

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL054-179</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>10/13/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEAUTIFUL CREATIONS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4705 KILLETTE DRIVE<br/>LA GRANGE, NC 28551</b> |
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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 |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on October 13, 2020. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>  | V 000         |   |                    |
| V 107              | <p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <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"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <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:<br/>Based on record review and interview, the facility failed to maintain a personnel file for 2 of 2 Former Staff (FS #4 and #5). The findings are:</p> <p>Review on 10/12/20 of FS #4's personnel records revealed:<br/>-Hire and Termination dates not provided.<br/>-Documentation of Health Care Personnel record check information had not been maintained on file.</p> <p>Review on 10/12/20 of personnel record information received from the Qualified Professional (QP) on 10/12/20 revealed no personnel information for FS #5 as requested by surveyors.</p> <p>Interview on 10/7/20 FC #2's Guardian(local Department of Social Services) stated:</p> | V 107         |   |                    |

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| V 107              | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She had been FC #2's guardian representative since December 2019.</li> <li>-The facility received funding and employed extra staff after FC #2 was discharged from the hospital on 1/21/20.</li> <li>-She saw FS #5 with FC #2 on 2 separate occasions.</li> <li>-AFL(Alternative Family Living) parent informed her on 5/6/20 that FS #5 quit approximately 3 weeks prior.</li> </ul> <p>Interview on 10/2/20 the AFL parent stated:</p> <ul style="list-style-type: none"> <li>-FS #4 worked as a paraprofessional on 1st and 2nd shift.</li> <li>-FS #4 left the AFL around December 2019.</li> <li>-FS #5 was a natural support at the AFL.</li> <li>-FS #5 left AFL around November 2019.</li> </ul> <p>Interview on 10/2/20 and 10/7/20 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-AFL parent used "natural supports at the facility and no one had been hired or trained by licensee."</li> <li>-FS #5 was not a hired employee.</li> <li>-FS #4 passed the interview process and started training but unsure if she finished.</li> <li>-HCPR check was completed on FS #4.</li> </ul> | V 107         |   |                    |
| V 108              | <p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and</li> </ol>   | V 108         |   |                    |

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| V 108              | <p>Continued From page 3</p> <p>10A NCAC 26B;<br/>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br/>(4) training in infectious diseases and bloodborne pathogens.<br/>(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.<br/>(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:<br/>Based on record review and interview, the facility failed to ensure staff completed employee training as required for 2 of 2 Former Staff (FS #4 and #5). The findings are:</p> <p>Review on 10/12/20 of FS #4's personnel records revealed:<br/>-Hire and Termination dates not provided.</p> <p>Review on 10/12/20 of personnel record information received from the Qualified</p> | V 108         |   |                    |

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| V 108              | <p>Continued From page 4</p> <p>Professional (QP) on 10/12/20 revealed no personnel information for FS #5 as requested by surveyors.</p> <p>Interview on 10/7/20 FC #2's Guardian(local Department of Social Services) stated:<br/>-She had been FC #2's guardian representative since December 2019.<br/>-The facility received funding and employed extra staff after FC #2 was discharged from the hospital on 1/21/20.<br/>-She saw FS #5 with FC #2 on 2 separate occasions.<br/>-AFL(Alternative Family Living) parent informed her on 5/6/20 that FS #5 quit approximately 3 weeks prior.</p> <p>Interview on 10/2/20 the AFL parent stated:<br/>-FS #4 worked as a paraprofessional on 1st and 2nd shift.<br/>-FS #4 left the AFL around December 2019.<br/>-FS #5 was a natural support at the AFL.<br/>-FS #5 left AFL around November 2019.</p> <p>Interview on 10/2/20 and 10/7/20 the Licensee stated:<br/>-AFL parent used "natural supports at the facility and no one had been hired or trained by licensee."<br/>-FS #5 was not a hired employee.<br/>-FS #4 passed the interview process and started training but unsure if she finished.<br/>-HCPR check was completed on FS #4.</p> | V 108         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:</p>   | V 118         |   |                    |

