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PINEWOOD HOUSE	817 PINEWOOD DRIVE WHITEVILLE, NC 28472

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on December 20, 2019. The complaint was substantiated. (Intake #NC00157952). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1	V 111		

This Rule is not met as evidenced by:
Based on record review, interviews, and observations, the facility failed to complete an assessment prior to the delivery of services for 1 of 1 clients (client #1). The findings are:

Review on 12/18/19 and 12/20/19 of client #1's record revealed:
-51 year old female admitted 4/22/19.
-Diagnoses included cerebral palsy, mild intellectual developmental disorder, diabetes, asthma, hypertension, elevated cholesterol, hyperthyroidism, gastroesophageal reflux disease (GERD), generalized anxiety disorder, and chronic obstructive pulmonary disease (COPD).
-Prior to admission to the facility, client #1 had been residing in an AFL (Alternative Family Living) that did not have a handicap accessible van. Because of this, she had been unable to leave the AFL since January 2019.
-The Admission Assessment was signed and dated 4/23/19.
-The Admission Assessment documented client #1 was non-ambulatory, had a "mechanical" wheelchair and a hoyer lift.
-Prior to admission there were no strategies documented to indicate client #1 could be safely evacuated in the event of a fire emergency.

Interview on 12/20/19 the Qualified Professional (QP) stated:
-Client #1's Admission Assessment had been done by another QP.

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V 111	Continued From page 2 -Applications/admission referrals were reviewed at the monthly meeting of the Licensee, the QP's, and sometimes the group home manager. -If the application was found to be acceptable, a "face-to-face" interview would be done by the Licensee or a QP. -Results of the "face-to-face" interview were returned to the monthly meeting. If the group decided to accept the client, a meeting was held with the group home manager and the QP proceeded to get authorization for admission. -The decision to admit a prospective client was based on the interview and other documentation available to include the PCP (Person Centered Plan), ISP (Individual Service Plan), SIS (Supports Intensity Scale), and a psychological evaluation. -Staff training or other items needed for a prospective client would be completed. -The Admission Assessment typically was done within the first week of admission; "it could be pushed back a little." -In his opinion client #1 was an appropriate admission to the facility because the facility was handicap accessible "to a certain degree." The only areas lacking were the doorways could have been widened. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type B rule violation.	V 111		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local	V 114		

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V 114	Continued From page 3 authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review, interviews, and observations, the facility failed to ensure fire drills were held at least quarterly on each shift and conducted under conditions that simulate fire emergencies. The findings are: Interview on 12/20/19 the Group Home Manager stated: -Shifts were as follows: -2nd shift: 4:00 pm - 12:00 am -3rd shift: 12:00 am - 8:00 am -Week end Day shift: 8:00 am - 8:00 pm -Week end night shift: 8:00 pm - 8:00 am. -Typically there was no one working day shift during the week because clients were at their day programs or in the community. -The facility was staffed with 1 staff overnight. They staffed with 2 staff from 6:00 pm to 9:00 pm Monday through Friday, and from 3:00 pm to 8:00 pm on Saturday and Sunday. Review on 12/18/19 of client #1's record revealed a non-ambulatory 51 year old female admitted on 4/22/19.	V 114		

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V 114	Continued From page 4 Review of fire drills from 4/23/19 - 11/30/19 revealed: -All drills documented on the 2nd shift Monday through Friday were between 6:00 pm and 9:00 pm. Staff documented the duration of the drills ranged from 1 minute and 42 seconds to 4 minutes and 13 seconds. -All drills documented on the night shift between 12:00 am and 8:00 am were documented between 6:00 am and 8:00 am. Staff documented the duration of the drills ranged from 2 minutes and 42 seconds to 10 minutes. -There were no drills documented on the 8:00 am to 8:00 pm week end shift. Observations of client #1 on 12/18/19 at approximately 2:30pm revealed: -Client #1 entered using a tilt-in-space power chair. -Power chair was operated with client's hand. -Upper extremity movements were observed as limited. -Lower extremity movements were not observed. Interview on 12/18/19 client #1 stated: -She was admitted to facility in late spring but could not recall exact date. -She was unable to bare weight and required a hoyer lift for transfers to and from her bed and power chair. -Entrance into her bedroom was difficult due to narrow doorways but she was able to complete the process. -She had expressed her concerns to her House Manager and Licensee and had been told "not to worry about it" and that "they were working on it." -One staff was assigned to each overnight shift and she had expressed concerns about the ability of one staff person being able to safely assist her using the hoyer lift in the event of a fire. Staff had	V 114		

