could see clients there.</p> <p>10/17/19- 10:45 Surveyors met client #5 at 10:45 at local hospital waiting room. Client #3 had been taken back for his test. Client #5 and #2 were with staff #2 at the mall.</p> <p>-10/17/19-1:15 PM Clients #2, #4 and #5 were observed at the mall with staff #2 and the</p>	V 109		

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V 109	<p>Continued From page 18</p> <p>Licensee/Qualified Professional/Registered Nurse.</p> <p>11/1/19- Telephone call to Licensee/Qualified Professional/Registered Nurse to schedule exit and interview. Exit and interview was scheduled at DHSR office for 11/4/19 at 2:00 PM.</p> <p>11/4/19- 9:15 AM the Licensee/Qualified Professional/Registered Nurse canceled scheduled meeting, stating she had clients that had appointments all week. Meeting was rescheduled for 11/8/19 at 11:00 AM.</p> <p>11/8/19- Meeting at DHSR Office with the Licensee/Qualified Professional/Registered Nurse. Could not exit as she did not provide information requested during survey. She stated she would fax them to the office early next week.</p> <p>11/14/19- Telephone call to the Licensee/Qualified Professional/Registered Nurse requesting the information she stated she would provide. The Licensee/Qualified Professional/Registered Nurse stated she thought she had two weeks to get the information. She stated with having to move the clients, getting the new stairs and deck rebuilt had been a longer process than first thought.</p> <p>"This has been a lot to do."</p> <p>11/21/19- 4:00 PM Received information requested.</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND</p>	V 110		

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V 110	<p>Continued From page 19</p> <p>SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews one of three staff (#3) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p>	V 110		

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V 110	<p>Continued From page 20</p> <p>Below are the following examples of Staff #3's failure to demonstrate competency:</p> <p>Observation on 10/9/19 at 10:00 AM upon arrival to the facility staff #3 was not able to communicate with surveyors, the information regarding the clients living in the home due to her lack of knowledge regarding clients name and locations and inability to communicate because of her language barrier and refusal to answer questions.</p> <p>During interview on 10/9/19 staff #3 stated: -She had been working in the facility for two months. -She was a live in staff. -Not sure what the clients diagnoses are. -Not seen any client records. -Administered medications multiple times a day.</p> <p>During further interview on 10/9/19 at 10:00 AM, staff #3 would not answer questions regarding treatment plans and records. - -Staff #3 was questioned multiple times regarding clients Medication Administration Record (MAR's) with no response. -These behaviors continued through the day of initial survey on 10/9/19 from 10:00 AM- 12:00 PM until surveyors left the facility. -Surveyors observed through out the morning, staff #3 would cover her mouth and not answer. -Multiple questions continued as staff #3 would drink water and cover her mouth. -On one occasion, surveyor observed her walk outside and started speaking on the phone for at least ten minutes. -Review of client's MAR's, staff #3 could not communicate in English and explaining why certain areas of the MAR's were documented in</p>	V 110		

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V 110	<p>Continued From page 21</p> <p>the manner they were.</p> <p>During interview on 10/9/19 client #5 stated: - "She [staff #3] did not understand English." -Staff #3 did not speak good English and they could not understand her. -Staff #3 just cooks and gives them their medication. -Staff #3 did not work with them on any goals. -Staff #3 did not do things (like document Medication Administration Record) like she is supposed to. -Staff #3 did not clean the house at all. -Staff #3 just laid around on the couch all day.</p> <p>Observation at 11:30 AM on 10/9/19 staff #2 arrived and staff #3 was no longer available for surveyors to interview.</p> <p>Observation at 3:30 PM on 10/9/19 when surveyors returned to the home, staff #3 was not present.</p> <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse stated: -Staff #3 was not an employee. -She was using staff #3 on a "trial basis" and she would not be coming back.</p> <p>During interview on 10/15/19 client #3's Guardian (Department of Social Services) stated: -Staff #3 had been working in the home for a few months. -Had a difficult time understanding her English. -Staff #3 would not answer her questions regarding client #3's care when she did her monthly visits to the home. -Staff #3 would call the Licensee/Qualified Professional/Registered Nurse and only answer</p>	V 110		

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V 110	<p>Continued From page 22</p> <p>based on what she was told over the phone to answer.</p> <p>-Very difficult to communicate with staff #3 and assumed it was just as difficult for the clients in the home.</p> <p>During interview on 10/30/19 Client #3 stated:</p> <p>-They had been staying at a hotel while the fire escape had been repaired.</p> <p>-Staff #3 was staying with them.</p> <p>-Staff #3 was sleeping on the floor of the room she shared with client #4.</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 110		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of</p>	V 112		

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V 112	<p>Continued From page 23</p> <p>outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement goals and strategies for three of three audited clients (#3, #4, #5) needs were developed. The findings are:</p> <p>During interview on 10/9/19, the Licensee/Qualified Professional/Registered Nurse reported: -Was in a training and could not bring the client charts to the home until the next day. -She took the charts out of the house the night before to get information for the guardians.</p> <p>A. Review on 10/14/19 of client #4's record revealed: -Admission date 8/26/09 -Diagnoses of Paranoid schizophrenia and Bipolar. -Current Treatment Plan dated 3/26/19. -No signature from legal guardian present on the Treatment Plan -Treatment plan had a former client's name through out the plan.</p> <p>During interview on 10/09/19 of client #4 reported: -She is her own guardian. -Did not know what goals she had.</p>	V 112		

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V 112	<p>Continued From page 24</p> <p>-Had not seen a Treatment Plan.</p> <p>B. Review on 10/14/19 client #5's record revealed: -Admission date 8/01/19 -Diagnoses of Schizophrenia disorder depressive type. -Current Treatment Plan dated 8/01/19. -Treatment Plan had a former client's name through out the plan. -No signature from legal guardian present on the Treatment Plan.</p> <p>During interview on 10/09/19 client #5 reported: -She is her own guardian. -She had not had a meeting for completing her Treatment Plan.</p> <p>C. Review on 10/14/19 of client #3's record revealed: -Admission date of 8/4/09. -Diagnoses of Schizophrenia, History of Cardiac-Pacemaker. -Treatment Plan dated 3/26/19.</p> <p>Review on 10/14/19 of client #3's Treatment Plan revealed the following goal: -"Remain physically and mentally healthy...participate in therapy." -No signature from legal guardian present on the Treatment Plan.</p> <p>During interview on 10/14/19 client #3 stated: -He did not attend therapy. -Not aware of Treatment Plan goals. -"I don't need one, I am alright." -Signed some papers about a year ago. -Not sure what he signed.</p> <p>During interview on 10/15/19 client #3's Legal</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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V 112	<p>Continued From page 25</p> <p>Guardian (Department of Social Services) stated: -Client #3 did not receive any type of therapy. -Client #3's had a medication management appointment with his psychiatrist every three months. -Client #3 would not benefit from therapy. -Never been involved with any treatment team meetings to discuss goals. -Never seen a Treatment Plan or signed one in all the years he had been in the home. -"Would love to be a part of any treatment team meeting."</p> <p>During an interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse stated: -She completed all Treatment Plans herself. -She used a template to do the Treatment Plans on and maybe missed another clients name when doing them. -Client #3 attended therapy every three to four months. -He would see his psychiatrist for medication management and he would do therapy at that appointment. -All plans were signed by clients and guardians. -"The original must be at my office where I keep all their paperwork."</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall</p>	V 113		