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| V 118              | <p>Continued From page 5</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:<br/>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(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> <p><br/></p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, interviews, and observations, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 1 of 1 current client audited (client #1) and 1 of 1</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 6</p> <p>former client(FC) audited (FC#2). The findings are:</p> <p><b>Finding #1</b><br/>Review on 10/5/20 of client #1's record revealed:<br/>-21 year old male.<br/>-Admission date of 6/1/20.<br/>-Diagnosis of Schizoaffective disorder, bipolar type.</p> <p>Review on 10/2/20 of client #1's physician orders dated 6/2/20 revealed:<br/>-epinephrine(Epipen) 0.3ml(milliliter)/0.3mg (milligrams) inject into muscle for one dose as needed if stung by bee or exposed to shrimp(allergic reactions).<br/>-No documentation of self administration order for Epipen.<br/>-Miralax 1 capful every other day(constipation).</p> <p>Review on 10/2/20 and 10/5/20 of client #1's MARs from August, 2020 to October, 2020 revealed:<br/>-No transcription of Miralax.<br/>-No documentation Miralax was administered to client #1 between 8/1/20 - 10/2/20.</p> <p>Observation on 10/2/20 between 12:15pm-2:00pm of client #1's medication revealed:<br/>-No Miralax provided for review.<br/>-Epinephrine for emergency use stored with medications.<br/>-Client #1 was not on site at the facility.</p> <p>Interview on 10/2/20 the AFL (Alternative Family Living) parent stated:<br/>-Client #1 did not take his Epipen with him when he leaves the home.<br/>-Client #1 needed it if he came in contact with</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 7</p> <p>shrimp or had a bee sting.<br/>-Typically client #1 would be away from the home with his day worker from before 8am to as late as 7pm or 8pm, depending on activities.</p> <p>Finding #2<br/>Review on 10/5/20 of FC#2's record revealed:<br/>-31 year old female.<br/>-Admission date of 9/20/18.<br/>-Discharge date of 9/15/20.<br/>-Diagnoses of Moderate Intellectual Developmental Disability; bipolar disorder, mixed with psychotic features; Autism Spectrum.</p> <p>Review on 10/13/20 of FC #2's physician orders revealed:<br/>-5/7/20: -Risperdal 2 mg at bedtime(mental/mood disorders).<br/>-Risperdal 3 mg daily.<br/>-6/11/20:-Haldol(haloperidol) 5mg, 1 at 8 am and 1 at 6pm(mental/mood disorders).<br/>-7/9/20: -Haldol 10mg in morning and 5 mg at 6pm.<br/>-Risperdal 3mg in morning<br/>-Risperdal 2 mg at bedtime<br/>-Fluvoxamine 50 mg 1 in am, 1 6pm (obsessive-compulsive disorder).<br/>-D/C (discontinue) Fluvoxamine 50 mg, 2 in am and 2 at 6pm.<br/>-7/20/20: -"Clarification" order, Haldol 10mg in morning and 5 mg at 6pm.<br/>-Fluvoxamine 50mg 1 in morning and 1 at 6pm.<br/>-Risperdal 3mg, 1 in morning<br/>-No order to discontinue Risperdal 2mg at bedtime.</p> <p>Review on 10/2/20 and 10/5/20 of FC #2's MARs from June 2020 to August 2020 revealed:<br/>-June-Morning dose of haloperidol 5mg was</p> | V 118         |   |                    |