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V 114	Continued From page 5 only completed one fire drill since her admission to the facility and no fire drills had been completed on the overnight shift. Interview on 12/20/19 staff #3 stated: -He worked the second and third shifts (evenings and nights). -"[Client #2] can be a challenge like a 2 year old child." Client #2 would not always follow verbal commands; he did "pretty good" when directed to outside for a fire drill. -Client #1 was usually out of bed when they practiced a fire drill. When doing a fire drill he got client #1 out of the home in about 4 minutes after she was placed in her wheelchair. -He had tried to do a fire drill on the night shift. He discussed with client #1 the blanket drag technique to remove her during a fire. Client #1 did not want to practice this. For the drill he used the hoyer to move her from her bed to her wheel chair. This took about 6-7 minutes. -When he did a fire drill he would have client #1 evacuate first, and client #2 would stay with staff because he had to be guided. Continued interview on 12/20/19 the Group Home Manager stated: -She could not explain how fire drills were done on the night shift. -When she had done fire drills it had taken about 4 to 5 minutes to get client #1 from her bed to her wheel chair and to exit. -Client #2 required verbal prompting and escorting by his arm to evacuate the home. -Client #2 was autistic and did not like loud noise. She found it worked best to remove client #1 from the home first during a fire drill, followed by client #3, and then to go back into the home to get client #2. That would take at least 7 minutes.	V 114		

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V 114	Continued From page 6 Interview on 12/20/19 the Qualified Professional stated it would take 4 to 7 minutes to evacuate the clients, 7 minutes at the most. Review on 12/18/19 of the North Carolina Division of Health Service Regulation's definition of ambulatory for licensure read, "A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." Refer to V289 for the facility's licensure status for non-ambulatory clients. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type B rule violation.	V 114		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall	V 133		

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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 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

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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.
(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:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
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

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V 133	Continued From page 9 of the criminal history record check to the applicant. (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: (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. (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. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article	V 133		

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V 133	Continued From page 10 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. (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. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (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.)	V 133		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to submit a request for a national criminal history record check to include the fingerprint check within five business days of making the conditional offer of employment for 1 of 3 staff audited who had lived in the State for less than 5 years at the time of employment (Group Home Manager). The findings are:

Review on 12/20/19 of the Group Home Manager's personnel record revealed:
-Employment date was 9/25/18.
-The Group Home manager had moved from another state in the summer of 2018.
-No documentation of a national criminal background check had been requested or received.
-A copy of the Group Home manager's fingerprints was dated 8/8/19. No documentation the fingerprints had been submitted to the State Bureau of Investigation (SBI).

Interview on 12/20/19 the Qualified Professional stated:
-He had called the local county sheriff's office and verified the Group Home Manager had her fingerprints taken.
-He did not know the process to request a national criminal background check. He did not realize having the fingerprints completed was not enough.
-He was not aware, and had not received any documentation from the Department of Health

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V 133	Continued From page 12 and Human Services Criminal Records Check Unit sent within five business days of receipt of the national criminal history of the applicant/employee. -He could not recall having employed anyone that required a national criminal background check in the past. Telephone interview on 12/20/19 the local county Sheriff's Sergeant stated: -The Sheriff's office did not "automatically" request national criminal background checks when someone had their fingerprints done. -Some people having their fingerprints done would have paperwork and request the fingerprints be submitted to the SBI. -If nothing was requested at the time the fingerprints were done, the prints would have been filed in the fingerprint data base. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 289	27G .5601 Supervised Living - Scope 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. Minor and adult clients shall not reside in the	V 289		

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same facility.
(c) Each supervised living facility shall be licensed to serve a specific population as designated below:
(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;
(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;
(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;
(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;
(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or
(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 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) -