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V 113	<p>Continued From page 26</p> <p>contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 27</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure a face sheet, emergency information and consents granting permission to seek emergency medical care were maintained in the records for two of three audited clients (#4 and #5). The findings are:</p> <p>A. Observation upon arrival to the facility on 10/9/19 no client records were present in the facility.</p> <p>During interview on 10/9/19 Staff #3 stated: -There are no client records in the home. -Been working for two months and not seen any records for the clients.</p> <p>During interview on 10/9/19 Staff #2 stated: -The records are kept at the Licensee/Qualified Professional/Registered Nurse (Staff #2's mom) office. -Licensee/Qualified Professional/Registered Nurse kept the records at her office for when new staff are hired they can be trained on them. -The client records are not kept in the home.</p> <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse stated: -"I picked up records last night to take them to my office to do some work on them." -"I can bring them back to the home for review."</p> <p>B. Review on 10/14/19 client #4's record revealed: -Admission date 8/26/09 -Diagnoses of Paranoid schizophrenia and</p>	V 113		

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V 113	<p>Continued From page 28</p> <p>Bipolar.</p> <p>-No evidence of consent authorizing emergency medical care or emergency contact information.</p> <p>During interview on 10/09/19 client #4 reported:</p> <p>-She is her own guardian.</p> <p>-Did not know what goals she has.</p> <p>-Had not seen plans or consents.</p> <p>On 10/15/19 an attempt to obtain client #4's medical record from local hospital was unsuccessful due to wrong date of birth listed in client #4's record.</p> <p>Further interview on 10/16/19 with client #4 reported:</p> <p>-Confirmed correct birth date, incorrect date on face sheet.</p> <p>Review on 10/14/19 client #5's record revealed:</p> <p>-Admission date 8/01/19</p> <p>-Diagnoses of Schizophrenia disorder depressive type</p> <p>-No evidence of consent authorizing emergency medical care or emergency contact information.</p> <p>During interview on 10/09/19 client #5 reported:</p> <p>-She is her own guardian.</p> <p>-She had not signed any consent forms since her admission two months ago.</p> <p>During an interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse reported she completed the paperwork and it is at her office, she would fax over this paper work.</p> <p>As of 11/21/19 No information was provided by the Licensee/Qualified Professional/Registered Nurse.</p>	V 113		

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V 113	Continued From page 29 This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure fire and disaster drills were conducted quarterly per shift. The findings are:</p> <p>Review on 10/09/19 of Facility Fire Drill record revealed all fire and disaster drills from January 2019 though October 2019 had been completed monthly between 9:15 AM and 11:00 AM.</p> <p>During interview on 10/09/19 client #1 reported: -Not sure when the last fire drill was completed. -Will go outside in case of a fire.</p>	V 114		

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V 114	<p>Continued From page 30</p> <ul style="list-style-type: none"> -Only goes upstairs to take a shower. -Hasn't done a disaster drill. -In case of a storm will get in closet. <p>During interview on 10/9/19 client #3 reported:</p> <ul style="list-style-type: none"> -Had done fire and disaster drills. -Not sure when the last drills were completed. <p>During interview on 10/09/19 client #4 reported:</p> <ul style="list-style-type: none"> -She does not remember the last time a fire drill was completed. -She would be scared to go out the exit in her room. -The exit is unsafe. -She has told staff that the exit is unsafe. -If there were a fire and there were no other way to get out of the house she would have to go down the outside stairs from the second floor. -Because the fire escape stairs outside are in such bad shape she was worried she may not make it down them safely. <p>During interview on 10/9/19 client #5 reported:</p> <ul style="list-style-type: none"> -Not done any fire drills since moving in the home two months ago. -Assumed she would go out the front door if there were a fire. <p>During interview on 10/9/19 the Licensee/Qualified Professional/Registered Nurse stated:</p> <ul style="list-style-type: none"> -Had staff that lived in the home for a few weeks and then off a few weeks. -Had not completed fire drills and disaster drill in the middle of night. -"We would have to wake them up?" -"I have done them before they go to bed in the evening." -Not aware if other staff had conducted drills during the night. 	V 114		

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V 114	Continued From page 31 This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.	V 114		
V 115	27G .0208 Client Services 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, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (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. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (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.	V 115		

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V 115	<p>Continued From page 32</p> <p>This Rule is not met as evidenced by: Based on interviews and observation the facility failed to ensure meals served were nutritious. The findings are:</p> <p>Observation on 10/9/19 at approximately 10:30 AM revealed: -A large box with multiple packs of Ramen Noodles. -The pantry consisted of canned vegetables. -Limited meats in the freezer. -No fresh fruits or vegetables present.</p> <p>During interview on 10/9/19 client #5 stated: -They eat a lot of Ramen Noodles. -Did not have "healthy food" to eat. -Would like to have some salad sometimes and some fruit. -The Licensee/Qualified Professional/Registered Nurse would sometimes bring bananas, but not every week. -They ate a lot of hot dogs or hamburger and peanut butter and jelly sandwiches. -Would like to help with menu planning.</p> <p>During interview on 10/9/19 client #2 stated: -"We eat a lot of noodles." -"Sometimes [staff #1] cooked meat and vegetables, a few times a week." -Ate Peanut Butter and Jelly for lunch most days when not having noodles.</p> <p>During interview on 10/9/19 client #3 stated: -Ate Peanut Butter and Jelly for dinner or Ramen Noodles with crackers. -Sometimes they would have banana or oranges.</p> <p>During interview on 10/9/19 client #4 stated: -There is no menu for staff to follow. -Staff #1 just made whatever she felt like.</p>	V 115		