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| V 118              | <p>Continued From page 8</p> <p>scheduled and administered at 6am from 6/12/20 - 6/30/20(ordered to be given at 8am).</p> <p>-July -Electronically printed dosages for haloperidol (5mg at 8am and 6pm) had been lined through and replaced with hand written dosages, 10mg AM and 5mg PM (ordered changed 7/9/20).</p> <p>-Risperdal 2mg at bedtime crossed off and none documented as administered from 7/9/20 to 7/30/20.</p> <p>-Fluvoxamine 50mg, take 2 tabs (100mg) by mouth twice a day was documented as administered 7/9/20 - 7/31/20.</p> <p>-August -haloperidol administered 5 mg at bedtime 8pm (ordered to be given at 6pm).</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 3 times since the original cite on 12/13/19 and must be corrected within 30 days.</p> | V 118         |   |                    |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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>   | V 131         |   |                    |

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| V 131              | <p>Continued From page 9</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to access the Health Care Personnel Registry(HCPR) prior to hiring 2 of 2 former staff(FS)audited(FS#4 and FS#5). The findings are:</p> <p>Review on 10/12/20 of FS #4's personnel records revealed:<br/>-Hire and Termination dates not provided.<br/>-Criminal background check requested 12/17/19.<br/>-No evidence a HCPR check had been initiated or accessed before hiring.</p> <p>Review on 10/12/20 of personnel record information received from the Qualified Professional (QP) on 10/12/20 revealed no personnel information for FS #5 as requested by surveyors.</p> <p>Review on 10/12/20 of an email received from the QP dated 10/12/20 revealed:<br/>-"We could not locate the healthcare registry for [FS #4] but one was completed."</p> <p>Interview on 10/7/20 FC #2's Guardian(local Department of Social Services) stated:<br/>-She had been FC #2's guardian representative since December 2019.<br/>-The facility received funding and employed extra staff after FC #2 was discharged from the hospital on 1/21/20.<br/>-She saw FS #5 with FC #2 on 2 separate occasions.<br/>-AFL(Alternative Family Living) parent informed her on 5/6/20 that FS #5 quit approximately 3 weeks prior.</p> | V 131         |   |                    |

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| V 131              | <p>Continued From page 10</p> <p>Interview on 10/2/20 the AFL parent stated:<br/>-FS #4 worked as a paraprofessional on 1st and 2nd shift.<br/>-FS #4 left the AFL around December 2019.<br/>-FS #5 was a natural support at the AFL.<br/>-FS #5 left AFL around November 2019.</p> <p>Interview on 10/2/20 and 10/7/20 the Licensee stated:<br/>-AFL parent used "natural supports at the facility and no one had been hired or trained by licensee."<br/>-FS #5 was not a hired employee.<br/>-FS #4 passed the interview process and started training but unsure if she finished.<br/>-HCPR check was completed on FS #4.</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.<br/>(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.<br/>(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</p> | V 133         |   |                    |

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| V 133              | Continued From page 11<br><br>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 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 | V 133         |   |                    |

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| V 133              | <p>Continued From page 12</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 13</p> <p>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 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</p> | V 133         |   |                    |

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| V 133              | <p>Continued From page 14</p> <p>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 following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h);</p> | V 133         |   |                    |

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| V 133  | Continued From page 15<br>2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to request a state criminal background check within five business days of employment for 1 of 2 former staff (FS) audited (FS#5). The findings are:<br><br>Review on 10/12/20 of personnel record information received from the Qualified Professional (QP) dated 10/12/20 revealed no personnel information for FS#5, to include documentation a criminal background check had been accessed.<br><br>Interview on 10/7/20 FC #2's Guardian(local Department of Social Services) stated:<br>-She had been FC #2's guardian representative since December 2019.<br>-The facility received funding and employed extra staff after FC #2 was discharged from the hospital on 1/21/20.<br>-She saw FS #5 with FC #2 on 2 separate occasions.<br>-AFL(Alternative Family Living) parent informed her on 5/6/20 that FS #5 quit approximately 3 weeks prior.<br><br>Interview on 10/2/20 and 10/7/20 the Licensee stated:<br>-AFL parent used "natural supports at the facility and no one had been hired or trained by licensee." | V 133   |   |   |