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V 289	Continued From page 14 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). This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to provide services to meet clients needs within the scope of the facility's licensure affecting 2 of 3 current clients (clients #1 and #2). The findings are: Cross Reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V111). Based on record review, interviews, and observations, the facility failed to complete an assessment prior to the delivery of services for 1 of 1 clients (client #1). Cross Reference: 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (V114). Based on record review, interviews, and observations, the facility failed to ensure fire drills were held at least quarterly on each shift and conducted under conditions that simulate fire emergencies. Review on 12/18/19 of the facility's licenses issued by the North Carolina Division of Health Service Regulation with expiration dates of 12/31/19 and 12/31/20 revealed: -The license dated to expire on 12/31/19 had been signed by the Licensee on 11/12/18. -The license dated to expire on 12/31/20 had	V 289		

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been signed by the Licensee on 10/9/19.
-The Licensee listed the facility had 3 ambulatory clients and no non-ambulatory clients on each license renewal.
-The definition of ambulatory on the licensure form signed by the Licensee read, "A person who can evacuate the building without physical or verbal assistance during a fire or other emergency."

Review on 12/18/19 of client #2's record revealed:
-49 year old male admitted 1/11/19.
-Diagnoses included autism spectrum disorder, intermittent explosive disorder, anxiety disorder, and intellectual disability.
-Food required to be pureed, and liquids prepared with thickner to prevent choking.
-Required supervison 24 hours a day.

Observations of client #2 on 12/20/19 at 11:30 am revealed:
-Client #2 entered the facility kitchen/dining room accompanied by his Day Support Staff. Client #2 went immediately to the refrigerator, opened the door, and attempted to drink from a bottle. The Day Support Staff removed the bottle from the client and redirected him to sit until she could assist him. Client #2 sat in a chair for a brief time, but got up and tried to access the refrigerator again. The Day Support Staff redirected him verbally and guided him by his arm to the living room.
-Client #2 re-entered the kitchen 3 times and was verbally and physically guided back to the living room to watch television with the Qualified Professional (QP).
-On one occasion client #2 was able to re-enter the kitchen, open the refrigerator door, and remove a box of liquid chicken broth and

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attempted to drink before the QP could stop him. The QP removed the box of broth from client #2. Client #2 turned quickly from the QP, stepped to the counter across from the refrigerator, and drank from a coffee cup left on the counter. The QP took the cup from the client and guided him back to the living room.
-Client #2 would not follow verbal commands by the QP or Day Support Staff and required one of them to physically guide him by his arm away from the refrigerator.

Interview on 12/20/19 staff #3 stated:
-"[Client #2] can be a challenge like a 2 year old child."
- Client #2 would not always follow verbal commands.

Interview on 12/20/19 the Group Home Manager stated client #2 required verbal prompting and escorting by his arm to evacuate the home during a fire drill.

Review on 12/20/19 of the Plan of Protection dated 12/20/19 written by the QP revealed:
-"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?
-Develop a Better evacuation plan
-More appropriate setting to meet her needs"
-"Describe your plans to make sure the above happens.
-Have to develop a more effective evacuation process,
-Assessments of clients in respect one to need"

The facility was licensed for 3 ambulatory clients and the Licensee documented the facility was serving 3 ambulatory clients as recently as

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V 289	Continued From page 17 10/9/19. Client #1, admitted 4/22/19, was identified during her admission assessment to be non-ambulatory and required staff to transfer her using a hoyer lift, and ambulated using her motorized wheelchair. Client #2, admitted 1/11/19, required verbal and physical assistance during emergency evacuation drills and required 24 hour supervision. Client #2 was observed to not follow verbal commands and required staff to physically guide him away from the refrigerator for his safety. Client #1 reported staff documented fire drills, but had only evacuated her during a fire drill once since her admission, and she feared for her safety in the event of a real fire emergency. Staff #3 reported client #1 was already out of bed and in her wheel chair most of the time fire drills were held. According to the Group Home Manager, she would assist client #1 to evacuate first during a fire drill, then return to assist client #2 because he required assistance. This procedure would leave client #2 in the home unsupervised on the night shift or other times when there was only 1 staff on duty. Admitting 2 non-ambulatory clients to this facility operating and licensed for 3 ambulatory clients was detrimental to the clients's health, safety, and welfare if there was a need for emergency evacuation. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 289		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to	V 540		

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V 540	Continued From page 18 dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to provide for the client's rights for dignity, privacy, and humane care in the provision of personal health, hygiene and grooming and failed to provide toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment for 1 of 3 clients (client #1). The findings are: Cross Reference: 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (V742). Based on interviews and observations, the facility failed to be designed and constructed in a manner that provided for client privacy while bathing, dressing or using toilet facilities effecting	V 540		