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V 115	<p>Continued From page 33</p> <ul style="list-style-type: none"> -They had frozen and can vegetables but the staff did not serve them. -"We do not eat vegetables." -"Sometimes" had bananas. -Staff cooked pizza, hot dogs and Ramen Noodles. -When staff #1 did cook chicken she would boil it and it had no taste. <p>During interview on 10/9/19 client # 1 stated:</p> <ul style="list-style-type: none"> -Staff will cook Ramen Noodles and hot dogs for lunch. -Dinner "sometimes" have vegetables and fruit. -Food is "ok" <p>During interview on 10/9/19 staff #1 stated:</p> <ul style="list-style-type: none"> -Prepared foods that the Licensee/Qualified Professional/Registered Nurse would bring. -Did prepare noodles with crackers several times a week. -The clients who do not attend day programs like hot dogs and hamburgers for lunch. -Sometimes they have fresh fruit like bananas to snack on. <p>During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated:</p> <ul style="list-style-type: none"> -She had a menu at the facility and bought a variety of foods for staff to prepare. -Only bought Ramen Noodles and crackers at the request of client #5. -"This is a lie, you guys are making this up." - "If clients are saying different they are lying." -"I always buy nutritious meals for the clients to eat, they can't say they eat noodles all the time." <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512)</p>	V 115		

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V 115	Continued From page 34 for a Type A1 rule violation.	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> <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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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>	V 118		

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V 118	<p>Continued From page 35</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure one of three audited client's (#5) MAR was maintained and kept current and medications were administered on the order of a physician. The findings are:</p> <p>Review on 10/09/19 of client #5's record revealed: -Admission 08/01/19 -Diagnosis Schizophrenia disorder depressive type.</p> <p>A. Review of client #5's MAR on 10/9/19 revealed: -On 10/09/19 client #5 was given nicotine patch initialed by Staff #3.</p> <p>During interview on 10/09/19, staff #3 reported: -She gave medications to client #5 that morning. -She put nicotine patch on for client #5. -She initialed the MAR after medications were given.</p> <p>During interview on 10/09/19, client #5 reported: -She was not wearing the nicotine patch. -She knows she would not be smoking a cigarette if she had the patch on. -She did not get the patch that morning. -She had worn the patch earlier that week but not everyday and not sure of which days.</p> <p>B. Review on 10/9/19 of client #5's August-October 2019 MAR's listed Nicorette Gum as needed (used to treat nicotine replacement therapy). Apply to one Cheek every two hours as needed for smoking cessation.</p> <p>Review of client #5's record revealed: -No order to self administer medication for</p>	V 118		

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V 118	<p>Continued From page 36</p> <p>nicotine gum.</p> <p>During interview on 10/09/19, client #5 reported: -Has not used the gum in a while. -Has the gum on her person. -Staff #3 gave her the gum to keep. -Does still smoke. -Is a certified nursing assistant. -Noticed that staff #1 did not document on the MAR after medication was given.</p> <p>C. Review of client's #4 MAR's on 10/9/19 revealed: -Client was given Acetaminophen 500 milligrams (used for pain) on 4/10/19, 5/10/19, 7/10/19, 6/10/19, 9/29/19, 9/24/19, 9/21/19, 9/19/19, 10/08/19 documented on February 2019 MAR.</p> <p>During interview on 10/09/19, staff #3 reported: -Has been working at this home for two months. -Gives medications. -Has not had medication training. -Knows client #4 can self administer medication, she lets her know what time to administer the medication. -Knew the medication is in the client's room.</p> <p>During interview on 10/09/19, the Licensee/Qualified Professional/Registered Nurse reported: -The clients do not self administer medication. -All medications are locked in cabinet. -Staff #3 is only working as a trial staff. -She does not give medications the other staff gives the medication. -There are no medications in client's rooms.</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 37 NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to ensure medication for one of three audited clients (#3) was stored separately. The findings are: Review on 10/9/19 of client #3's October Medication Administration Record revealed: -"Aspirin 81 milligram one time a day."	V 120		

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V 120	<p>Continued From page 38</p> <p>Observation on 10/9/19 at approximately 11:00 AM of client #3's medications that were stored in medication cabinet did not have the Aspirin 81 milligrams present.</p> <p>During interview and observation at approximately 11:00 AM on 10/9/19 when surveyor questioned staff #3 regarding client #3's missing medications. Staff #3 got another client's medication bag from the cabinet and handed surveyor a bottle of Aspirin 81 milligram stating she gave client #3 this medication.</p> <p>Further interview on 10/9/19 with staff #1: -Surveyor asked did she always use the same medication for both clients. -Staff #3 stated she did.</p> <p>Observation on 10/9/19 at approximately 11:00 AM -Staff #3 would not answer any further questions. -Staff #3 would cover her mouth when asked further questions.</p> <p>During interview on 10/15/19 the Licensee/Qualified Professional/Registered Nurse stated: -Client #3 had his own Aspirin 81 milligrams to take. -If a client runs out, the Aspirin 81 milligram is a "house medication" that is shared by several clients. -The Aspirin was not stored in another client's bag. -The Aspirin would be in the medication drawer. -She trained staff #3 on medication administration.</p> <p>This deficiency is cross referenced into: 10A</p>	V 120		

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V 120	Continued From page 39 NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION (V512) for a Type A1 rule violation.	V 120		
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 review and interview, the facility failed to complete the Health Care Personnel Registry (HCPR) before hiring one of four audited staff (#3). The findings are:</p> <p>Review on 10/14/19 of the facility's personnel records revealed: -Staff #3's hire date unknown. -No evidence of a HCPR check.</p> <p>During interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse reported: -Staff was not hired, she is currently doing a trial basis. -Staff has only worked a couple of weeks.</p>	V 131		

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V 131	<p>Continued From page 40</p> <p>Further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had a personnel file for staff #3 at her office. -Staff #3 is currently working and is on a "trial basis." -She would fax over staff #3's personnel record. (No fax to surveyors as of 11/21/19 at 5:00 pm)</p> <p>During interview on 11/15/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had not had a chance to gather all information needed to fax the information to surveyor. -"Thought I had two weeks to submit information to surveyors." -With relocating clients, "This has been a lot" and been difficult to gather all information needed. -Will have all information faxed by 11/21/19. (No fax to surveyors as of 11/21/19 at 5:00 pm)</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</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</p>	V 133		

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V 133	Continued From page 41 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 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	V 133		

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V 133	<p>Continued From page 22</p> <p>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 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, 	V 133		

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V 133	<p>Continued From page 43</p> <p>rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <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 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</p>	V 133		

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V 133	<p>Continued From page 44</p> <p>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 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</p>	V 133		

