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	MHL026-857	A. BUILDING: _____ B. WING _____	R 02/20/2020

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on February 20, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
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	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide supervision to ensure safety and welfare of one of three audited clients (#1 and #5). The findings are: Finding #1: Review on 02/19/20 of client #1's record revealed: - 44 year old male. - Admission date of 06/01/19. - Diagnoses of Schizoaffective Disorder-Unspecified, Alcohol Use Disorder, Cannabis Use Disorder, Cocaine Use Disorder and Amphetamine Use Disorder. - No documentation client #1 had a history of elopement. Client #1 refused to be interviewed on 02/20/20. Interview on 02/19/20 and 02/20/20 the House Manager stated: - He had taken the clients to a gym and client #1 walked off. Client #1 had been gone for approximately 15 minutes before he realized client #1 left. - Client #1 was entering the gym along with other clients and had walked away. - He had contacted the local police department to notify of a missing person. He also notified client #1's guardian. - Client #1 returned to the facility at approximately midnight on 02/19/20. - The police came to speak with client #1 about his elopement. - Client #1 would not answer questions about his where he went. No injury noted. - Client #1's cousin had come to the facility recently and brought him some money. It was	V 115		

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V 115	Continued From page 2	V 115		

assumed client #1 was seeking drugs.
- Client #1 attended a drug treatment program daily.
- The Qualified Professional (QP) would complete an incident report when he returned.

Finding #2:
Review on 02/19/20 of client #5's record revealed:
- 27 year old male.
- Admission date of 06/15/19.
- Diagnoses of Schizoaffective Disorder-Bipolar Type, Hypertension, Hepatitis C, Cannabis Use Disorder and Hallucinogen Use Disorder.

Review on 02/19/20 of a North Carolina Incident Response Improvement System report for client #5 revealed:
- Date of incident: 02/09/20.
- Time of incident: 2:30pm.
- "Describe the cause of this incident, (the details of what led to this incident). The consumer stated he was outside skateboarding and he wondered off and stayed gone longer than intended."
- "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. The consumer will be under closer supervision when outside skateboarding."

Interview on 02/19/20 client #5 stated:
- He had recently been outside skateboarding and he just got to far from the facility.
- He usually skates in the drive way.
- He went down to the bridge.
- He had seen the police twice for him skating.
- Staff were always at the facility.

Interview on 02/20/20 staff #1 stated:

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V 115	Continued From page 3 - He had worked at the facility for five years. - Client #5 had recently walked off from the facility. - He thought client #5 was riding his skateboard. - The 2nd shift staff came in and realized client #5 had walked off. - He was not aware of any other elopements by client #5. - Client #5 usually rode skateboard and did not leave the facility. Interview on 02/20/20 the House Manager stated: - Client #5 had walked off after he first got to the facility. Client #5 had not had any other issues with elopement. - Staff #1 completed an incident report and the police were called. - No injury for client #1 or client #5 Interview on 02/20/20 the CEO stated: - He understood clients needed to have increased supervision after elopements. - He would follow up with staff and QP about safety and supervision.	V 115		
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	V 118		

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V 118	Continued From page 4 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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three audited clients (#2). The findings are: Review on 02/19/20 of client #2's record revealed: - 30 year old male. - Admission date of 08/17/17. - Diagnoses of Schizoaffective Disorder-Unspecified and Major Depressive Disorder. Review on 02/19/20 of a signed physician order for client #2 dated 12/09/19 revealed:	V 118		

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V 118	Continued From page 5 - Discontinue Zyrtec (treats seasonal allergies) 10 milligrams (mg) - once daily. Review on 02/19/20 and 02/20/20 of client #2's December 2019 thru February 2020 MARs revealed: - Transcribed entry for Zyrtec 10mg take once daily. - Staff initials to indicate the Zyrtec was administered daily from 12/09/19 thru 02/18/20. - No documentation the Zyrtec was discontinued as ordered. Observation on 02/19/20 at approximately 11:00am of client #2's medications revealed: - A bubble blister pack labeled for client #2 for Zyrtec 10mg dispensed from the pharmacy on 01/08/20. - Instructions to administer the Zyrtec daily. Interview on 02/20/20 the House Manager stated he would follow up on client #2's Zyrtec. Interview on 02/20/20 the CEO stated: - He understood client #2's Zyrtec was discontinued on 12/09/19. - He would follow up on correcting the Zyrtec.	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) 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	V 290		

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V 290	Continued From page 6 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 abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by:	V 290		

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V 290	Continued From page 7 Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting one of three audited clients (#2). The findings are: Review on 02/19/20 of client #2's record revealed: - 30 year old male. - Admission date of 08/17/17. - Diagnoses of Schizoaffective Disorder-Unspecified and Major Depressive Disorder. Review on 02/19/20 of client #2's Person-Centered Profile dated 10/23/19 revealed: - "11. Unsupervised Time...[Client #2] will evidence a clear understanding of this amount of unsupervised time that he seeks to be authorized for in the community as evidenced by self-report, collateral report and residential staff reports. How (support/Intervention) Residential Staff will monitor [Client #2] daily as he takes his unsupervised time in the community. Residential Staff will discuss the amount of unsupervised time that is available.." Interview on 02/19/20 the House Manager stated client #2 was working on getting unsupervised time in the community. Interview on 02/20/20 the CEO stated: - Client #5 had a recent treatment team meeting to review unsupervised time in the community. - He understood the treatment plan needed to have specified time frames for unsupervised time. [This deficiency constitutes a re-cited deficiency	V 290		

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V 290	Continued From page 8 and must be corrected within 30 days.]	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 02/18/20 at approximately 10:30am revealed: - A smoke detector in the hallway emitted a chirping sound (indicating a battery was needed) approximately every 35 seconds. - The living room carpet had dark stains. - Client #6's bedroom had a missing cable receptacle cover and dark smudges on the wall. - The right side client bathroom had one of six lights not working. - Client #4 and #5's bedroom had dark smudges on the walls. The window sill had dead insects on the ledge. - The hallway return vent appeared soiled. - Client #1 and #3's bedroom had bits of debris scattered on the carpet. Two dresser drawers were broken. - Client #2's bedroom revealed dead insects on the window sill ledge and smudges on the walls. -The linoleum in front of the dishwasher was torn.	V 736		

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V 736	Continued From page 9 The pantry door was missing. - The left side client bathroom had two of six lights working. The commode lid was missing. Interview on 02/19/20 the House Manager stated he would follow up on the smoke detector battery. Interview on 02/20/20 the Chief Executive Officer indicated he would follow up on facility issues identified. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 02/19/20 at approximately 10:30am revealed the hot water temperature in the right side client bathroom was 122 degrees Fahrenheit. Interview on 02/20/20 the House Manager stated:	V 752		

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V 752	Continued From page 10 - Hot water element had recently been replaced. - He would follow up to ensure the water temperature was corrected. Interview on 02/20/20 the Chief Executive Officer stated he would follow up on the water temperature at the facility.	V 752		