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V 000	INITIAL COMMENTS An Annual and Follow up survey was completed on 9/11/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	All plans for all consumers in home was reviewed and updated. Client #2, [redacted] plan was revised and goals for strategies for alcoholism have been addressed. AFL staff has visited all known local stores that sells alcohol and asked them if they would prohibit the sale of alcohol to [redacted]/client #2. Local stores agreed. RECEIVED DEC 16 2019 DHSR-MH Licensure Sect	

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

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 clients (#2) treatment plan was revised. The findings are: Review on 8/29/19 of client #2's record revealed: - admitted to the facility on 12/1/11 - diagnoses of Schizophrenia; History of Alcohol Abuse; Psychotic Disorder; Hypertension; Seizure Disorder; Diabetes Mellitus II and High Cholesterol Review on 8/29/19 of a 11/10/18 treatment plan for client #2 revealed: - "...past behavior involved incidents of verbal aggression and extensive history of alcoholism...his current responses has not been aggressive... - no goals or strategies to address alcohol use During interview on 8/29/19 client #2 reported: - he will drink 3 - 4 beers a week - he would drink the beer at the facility During interview on 8/29/19 the Licensee reported: - there had been no issues with his drinking - since the last survey he made visits to the local stores in the neighborhood - he gave a description of client #2 to the local stores - he requested them not to sell client #2 any alcohol During interview on 9/11/19 the Qualified Professional (QP) reported: - he became QP as of 1/28/19 for the facility - client #2 has not had any issues with alcohol - he has a history of alcohol abuse and would	V 112		

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V 112	Continued From page 2 drink beer in the past - not aware of any alcohol use since he's been admitted to the facility [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	AFL staff overlooked client #2, [redacted] medication that morning. Usually AFL staff have the clients stand in front of him while medications are pulled before administering them. AFL provider documented on MAR that medications were given, but failed to tear pill package off and administer it to client #2, [redacted]. AFL staff will be much more mindful throughout the medication administration process by retaking the company's med administration class and reviewing medication requirements. Staff will develop and implement an alarm clock system. An alarm clock will be located in living room area and will be set at the times of 8:30 am and 8:30 pm. The alarm times are to remind AFL staff and any back up staff, that if medications have not been administered prior to alarm, there are 30 more minutes left in the administration window. Also all clients of the home have been trained to listen for the alarms as well and to remind staff if they have not received any medications to the alarm sounding.	

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 2 of 3 clients (#2 & #3). The findings are: A. Review on 8/29/19 of client #2's record revealed: - admitted to the facility on 12/1/11 - diagnoses of Schizophrenia; History of Alcohol Abuse; Psychotic Disorder; Hypertension; Seizure Disorder; Diabetes Mellitus II and High Cholesterol - Physician orders dated 4/12/19: Metformin 500mg twice a day (can treat diabetes; Lisinopril 10mg everyday (can treat high blood pressure) & Sertraline 100mg twice a day (can treat depression) Observation on 8/29/19 at 12:02pm for client #2 revealed: - the medications (Metformin, Lisinopril & Sertaraline) were loose pills all in one bubble pack from the pharmacy - they were labeled in the bubble pack as morning medications - they had not been administered During interview on 8/29/19 client #2 reported: - he had not taken his morning medications During interview on 8/29/19 the Licensee reported: - he thought he had administered the	V 118	Client #3, [redacted] within the past 90 days had switched doctors and pharmacies. During the change of one psychiatriast, Dr. S. Daniels to his current one, Dr. Verma. Dr. Danielss had [redacted] on Alprazolam. AFL staff assumed that Dr. Verma continued [redacted] on Alprazolam because AFL staff never received a d/c order for medication. When AFL staff changed pharmacies from Oakwood pharmacy to Drugco, Nashville, NC the way the medications were packaged also changed. Drugco's medication are packaged all together and are separated by days and times. AFL staff assumed the medication was another generic name. Staff failed to recognize medication was removed from [redacted] medication regiment. and staff was using self made MARs instead of pharmacy produced MARs. Deficiencies have been remedied by obtaining a written d/c order form from Dr. Verma and placed in [redacted] file. AFL staff has also discontinued writing out self made MARs and has adopted Drugco's MAR system where all client's medications are printed out with correct medications, dosages, routes and times. Some of the MARs also have the Dr. signatures.	