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V 133	<p>Continued From page 45</p> <p>following requirements are met: (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. (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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure criminal history check was requested prior to employment for one of four audited staff (#3). The findings are:</p> <p>Review on 10/14/19 of the facility's personnel records revealed: -Staff #3's hire date -unknown. -No evidence of a criminal record check.</p> <p>During interview on 10/14/19, the Licensee/Qualified Professional/Registered Nurse reported staff: -Was not hired as she is currently doing a trial basis. -Has only worked a couple of weeks.</p> <p>Further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had a personnel file for staff #3 at her office.</p>	V 133		

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V 133	<p>Continued From page 46</p> <p>-Staff #3 is currently working and is on a "trial basis." -She would fax over staff #3's personnel record.</p> <p>During interview on 11/15/19 the Licensee/Qualified Professional/Registered Nurse reported: -She had not had a chance to gather all information needed to fax the information to surveyor. -"Thought I had two weeks to submit information to surveyors." -With relocating clients, "This has been a lot" and been difficult to gather all information needed. -Will have all information faxed by 11/21/19. (No fax to surveyors as of 11/21/19 at 5:00 pm)</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</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 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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients.</p>	V 289		

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V 289	<p>Continued From page 47</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 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</p>	V 289		

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V 289	<p>Continued From page 48</p> <p>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 5600C facility which serves adults whose primary diagnosis is a developmental disability for three of three audited clients (#3, #4, #5). The findings are:</p> <p>Review on 10/9/19 of the facility's public record maintained by Division of Health Service Regulation (DHSR) revealed: -The facility was licensed to provide services for adults with developmental disability. -Statement of Deficiency (SOD) dated 10/26/18, 10/19/17 and 10/26/16 referenced deficient practice regarding client's admitted into the group home with different diagnoses than facility is licensed for.</p> <p>A. Review on 10/14/19 of client #3's record revealed: -Admission date 8/4/09. -Diagnoses of Schizophrenia, and History of Cardiac-Pacemaker.</p> <p>B. Review on 10/14/19 of client #4's record revealed: -Admission date 8/26/09. -Diagnoses of Paranoid schizophrenia and Bipolar.</p>	V 289		

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V 289	<p>Continued From page 49</p> <p>C. Review on 10/14/19 of client #5's record revealed: -Admission date 8/01/19. -Diagnoses of Schizophrenia disorder depressive type</p> <p>During interview on 10/9/19 client #5 stated: -Was admitted from an Assisted Living facility. -Received services from an Assertive Community Treatment team (ACT). -Used to work as a Certified Nursing Assistant (CNA) before she got sick. -Suffered from depression.</p> <p>Review on 11/19/19 of ACT team services revealed: -"A community based group of medical, behavioral health and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness."</p> <p>During interview on 10/16/19 and 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated: -Clients #3 and #4 had been admitted to the facility for many years, prior to her taking over the license. -Client #5 was admitted based on what she heard from her previous placement. -She was told by the Qualified Professional (QP) from client #5's previous placement that she had "Mentally Illness for a long time, delayed for a long time." -She screened her based on the information that was verbally provided by the former QP. -The former QP told her that client #5 would not get out of bed for a long time. -The former QP told her she had been delayed</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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V 289	<p>Continued From page 50</p> <p>"since childhood." -Was not provided any information in writing regarding client #5's diagnoses. -"I thought I saw something on her FL-2 that said she had a Developmental disorder." -Could not provide the name or phone number for the former QP who gave her the information.</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 289		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's</p>	V 291		

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V 291	<p>Continued From page 51</p> <p>progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to coordinate services for three of three (#3, #4, & #5) audited clients. The findings are:</p> <p>A. During interview on 10/15/19 client #3's guardian (Department of Social Services) stated: -She had been the guardian for client #3 for several years. -Client #3 had lived in the home for many years before the Licensee/Qualified Professional/Registered Nurse took it over three years ago. -Had issues with the Licensee/Qualified Professional/Registered Nurse keeping her in the loop about things going on with her client. -The Licensee/Qualified Professional/Registered Nurse "half way maintains contact with me." -She had told the Licensee/Qualified Professional/Registered Nurse she would like to know when client #3 had doctor appointments so she could attend. -Client #3 has a pacemaker and has cardiology appointments that she felt were important to attend and stay on top of. -Last January 2019, the Licensee/Qualified Professional/Registered Nurse told her about one of his appointments so she could meet them there.</p>	V 291		

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V 291	<p>Continued From page 52</p> <ul style="list-style-type: none"> -Arrived at the appointment to find out the appointment was three days earlier. -Had never attended any treatment team meeting. -Never been invited to a treatment team meeting regarding client #3's plan. -On another occasion attempted to meet them at another appointment and they had already left. -Last week (10/9/19) the Licensee/Qualified Professional/Registered Nurse called and told her she had to move the clients due to egress issues at the home. -She sent the Licensee/Qualified Professional/Registered Nurse a message asking for an address of the location they would be going to. -The Licensee/Qualified Professional/Registered Nurse did not respond. -The next day she emailed her and the Licensee/Qualified Professional/Registered Nurse called her back stating client #2 was staying at his parents home for now. <p>Further interview on 11/14/19 the guardian stated:</p> <ul style="list-style-type: none"> -Previous communication with Licensee/Qualified Professional/Registered Nurse was on 10/16/19 by text. -The Licensee/Qualified Professional/Registered Nurse stated client #3 was at his parents home and he would be moving back into the facility in a few days. -The Licensee/Qualified Professional/Registered Nurse did not regularly inform her of things regarding client #3 unless she requested them. -On 10/23/19 she emailed the Licensee/Qualified Professional/Registered Nurse and asked that client #3 be returned to the facility as soon as possible due to his need to have structure and ensure medication administration daily. -The Licensee/Qualified Professional/Registered 	V 291		