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| V 366              | Continued From page 16  | V 366         |   |                    |
| V 366              | <p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond</p> | V 366         |   |                    |

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| V 366              | <p>Continued From page 17</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not</p> | V 366         |   |                    |

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| V 366              | <p>Continued From page 18</p> <p>available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to implement policies governing their response to Level I incidents as required. The findings are:</p> <p>Review on 10/5/20 of former client(FC)#2 revealed:<br/>-31 year old female.<br/>-Admission date of 9/20/18.<br/>-Discharge date of 9/15/20.<br/>-Diagnoses of Moderate Intellectual Developmental Disability; bipolar disorder, mixed with psychotic features; Autism Spectrum.<br/>-Individual support plan dated 9/1/20 "What others need to know to best support me...My</p> | V 366         |   |                    |

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| V 366              | <p>Continued From page 19</p> <p>Current Situation: I have a long history of challenging behaviors and this has impacted the continuity of care in my community. The Fall of 2019 was a challenging time for me with numerous behavioral occurrences...My return to the community has not been without incident. I regularly am verbally and physically aggressive towards others and demonstrate self-injurious behaviors..."</p> <p>Interview on 10/7/20 the Qualified Professional(QP) and Licensee stated:<br/>-There were no Level I incident reports since January 2020.</p> <p>Review on 10/2/20, 10/5/20, 10/13/20 of FC #2's July 2020 MARs (Medication Administration Records) and physician orders revealed:<br/>-Order dated 7/9/20 reduced the dosage of Fluvoxamine 100 mg(milligrams) twice daily to 50 mg in the morning and 6 pm.<br/>-AFL (Alternative Family Living) parent documented FC #2 continued to receive Fluvoxamine 100 mg twice daily form 7/9/20 - 7/31/20, then reduced to 50 mg twice daily starting 8/1/20.<br/>-Order dated 7/9/20 to continue Risperidone 2 mg at bedtime.<br/>-The Medication Administration Record for the Risperidone 2 mg at bedtime had been discontinued from 7/9/20 - 7/31/20 with no documentation FC #2 received the bedtime Risperidone 2 mg from 7/9/20 - 7/30/20, then resumed on 8/1/20.</p> <p>Interview on 10/7/20 FC #2's Guardian stated:<br/>-FC #2 had a behavioral "episode" on 8/3/20 when AFL parent took FC #2 to the beach for a surprise birthday "get away."<br/>-FC #2 had talked with her sister on 7/31/20 and</p> | V 366         |   |                    |

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| V 366              | Continued From page 20<br><br>believed her sister was coming to visit her.<br>-FC #2 was kicking and spitting on the staff and destroyed her birthday cake.<br>-FC #2 tried to open the car door when the car was moving.<br>-Following this episode AFL parent gave FC #2 a 30 day discharge notice.<br><br>Interview on 10/2/20 the AFL parent stated:<br>-On 9/2/20 or 9/3/20, FC #2 jumped out her bedroom window during a behavior resulting in scrapes on her back and leg.<br>-She had no incident reports at the facility.<br>-She sent incident reports electronically to the office.   | V 366         |   |                    |
| V 368              | G.S. 122C-63 Assurance for continuity of care<br><br>§ 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION<br>(a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.<br>(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. | V 368         |   |                    |

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| V 368              | <p>Continued From page 21</p> <p>The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:</p> <p>(1) The area authority determines that the client is not in need of continuing care;</p> <p>(2) The client is moved to an alternative residential placement; or</p> <p>(3) Sixty days have elapsed; whichever occurs first.</p> <p>In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.</p> <p>(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if:</p> <p>(1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or</p> <p>(2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the</p> | V 368         |   |                    |

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| V 368              | <p>Continued From page 22</p> <p>residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.</p> <p>(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.</p> <p>(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.</p> <p>(f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period.</p> <p>(g) The area authority's financial responsibility, through local and allocated State</p> | V 368         |   |                    |