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V 118	Continued From page 4 medications to client #2 - he had a 7am - 9am time frame to administer the morning medications B. Review on 8/29/19 of client #3's record revealed: - admitted to the facility on 3/1/04 - diagnoses of Mild Intellectual Developmental Disability & Schizophrenia - a physician's order dated 2/8/19: Alprazolam 1 mg bedtime (can treat anxiety & panic disorder) Review on 8/29/19 of the July & August 2019 MARs for client #3 revealed: - staff initials for the entire month of July - August was initialed until 8/28/19 Observation on 8/29/19 at 12:17pm of client #3's medication box revealed not Alprazolam During interview on 8/29/19 the Licensee reported: - he administered the last Alprazolam last night - he contacted the pharmacy today - the Alprazolam could not be filled until the physican wrote a new prescription During interview on 9/3/19 the pharmacist reported: - several request have been sent to client #3's physician regarding the Alprazolam - the Alprazolam has not been filled since 7/5/19	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)	V 290	[redacted] client #2, plan has been revised and unsupervised time, 2 1/2 hours in home and 2 1/2 out in the community are now included in the plan.	

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V 290	Continued From page 5 of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance	V 290	[redacted] client #3, has been walking to the local store, gas station, and local park for the last 9 years without any incidents. This behavior has been addressed in client's plan. Client is his own guardian and has a very independent and defiant behavior. Client regular responds to staff and others that, "I am grown and I am my own guardian and don't nobody tell me what to do!" Because client is going to walk to the store, with or without approval, we AFL staff and the governing company, Community Alternatives, have come up with a simple plan in order to keep [redacted] safe and accountable as possible. [redacted] has agreed to make staff aware when he leaves the facility and state which route he will take to the store and how long he anticipates being gone. AFL staff has informed all local stores concerning [redacted] name and phone number and addresses of both home and governing company should they need to contact anyone. AFL staff will visit all local stores at least 4 times weekly to make sure [redacted] is not, has not, become a nuisance or verbally violent. Behavior is addressed daily in his goals and treatment plan.	

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V 290	Continued From page 6 abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff member was present at all time except when the client's treatment plan documented the client was capable of remaining in the home or community for 2 of 3 clients (#2 & #3). The findings are: A. Cross reference tag (V112). 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN. Based on record review and interview the facility failed to ensure 1 of 3 clients (#2) treatment plan was revised. Review on 8/29/19 of client #2's record revealed: - admitted to the facility on 12/1/11 - diagnoses of Schizophrenia; Psychotic Disorder; Hypertension; Seizure Disorder; Diabetes Mellitus II and High Cholesterol - a treatment plan dated 11/10/18 with no documentation of unsupervised time in community During interview on 8/29/19 client #2 reported: - he has unsupervised time in the community - he rode his bike in the community During interview on 8/29/19 the Licensee reported: - client #2 has unsupervised time - he likes to ride his bicycle in the community During interview on 9/11/19 the Qualified	V 290		

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V 290	Continued From page 7 Professional reported: - he was aware client #2 has unsupervised time - unsure of how much time he has - the treatment plan was completed before he started at the facility B. Review on 8/29/19 of client #3's record revealed: - admitted to the facility on 3/1/04 - diagnoses of Mild Intellectual Developmental Disability & Schizophrenia Review on 8/29/19 of client #3's treatment plan dated 12/19/18 revealed: - "what's not working...likes to leave facility to walk to local store; been doing this for last 9 years...no incidents have occurred..returns home after a short walk...he has been advised not to leave the facility without Licensee...Licensee will continue to monitor and provide supervision, document and give verbal prompts..." - "...will volunteer at 2 local stores by taking out the trash, washing their windows and cleaning parking lot" - no unsupervised time in the home or community documented Observation on 8/29/19 at 1:24pm revealed the following: - client #2 leave the facility without staff - he walked across the street thru a local park - a local store was adjacent the park - the local store appeared to be a half mile from the facility During interview on 8/29/19 the Licensee reported: - client #2 does not have unsupervised time - he walked to the local store throughout the	V 290		

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V 290	Continued From page 8 day - the local store was familiar with client #2 During interview on 9/11/19 the Qualified Professional reported: - client #2 has unsupervised time in the home - he does walk to the local store - he volunteered at the local store by picking up trash and washing their windows [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 290		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367	AFL staff was unaware what level the incident fell under. At the time of the incident, AFL staff did not believe the incident required an incident report to be completed. However, after the annual state review, AFL staff was educated by the examiner and will complete incident reports whenever law enforcement is required in the future.	

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V 367	Continued From page 9 cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 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). (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	V 367		

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V 367	Continued From page 10 include summary information as follows: (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Managed Care Organization/Local Management Entity (MCO/LME) was notified within 72 hours of an incident. The findings are: Review on 8/29/19 of client #1's record revealed: - admitted to the facility in February or March 2019 - diagnoses of Psychotic Disorder; Impulse Control and Moderate Intellectual Developmental Disability During interview on 8/29/19 the Licensee reported: - a few months ago he called the police for client #1 - he was outside hollering and screaming - the police came and calmed him down	V 367		

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V 367	Continued From page 11 - he wasn't sure if a level II was completed During interview on 9/11/19 the QP reported: - he was not aware of the incident with client #1	V 367		