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V 291	<p>Continued From page 53</p> <p>Nurse called her back leaving a message that she was at a doctor appointment with client #3 and no mention of his location as to where he was residing.</p> <p>-I was upset that [client #3] had another appointment she failed to tell me about."</p> <p>-As of today, was not aware client #3 was still not residing in the facility.</p> <p>-I assumed they had moved back in at this point."</p> <p>-"Was not aware where [client #3] had been staying other than his parents."</p> <p>-If [client #3] was staying at his parents house this entire time, then [Licensee/Qualified Professional/Registered Nurse] should not get paid for the entire month he had been out of the facility.</p> <p>B. Interview on 10/14/19 client #4's Assertive Community Team (ACT) Leader revealed:</p> <p>-Has trouble meeting with Licensee/Qualified Professional/Registered Nurse.</p> <p>-Licensee/Qualified Professional/Registered Nurse advises client to switch services from current ACT team.</p> <p>-Licensee/Qualified Professional/Registered Nurse has taken her to another ACT team to enroll client #4 in services that are received from current ACT team.</p> <p>-Client #4 reported she wanted to attend the week long Wellness Recovery Action Plan (WRAP) group provided by current ACT team.</p> <p>-August 2019 the Licensee/Qualified Professional/Registered Nurse prevented client #4 from coming to "WRAP" program.</p> <p>-She was only able to attend two out of five days 10:00am-3:00pm.</p> <p>-"Our ability to provide treatment doesn't happen all the time."</p> <p>-Meeting with Client #4 is difficult and the</p>	V 291		

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V 291	<p>Continued From page 54</p> <p>Licensee/Qualified Professional/Registered Nurse interferes.</p> <p>-Licensee/Qualified Professional/Registered Nurse does not provide written updates or return phone calls.</p> <p>During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated:</p> <p>-Had a really good relationship with all clients' guardians and ACT teams.</p> <p>-Always sends the email or calls them to inform them of doctor appointments.</p> <p>-Invited guardians and ACT workers to treatment team meetings to be a part of their annual plans.</p> <p>-If any guardian said she did not inform them of the client's appointments or meetings "are lying."</p> <p>-Had kept the ACT team and guardians up to date on client's location during this move, "They are all aware where the clients are staying."</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where</p>	V 367		

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V 367	<p>Continued From page 55</p> <p>services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A</p>	V 367		

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V 367	<p>Continued From page 56</p> <p>providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interviews, the Licensee/Qualified Professional/Registered Nurse (L/QP/RN) failed to ensure level II incidents involving one of three audited clients (#4) were completed. The findings are:</p>	V 367		

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V 367	<p>Continued From page 57</p> <p>Review on 10/14/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Had 4 hours of unsupervised time. -Staff could not find client at normal pick up place local mall at designated time. -Police call within 30 minutes to 1 hours to report client missing. -Police picked client up from the bus stop in front of local Hospital. - Assertive community treatment (ACT) team called to assist in finding "missing" client. <p>Interview on 10/16/19 with ACT member reported:</p> <ul style="list-style-type: none"> -Received phone call on 5/29/19 approximately 1:00pm. - Licensee/Qualified Professional/Registered Nurse reported client missing for "hours." -Licensee/Qualified Professional/Registered Nurse called and reported finding a suicide note. -Assisted with search for client. -Client was found at bus stop in front of the local hospital by police. -Client went to hospital when dropped off at the mall because of not feeling well. -Assessed note and determined was not a suicide note. -Note contained "Bury me in 'Princess' t-shirt in mint green. They are in clothes basket are dirty. White sandals with big bows my make up is in my purse. I should have the clothes on." <p>Review on 10/15/19 of Police Report regarding client #4 revealed:</p> <ul style="list-style-type: none"> -A call was received by local police department at 5:28 PM regarding "Missing Person." -Search around mall area and surrounding stores by local police officers. -Client #4 was seen at local book store at approximately 3:00 PM. -Bus line and hospitals contacted. 	V 367		

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V 367	<p>Continued From page 58</p> <p>-Client #4 was located at 7:00 PM at local hospital and returned to facility.</p> <p>During interview on 10/15/19 Officer with local police department stated: -Received a call on 5/29/19 regarding missing person. -The Licensee/Qualified Professional/Registered Nurse stated client #4 was dropped off at mall earlier in the day. -The Licensee/Qualified Professional/Registered Nurse stated she went back to pick client #4 up and she was not there. -The Licensee/Qualified Professional/Registered Nurse said client #4 mentioned not feeling well earlier that morning and wanted to go to the hospital. -"I felt like the Licensee/Qualified Professional/Registered Nurse called us to do all the work." -"She Licensee/Qualified Professional/Registered Nurse had not really looked for her other than where they dropped her off at." -While at the home the Licensee/Qualified Professional/Registered Nurse expressed concern because she found what she was calling a "suicide note." -Read the note and did not feel it was a "suicide note" -The note just stated what the client wanted to be buried in and what she wanted to leave for other people. -They found client #4 later that evening at local hospital. -They spoke with client #4 and seemed good so they closed out the investigation.</p> <p>Interview on 10/16/19 with client # 4 reported: -She was on unsupervised time. -She was dropped off at the local mall in the</p>	V 367		

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V 367	<p>Continued From page 59</p> <p>morning by staff approximately 10:00am. -She was not feeling well. -She did not tell anyone where she was going to the hospital. -She took the bus to the hospital. -She wanted a referral to see an endocrinologist. -After being discharged from Emergency Department she walked out to catch the bus home. -She was sitting at the bus stop waiting for the bus when the police found her. -She was picked up by staff.</p> <p>Review on 10/14/19 of the Incident Reporting Improvement System (IRIS) revealed no report involving client #1 was in the system.</p> <p>During interview on 10/14/19 the Licensee/Qualified Professional/Registered Nurse stated: -Client #4 was missing a few months ago. -She was dropped off at the mall for her unsupervised time around 10:00 AM and supposed to be picked up at 1:00 PM. -When they went back to get her, she was not there. -Looked around the mall area for about thirty minutes. -After they could not locate her they called the police to report her missing. -Called the police approximately 1:30 PM. -This was not like client #4 to leave the area not be around for her normal pick up time. -The police found her a few hours later sitting on a bench at the local hospital. -She was saying she got sick. -She was only missing a few hours. -Completed a level II incident report. -"Not sure where if she had a copy of it." -Completed it in Incident Reporting Improvement</p>	V 367		

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V 367	<p>Continued From page 60</p> <p>System (IRIS) when the incident occurred.</p> <p>Review on 10/15/19 of the IRIS system, there was no report regarding client #4 missing on 5/29/19.</p> <p>During interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated: -She had a copy of the IRIS report at her office and would get that to surveyors within the next few days.</p> <p>An email received on 11/21/19 from the Licensee/Qualified Professional/Registered Nurse with a level II incident report dated 5/28/19 and completed in IRIS on 11/21/19.</p> <p>The incident with client #4 occurred on 5/29/19, not 5/28/19 as reported on the 11/21/19 IRIS report completed.</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 367		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through</p>	V 512		