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V 540	Continued From page 19 1 of 3 clients (client #1). Cross Reference: 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (744). Based on observations and interviews, the facility failed to be designed, constructed and equipped in a manner that ensured the physical safety of clients effecting 1 of 3 clients (client #1). Review on 12/20/19 of the Plan of Protection dated 12/20/19 written by the Qualified Professional (QP) revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? -Two people help with hygiene -Client's hygiene needs will be done in her personal room" -"Describe your plans to make sure the above happens. To make more scheduled hotel visit to take showers and better hygiene procedures at home." Client #1 was admitted on 4/22/19. The client was non-ambulatory, had a "mechanical" wheelchair and a hoyer lift for transfers. The facility doorways to the bathroom facilities were too narrow for client #1 to access. This resulted in no access to a tub, shower, sink, or toilet. To meet client #1's hygiene needs her hair was washed in the kitchen sink and her teeth brushed in the kitchen sink or at the kitchen table. The client could not access a toilet and used diapers or pads for bowel elimination even though she was continent. With no access to a tub or shower, the client received bed baths twice daily. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23	V 540		

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V 540	Continued From page 20 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 540		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on record review, interviews and observations, the facility failed to be designed and constructed in a manner that provided for client privacy while bathing, dressing or using toilet facilities effecting 1 of 3 clients (client #1). The findings are: Review on 12/18/19 and 12/20/19 of client #1's record revealed: -51 year old female admitted 4/22/19. -Diagnoses included cerebral palsy, mild intellectual developmental disorder, diabetes, asthma, hypertension, elevated cholesterol, hyperthyroidism, gastroesophageal reflux disease (GERD), generalized anxiety disorder, and chronic obstructive pulmonary disease (COPD). -FL-2 Prior Approval - Utilization Review Form dated 12/18/19 documented client #1 was continent of bowel function. -Client #1 had a history of kidney stones, bladder surgery, and had a catheter and ostomy for urinary drainage. -The Admission Assessment documented client #1 was non-ambulatory, had a "mechanical"	V 742		

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V 742	Continued From page 21 wheelchair and a hoyer lift. Observations of client #1's bedroom on 12/20/19 at approximately 10:30 am revealed: -The door opening between client #1's bathroom and bedroom measured 22 inches. -Physical damage to client #1's bedroom door was observed on the exterior of the bedroom door in the form of scraped paint and damaged wood. -Damage extended approximately 24-36 inches horizontally across the surface of door and approximately 36 inches vertically. -The door jamb also revealed damage in the form of scrapes, chipped paint and wood gouges extending approximately 36 inches vertically. Observations of client #1 on 12/18/19 at approximately 2:30pm revealed: -Client #1 entered using a tilt-in-space power chair. -Power chair was operated with client's hand. -Upper extremity movements were observed as limited. -Lower extremity movements were not observed. Interview on 12/18/19 client #1 stated: -She was admitted to facility in late spring of 2019 but could not recall exact date. -She was unable to weight bear and required a hoyer lift for transfers to and from her bed and power chair. -She used adult briefs and a catheter. -Toileting clean up was performed in her bed. -Bed baths were performed twice a day due to an inability to access facility bathroom. -She had not used the facility bathroom since admission due to the doorway being too narrow for entrance. -Entrance into her bedroom was difficult due to	V 742		

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narrow doorways but she was able to complete the process.
-Facility staff had also taken her to a hotel for showering on one occasion (date unknown).
-Due to the inability to physically access a bathroom within the facility, her hair was washed in her bed and in the kitchen sink on a daily basis.
-She desired to have routine access to a shower to wash her "private area" in a more thorough manner.
-She had expressed her concerns to her House Manager and Licensee and had been told "not to worry about it" and that "they were working on it."