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| V 368              | <p>Continued From page 23</p> <p>resources, is limited to:</p> <p>(1) Costs relating to the identification and coordination of alternative placements;</p> <p>(2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and</p> <p>(3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.</p> <p>(h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to notify the area authority serving the client of intent to discharge an intellectually disabled client at least 60 days prior to discharge for 1 of 1 former client (FC#2). The findings are:</p> <p>Review on 10/5/20 of FC#2's record revealed:<br/>-31 year old female.<br/>-Admission date of 9/20/18.<br/>-Discharge date of 9/15/20.<br/>-Diagnoses of Moderate Intellectual Developmental Disability; bipolar disorder, mixed with psychotic features; Autism Spectrum.</p> | V 368         |   |                    |



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| V 368              | <p>Continued From page 24</p> <p>Review on 10/12/20 of a discharge notice for FC #2 dated 8/7/20 revealed:<br/>-The discharge notice was addressed to Licensee and guardian.<br/>-30 day notice.<br/>-Signed by AFL (Alternative Family Living) parent.</p> <p>Interview on 10/7/20 the FC #2's Care Coordinator from the Managed Care Organization stated:<br/>-She did not have a copy of a discharge notice for FC #2.<br/>-If she had received a discharge notice it would have been "uploaded" into her file, and no notice had been "uploaded."<br/>-She had been told verbally a discharge notice had been given, but no time frame was given.</p> <p>Interview on 10/2/20 the AFL parent stated:<br/>-She initiated a 30 day notice of discharge for FC#2 to Licensee.<br/>-She could no longer meet FC #2's needs.</p> <p>Interview on 10/7/20 the Qualified Professional and Licensee stated AFL parent had provided an official 30 day notice of discharge for FC #2 in writing.</p> | V 368         |   |                    |
| V 736              | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br/>(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>   | V 736         |   |                    |

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| V 736              | <p>Continued From page 25</p> <p>This Rule is not met as evidenced by:<br/>Based on observations and interview, the facility failed to ensure the facility and grounds were maintained in a safe, clean, orderly and attractive manner. The findings are:</p> <p>Observations on 10/2/20 between 10:30am-1:15pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Sun-faded patio furniture in front yard next to porch with torn pillows exposing fiber filling.</li> <li>-Entrance storm door missing hinge and yellowish green discoloration.</li> <li>-Discoloration of front entrance door, grayish color on bottom half of door.</li> <li>-Window screens on back windows of the home torn.</li> <li>-Sections of metal underpinning were separated and not secured to the home.</li> <li>-Anthills of various sizes approximately 7 around the front, side, and back of home.</li> <li>-Animal feces on the ground beside the home.</li> <li>-Hallway light fixture had collected several dead insects in the fixture covering.</li> <li>-Food residue spilled on inside surfaces of refrigerator.</li> <li>-Ceiling above bathtub was swollen/buckled.</li> <li>-Hole in door of client #1's bedroom approximately 3 inch by 1 inch in size.</li> <li>-Ceiling repairs in client #1's bedroom were unfinished and unpainted.</li> <li>-Exterior siding on the home was discolored a grayish color.</li> </ul> <p>Interview on 10/2/20 the AFL (Alternative Family Living) parent stated:</p> <ul style="list-style-type: none"> <li>-She did not know window screens had damage, client may have done it.</li> <li>-She would have her spouse complete</li> </ul> | V 736         |   |                    |

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| V 736              | <p>Continued From page 26</p> <p>maintenance of the ceiling and home.</p> <p>-She was unsure what was in the hallway light fixture.</p> <p>-She cleaned the light fixture and reported dead bugs were in the fixture.</p> <p>This deficiency has been cited 3 times since the original cite on 3/7/19 and must be corrected within 30 days.</p> | V 736         |   |                    |