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V 512	<p>Continued From page 61</p> <p>established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on interviews, observation and record review one of three audited staff (Licensee/Qualified Professional/Registered Nurse) subjected three of five (#3, #4, #5) clients to neglect. The findings are:</p> <p>A. Cross Reference 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (Tag 109) Based on record review, observation, and interview one of one Qualified Professional (the Licensee/Qualified Professional/Registered Nurse) demonstrated knowledge, skills and abilities required by the population served.</p> <p>B. Cross Reference 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (Tag 110). Based on record reviews, observations and interviews one of three staff (#3) failed to demonstrate the knowledge, skills and abilities required by the population served.</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER BEST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 604 SOUTH EAST MAYNARD ROAD CARY, NC 27511
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V 512	<p>Continued From page 62</p> <p>C. Cross Reference 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (Tag 112). Based on record review and interviews the facility failed to develop and implement goals and strategies for three of three audited clients (#3, #4, #5) needs were developed.</p> <p>D. Cross Reference 10A NCAC 27G .0206 CLIENT RECORDS (Tag 113). Based on record review and interview, the facility failed to assure a face sheet, emergency information and consents granting permission to seek emergency medical care were maintained in the records for two of three audited clients (#4 and #5).</p> <p>E. Cross Reference 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (Tag 114). Based on record review and interviews, the facility failed to assure fire and disaster drills were conducted quarterly per shift.</p> <p>F. Cross Reference 10A NCAC 27G .0208 CLIENT SERVICES (Tag 115). Based on interviews and observation the facility failed to ensure meals served were nutritious.</p> <p>G. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag 118). Based on record review, observation and interview, the facility failed to assure one of three audited clients (#5) MAR was maintained and kept current and medications were administered on the order of a physician.</p> <p>H. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag 120). Based on record review, interview and</p>	V 512		

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V 512	<p>Continued From page 63</p> <p>observation the facility failed to ensure medication for one of three audited clients (#3) was stored separately.</p> <p>I. Cross Reference G.S. §131 E-256 HEALTH CARE PERSONNEL REGISTRY (Tag 131). Based on record review and interview, the facility failed to complete the Health Care Personnel Registry (HCPR) before hiring one of four audited staff.</p> <p>J. Cross Reference G.S. §122 C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT (Tag 133). Based on record review and interview, the facility failed to assure one of two staff's criminal history check was requested prior to employment for one of four audited staff.</p> <p>K. Cross Reference 10A NCAC 27G .5601 SCOPE (Tag 289). Based on record reviews and interview, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for three of three audited clients (#3, #4, #5).</p> <p>L. Cross Reference 10A NCAC 27G .5603 OPERATIONS (Tag 291). Based on interviews and record review the facility failed to coordinate services for three of three (#3, #4, & #5) audited clients</p> <p>M. Cross Reference 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag 367). Based on record review and interviews, the Licensee/Qualified Professional/Registered Nurse (L/QP/RN) failed to ensure level II incidents involving one of three audited clients (#4) were completed.</p>	V 512		

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V 512	<p>Continued From page 64</p> <p>N. Cross Reference 10A NCAC 27 E .0107 RAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (Tag 536). Based on record review and interview, the facility failed to ensure 4 of 4 (#1,#2,#3,#4) audited staff had current training on the use of alternatives to restrictive interventions prior to providing services.</p> <p>O. Cross Reference 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (Tag 542) Based on record review and interview the facility failed to maintain receipts and adequate financial records for three of three (#3, #4, #5) audited clients whose funds the facility managed.</p> <p>P. Cross Reference 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (Tag 736). Based on observation and interview, the facility failed to assure the facility maintained in a safe, clean, attractive and orderly manner.</p> <p>Q. Cross Reference 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (Tag 774). Based on observation and interview the facility failed to ensure 4 of 5 (#2,#3,#4,#5) clients' bedrooms had mattress for client.</p> <p>Review on 11/8/19 of Plan of Protection completed on 11/8/19 by the Licensee/Qualified Professional/Registered Nurse revealed:</p> <p>"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -We will and are in the process of hiring a qualified personnel to help with correction some of the deficiency. -Correct every deficiency to the best of our ability</p>	V 512		

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V 512	<p>Continued From page 65</p> <p>where we are required based on remedies stipulated by DHHS.</p> <p>Describe you plans to make sure the above happens. -Definitely hire a QP -Make some clients are safe and well taken care of "</p> <p>Audited clients with diagnoses of schizophrenia, and Bi-polar all reside in a home that is licensed to provide services for adults with developmental disability. The facility had been cited for the last three years and the Licensee/Qualified Professional/Registered Nurse continued to admit clients with Mentally Ill diagnosis. The Licensee/Qualified Professional/Registered Nurse hired staff #3 as a live in on a trial basis without training her in the required areas to meet the clients needs and had been working in the facility as a live in staff for two months. Due to a language barrier staff #3 was limited in communicating effectively with the clients served. The Licensee/Qualified Professional/Registered Nurse failed to develop and implement goals to address their needs and coordinating their services with legal guardians and other agencies involved. The Licensee/Qualified Professional/Registered Nurse failed to maintain client records in the home and with current and correct information. Medications were administered by staff #3 who was not trained, failed to document the Medication Administration Records correctly and stored the medication in the correct clients bag. Food served to the clients consisted of Ramen noodles, hot dogs and peanut butter and jelly sandwiches with no fruit or vegetables served.</p>	V 512		

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V 512	Continued From page 66 Fire Drills were not completed as required due to the Licensee/Qualified Professional/Registered Nurse not wanting to wake the clients in the middle of the night. An incident report was not completed for a missing client found several hours later at a local hospital by law enforcement. All staff working in the home including the Licensee/Qualified Professional/Registered Nurse were not trained in Alternative to Restrictive Interventions. The home had multiple areas that posed a safety hazard to the clients well being. The leak in the upstairs bathroom had not been repaired which resulted in the ceiling protruding through to the downstairs sitting area. The stairs and deck to the outside fire escape was detached completely from the home with rotted boards, nails coming out, and hand rails collapsing. The DHSR construction team deemed it unsafe for the clients to continue to reside in the home and all clients were relocated. The fire escape stairs was cited in a 5/9/19 inspection completed by DHSR to correct at which the Licensee/Qualified Professional/Registered Nurse claimed she could not fix because of weather. The Licensee/Qualified Professional/Registered Nurse failed to notify DHSR of an emergency location as requested and appeared to evade surveyors through the survey process. The failure of the above mentioned areas constitutes a Type A 1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty in the amount of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 67</p> <p>10A NCAC 27E .0107 TRAINING ON 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>	V 536		

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V 536	<p>Continued From page 68</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with 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>	V 536		

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V 536	<p>Continued From page 69</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</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>	V 536		