Interview on 12/20/19 the Group Home Manager stated:
-Client #1 was bathed twice daily.
-Client #1 went to a hotel biweekly for showers.
-The Group Home Manager did not know which hotel or hotels were used and did not know who took her to the hotels.
-She (Group Home Manager) was not involved because she could not lift.
-She thought the client #1's Day Support Staff may be the persons who took her to the hotel.
-The doorways into the bathroom were too narrow for client #1's wheel chair.
-There was no way to access the bathroom by the client.
-Client #1 had her hair washed daily in the kitchen sink, in the evening.
-Client #1 brushed her teeth at either the kitchen sink or at the kitchen table, using cups to rinse and spit.
-Client #1 did not have bowel incontinence.
-She would have bowel movements in her bed directly on a pad or in her diaper.
-She did not have a bedpan.

Interview on 12/20/19 Staff #3 stated:

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V 742	Continued From page 23 -Client #1's bathroom was too small for her to access. -Client #1 was taken to different hotels for bathing, depending on if they had a handicap room available. -He (Staff #3) provided hygiene care for client #1. -Client #1's hair was washed in the kitchen sink or in her bed using a pan. -Client #1 would "poop" after every bath. -Sometimes she would "poop" in her wheelchair. -She would not tell you if she needed to have a bowel movement. Interview on 12/20/19 the Qualified Professional (QP) stated: -In his opinion client #1 was an appropriate admission to the facility because the facility was handicap accessible "to a certain degree." -The only areas lacking were the doorways could have been widened. -There had been one person brought in to look at the bathroom to see if it could be made more accessible by client #1. -They had accommodated client #1 by taking her to a local hotel every 2 weeks for a bath. -The facility provided client #1 with 2 basins; one for her hands and another for her "body." -When questioned about access the toilet, the QP stated the client wore adult diapers; she had no mobility "at all." This deficiency is cross referenced into 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (V540) for a Type A1 rule violation and must be corrected within 23 days.	V 742		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND	V 744		

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V 744	Continued From page 24 EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility was not designed, constructed and equipped in a manner that ensured the physical safety of clients effecting 1 of 3 clients (client #1). The findings are: Review on 12/20/19 of the facility's Department of Health and Human Services Division of Public Health Environmental Health Section Inspection of the Residential Care Facility dated 9/11/19 revealed: -The findings read, "Repair/Replace bathroom and/or bedroom doors. No longer in good repair. Repair/repaint door jams of these doors as well." Observations of client #1's bedroom on 12/20/19 at approximately 10:30 am revealed: -Door to client #1's bedroom: Large sections of the wood veneer was ripped from the bottom half of the door. -Very little of the veneer was left on the lower section of the bedroom door. -Door jamb of client #1's bedroom door and the facing of the door way between the kitchen/dining room and living room had deep lateral gouges over the bottom half of the door jamb. -The evacuation route from client #1's bedroom to the front exit required passing through the door way between the kitchen/dining room and living room. -The exterior ramp was built at the front entrance	V 744		

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into the living room.
-The opening in the bedroom door measured 28 inches. (minimum clear width for single wheelchair is 32 inches.)

Interview on 12/20/19 the Group Home Manager stated:
-Client #2 used a motorized wheelchair to ambulate.
-The damage to client #1's door, door jamb, and door jamb between the kitchen and living room was a result of client #1's wheelchair.
-At first there was a temporary metal ramp to accommodate client #1's wheelchair.
-The existing ramp had been built after client #1 was admitted. She could not recall exactly when this was done.

Interview on 12/20/19 with the Division of Health Service Regulation Construction Section staff stated:
-Group homes with 3 or less clients were not required to meet ADA (American's with Disability Act) requirements for accessibility.
-When the Construction Sections surveyed a facility licensed for 3 or fewer clients, they observed for wall damage as one way to determine if the home was safe and accessible for existing clients.
-Facilities should inform the Construction Section before home modifications were done.

Interview on 12/20/19 the Qualified Professional stated:
-When asked about the handicap accessible ramp, the QP initially stated about 2 years prior and after a telephone conversation with the Licensee he stated the ramp had been built because client #1 was planned to be admitted.
-He had noticed on 12/20/19 and the day prior

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V 744	Continued From page 26 that there was a lot of damage to the walls. The damage had not been that extensive the week prior. -The contractor that build the ramp had assured him it was built to current building codes and requirements. -He would look to see if he could locate an invoice or other documentation to determine when the ramp was built or if it was built to code. At the time of exit no invoice or other documentation to document when the ramp was built or if it was built to code was provided. This deficiency is cross referenced into 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (V540) for a Type A1 rule violation and must be corrected within 23 days.	V 744		