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V 536	<p>Continued From page 70</p> <p>(k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 4 of 4 (#1,#2,#3,#4) audited staff had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>Review on 10/14/19 of the Licensee/Qualified Professional/Registered Nurse personnel record revealed the following: -Date of hire 5/01/19. -No documentation that the Licensee/Qualified Professional/Registered Nurse had training on the use of alternatives to restrictive interventions.</p> <p>Review on 10/14/19 of staff #2's personnel record revealed the following: -Date of hire unknown -No documentation that staff #2 had training on the use of alternatives to restrictive interventions.</p> <p>Review on 10/14/19 of staff #3's personnel record revealed the following:</p>	V 536		

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V 536	<p>Continued From page 71</p> <p>-Date of hire unknown -No documentation that staff #3 had training on the use of alternatives to restrictive interventions.</p> <p>Review on 10/14/19 of staff #4's personnel record revealed the following: -Date of hire unknown -No documentation that staff #4 had training on the use of alternatives to restrictive interventions.</p> <p>During interview on 10/14/19 of the Licensee/Qualified Professional/Registered Nurse stated: -Their policy is to use North Carolina Interventions (NCI) as their curriculum to be used for Alternative to Restrictive Interventions. -Had not had current training in NCI. -Currently had a different curriculum training that is used at her other employers and it is up to date.</p> <p>Further interview on 11/18/19 the Licensee/Qualified Professional/Registered Nurse stated: -Her staff had trainings in NCI. -"The surveyor saw them last year on survey." -Will fax staff training in NCI.</p> <p>As of 11/21/19 at close of survey, no fax was received of NCI training for the above mentioned staff.</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 536		

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V 542	Continued From page 72	V 542		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. 	V 542		

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V 542	<p>Continued From page 73</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain receipts and adequate financial records for three of three (#3, #4, #5) audited clients whose funds the facility managed. The findings are:</p> <p>A. During interview on 10/9/19 client #4 stated: -A few months ago the Licensee/Qualified Professional/Registered Nurse told her she had broken a door in the home. -The Licensee/Qualified Professional/Registered Nurse told her she owed \$150.00 dollars to her to fix it. -Gave her \$150.00 and she never provided a receipt to her. -Had asked her multiple times for a receipt but she never provided her with one. -"I did not break the door." -"I went to [home store] and priced the piece and it was like \$20.00 dollars." -Often received a card with a check from her dad. -When she would receive these the Licensee/Qualified Professional/Registered Nurse would always ask how much her dad sent her. -She is aware of the money he sends her and wondered if that's why she is asking for money to repair things.</p> <p>B. During interview on 10/17/19 client #5 stated: - The Licensee/Qualified Professional/Registered Nurse told her that her pharmacy bill was over two hundred dollars. -Gave her ninety dollars to pay toward the bill. -The Licensee/Qualified Professional/Registered Nurse did not give her a receipt or show her the pharmacy bill. -She contacted the pharmacy today to check on</p>	V 542		

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V 542	<p>Continued From page 74</p> <p>her bill and she was told it was eighty five dollars and twenty dollars was last paid on it this month. -Concerned that the Licensee/Qualified Professional/Registered Nurse is lying to them to get extra money.</p> <p>During interview on 10/17/19 the Owner/Pharmacist of client #5's pharmacy stated: -Client #5's current pharmacy balance is eighty six dollars. -The last payment of twenty dollars was received on 10/15/19. -Client #5's account usually received a twenty dollar payment toward her bill each month from Licensee/Qualified Professional/Registered Nurse.</p> <p>C. During interview on 11/14/19 client #3's guardian (Department of Social Services) stated: -Client #3 has an insurance and funds that pay all his medications and copays. -Never heard that client #3 had funds taken to make payments on his medications. -Never seen or signed anything allowing his money to be used toward medications.</p> <p>Review on 11/21/19 of faxed documentation for copays withheld for client #3 kept by the Licensee/Qualified Professional/Registered Nurse revealed: -"August 2019-\$2.00 -September 2019-\$4.00 -October 2019-\$4.00 -November 2019-\$3.00"</p> <p>During interview on 10/16/19 the Licensee/Qualified Professional/Registered Nurse stated: -Client #4 had broken the door in the sitting room a few months ago.</p>	V 542		

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V 542	<p>Continued From page 75</p> <ul style="list-style-type: none"> -A staff saw her do it. -Did tell her she needed to pay. -Client #4 had not paid any money so far. -Got an estimate for the door and it would be four hundred for the door and one hundred in labor. -"I told her maybe one hundred fifty for her part and I would take care of the rest." -Client #4 had hit the wall in her bedroom with her bed and downstairs made a dent in the wall. -"I did not make her pay for it, that's going to be on me." <p>Further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse stated:</p> <ul style="list-style-type: none"> -She kept a book and wrote down all transactions made with client's money. -Physically showed them their pharmacy bills and the book for them to see their copay amounts. -Had issues when client #5 was first admitted with getting her payments transferred from her previous facility. -For two months client #5's previous placement received her money. -They wrote her a check for client #5's money but did not include her sixty six dollars. -Had to give client #5 her sixty six dollars out of her own pocket. -Documented all of these transactions in her book. <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 542		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 76</p> <p>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 observation and interview, the facility failed to assure the facility was maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/09/19 at 10:30 am revealed the following: -Chirping from fire alarm. -Outside lattice broken and covered in overgrowth of weeds. -Upstairs bathroom in clients bedroom 2 out of 4 light bulbs not working. -Light over bathtub and shower not working. -Upstairs hallway bathroom, bathtub water constantly running, would not turn completely off. -Egress from 2nd floor clients bedroom deck detached from housing structure. -Decking handrails boards warped and protruding nails. -Spindles on decking broken and detached from deck with protruding nails. -Steps on the deck warped 2 out of 14 steps wobbly and protruding nails. -Deck landing consisted of rotten boards 3 of 14.</p> <p>Interview on 10/09/19 at 10:45am, client #4 reported: -Diagnoses Paranoid schizophrenia, bipolar -She was afraid to walk out on the deck. -Doesn't feel that the deck is safe for her to exit in</p>	V 736		

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V 736	<p>Continued From page 77</p> <p>case of a fire.</p> <ul style="list-style-type: none"> -Would go out if she had no other choice but scared to go out on the deck. -Have not had a fire drill in awhile, doesn't remember last drill was. -She has told staff she does not feel safe to go out on deck. -Staff told her not to go out that door for an exit. -She has not had a new mattress in 10 yrs. -Light bulbs have been out for awhile, she asked staff for bulbs. -The bottom of the draw in the bathroom is broken. -"Some work should be done around here". -Ceiling is falling in the downstairs sitting area. <p>During interview on 10/09/19 client #5 reported:</p> <ul style="list-style-type: none"> -The home is very nasty. -Staff #3 did not clean. -"Worried" about the stairs outside. -They seem unstable. -The Licensee/Qualified Professional/Registered Nurse never fixed anything she says she will. <p>Interview on 10/09/19 at 1:00pm, Engineer from Construction section of Division of Health Service Regulation (DHSR) reported:</p> <ul style="list-style-type: none"> -"Based on what I'm seeing clients don't need to be here" -Egress wasn't this bad in May 2019 however, with weather and not correcting the existing problem the structure has gotten worse. -Cited the egress stairs in May 2019. -Licensee/Qualified Professional/Registered Nurse stated she had not repaired since May 2019 because of not having good weather. -At this point the clients who reside upstairs do not have an exit if there was a fire. -Clients need to be relocated until the stairs have been repaired. 	V 736		

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V 736	<p>Continued From page 78</p> <p>-Due to the severe damage to the staircase it may need to be torn down and a new one built.</p> <p>Review on 10/9/19 of Statement of Deficiencies from DHSR Construction Engineer dated 5/9/19 revealed:</p> <p>"1. At the time of the survey it was observed that the 2nd floor fire escape door casing is rotted. This is not compliant with the rule.</p> <p>2. At the time of the survey it was observed that the handrails and decking on the fire escape have warped boards and protruding nails. This is not compliant with the rule.</p> <p>3. At the time of the survey it was observed that there is a stain on the ceiling of the foyer caused by a roof leak. At the time of the survey it was observed that the roof has damaged and missing shingles. This is not compliant with the rule."</p> <p>Interview on 10/14/19 and 10/19/19, the Licensee/Qualified Professional/Registered Nurse reported:</p> <p>-She replaced some mattresses not too long ago.</p> <p>-Roof has been fixed in December 2018 because of leaks and there are no leaks in the home now.</p> <p>-The ceiling in the sitting room was patched and will be fixed by the landlord.</p> <p>-Will call the landlord today for these repairs.</p> <p>-The deck is fine no problems.</p> <p>-No one had told her the outside deck and staircase had a problem.</p> <p>-DHSR construction engineer came a few months ago and he never said anything to her about the deck/stairs.</p> <p>-Clients can go up and down the deck.</p> <p>-"Construction was here earlier this year and said everything is fine".</p> <p>- The storm must have broke the post and the deck/stairs about 1 month ago.</p> <p>-The nails were hammered back in once</p>	V 736		

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V 736	<p>Continued From page 79</p> <p>construction left.</p> <ul style="list-style-type: none"> -The grass was cut every two weeks and they always trim the weeds on the lattice. -The leak in the upstairs bathroom happened last year and it was repaired. -"There are no leaks." -Had spent two thousand dollars last year in repairs in the home with the upstairs bathroom leak and kitchen floor issues. -Told the landlord about the repairs needed and he did not fix them. -She told the landlord about the money she spent and he only gave her 250.00 reimbursement for the repairs. -Had replaced several refrigerators in the last year. -Had those invoices and will provide them. <p>During interview on 10/15/19 the Landlord stated:</p> <ul style="list-style-type: none"> -Not aware of any repairs needed at the home other than the roof. -Replaced the roof in May 2019 because of a leak. -Not aware of any leaks in the bathroom or issues with kitchen floor. -Was not aware of the ceiling falling through in the sitting room. -Just heard about the deck and outside stairs a few days ago and working on getting that fixed. -The Licensee/Qualified Professional/Registered Nurse told him the refrigerator broke and repaired the floor in December and "I refunded her for that." -Not aware of other things she had fixed. <p>During further interview on 11/8/19 the Licensee/Qualified Professional/Registered Nurse reported:</p> <ul style="list-style-type: none"> -Had moved the clients to a hotel initially on 10/9/19. 	V 736		

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V 736	<p>Continued From page 80</p> <ul style="list-style-type: none"> -Found a house that rooms are rented and some clients are staying there. -Client #3 was staying with his family. -The old deck and stair case was torn down and they have been going through permitting with lots of obstacles to get the new one built. -A plumber had been out to the home to repair the leaks and ceiling damage. -Had emailed engineer from construction section to let him know what was going on. -Should be back in the home within a few days. <p>During interview on 11/13/19 the DHSR Construction Engineer stated:</p> <ul style="list-style-type: none"> -Had not heard from the Licensee/Qualified Professional/Registered Nurse regarding any updates. -Had planned to ride out to the home and check the status of the outside deck and stairs. <p>Further interview on 11/21/19 the DHSR Construction Engineer stated:</p> <ul style="list-style-type: none"> -He rode out to the facility a few days ago and there was only the footing poured. -Did not look like they had built any of the outside staircase yet. <p>Review on 10/9/19 of Plan of Protection completed on 10/9/19 by the Licensee/Qualified Professional/Registered Nurse revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>"We have called and made arrangements for carpenter/builder to come and fix the fire escape tomorrow. We have made arrangements to move the client to safe locations and Emergency relocations starting today."</p> <p>-Describe your plans to make sure the above happens.</p>	V 736		

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V 736	<p>Continued From page 81</p> <p>-Clients will be moved this evening -Builders/carpenters will be here tomorrow to fix and repair fire escape -Clients will be taken to safety today -We are using our Emergency relocation Process."</p> <p>[This deficiency constitutes a re-cited deficiency.]</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 736		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure 4 of 5 (#2,#3,#4,#5) clients' bedrooms had mattresses that were not sunken in. The findings are:</p>	V 774		

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V 774	<p>Continued From page 82</p> <p>Observation on 10/09/19 at 10:30 AM of client #1,#2,#3,#4 and #5's rooms revealed: -Clients' mattresses were deeply sunken in the middle areas of the beds.</p> <p>During interview on 10/09/19 client #4 reported: -She had not received a new mattress in 10 years since she has lived at the home.</p> <p>During interview on 10/09/19 client #5 reported: -Mattress is not comfortable but she slept on it.</p> <p>During interview on 10/09/19 client #3 reported: -Mattress was "ok." -Have not had a new mattress since he has lived at the home. -Had lived in the home for ten years.</p> <p>During interview on 10/09/19 the Licensee/Qualified Professional/Registered Nurse reported: -She just replaced two of the mattresses. -She will replace all the mattresses. -She did not know that the mattresses were in bad shape.</p> <p>This deficiency is cross referenced into: 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation.</p>	V 774		