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MERCY HOME SERVICES, INC	127 ROBBINS AVENUE JAMESTOWN, NC 27282

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 11/20/20. The complaint was substantiated (intake #NC00165566). 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff completed employee training as required for 1 of 1 Former Staff (FS #2). The findings are: Review on 11/3/20 of FS #2's personnel record revealed: -A hire date of 4/24/20; -A termination date of 5/24/20; -A job description for a Paraprofessional; -No evidence FS #2 had completed training in (a) general organizational orientation; (b) training on client rights and confidentiality; (c) training to meet the mh/dd/sa needs of the client as specified in the client's treatment/habilitation plan and (d) training in infectious diseases and bloodborne pathogens. Interview on 6/25/20 with FS #2 revealed: -She had not been trained in general organization policies and procedures, client rights and confidentiality, how to meet the needs of the clients or infectious diseases and bloodborne pathogens; -She had no previous experience working in a facility. Interview on 7/24/20 with the Qualified Professional (QP) revealed: -It was the responsibility of the Office Manager/Program Coordinator to ensure staff	V 108		

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V 108	Continued From page 2 completed all necessary training; -She thought that FS #2 had received all the necessary training. Interview on 6/10/20 with the facility Owner revealed: -She thought FS #2 had received all necessary training; -She thought the training may have been overlooked because she was not fully staffed. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.	V 109		

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V 109	Continued From page 3 (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Qualified Professional (QP) demonstrated knowledge, skills and abilities for the population served for 1 of 1 QP. The findings are: Review on 11/3/20 of the QP's personnel record revealed: -A hire date of 8/28/18; -A job description for a QP. Interview on 6/25/20 with former staff (FS) #2 revealed she was employed from 4/24/20 - 5/20/20 and she had never had a conversation with the QP. Interview on 7/9/20 with FS #3 revealed: -"[The QP] did not work for the homes (facility);" -"She (the QP) didn't do our monthly reviews	V 109		

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(supervision);"
-She had worked at the facility for a year and she had never seen the QP at the facility.

Interview on 7/23/20 with staff #1 revealed:
-She had worked at the facility since 5/26/20 and had never talked with the QP;
-She had never seen the QP at the facility;
-"I do my monthly evaluation (supervision) with [the Office Manager/Program Coordinator (OM/PC)] at the office;"
-She was instructed to contact the Owner with questions or concerns and if she was unable to get in touch with her to call the OM/PC.

Interviews on 6/10/20, 7/23/20 and 7/24/20 with the QP revealed:
-"I don't know why [the Owner] keeps telling you to call me;"
-"I help mainly with the day program, but I mean, I help with all when I'm there;
-"[The Owner] don't tell me anything;"
-"I'm like a paper QP really;"
-"Like, what do you do, I shuffle paper;"
-She never visited the facility but worked at the office a few days a week;
-Her job duties consisted of working with the OM/PC and doing whatever she asked her to do;
-"Me and [the OM/PC] will look at notes and stuff (Medication Administration Records (MARs))...we have looked at the stuff (MARs) and everything but it's so messy...me and [the OM/PC] just be like what in the world;"
-"It (MARs) was so messy that [the Owner] said she would take care of that stuff basically;"
-"Basically, I ask them (Paraprofessionals) if they have any concerns;"
-"When I look at the books (client records), I don't ask any questions."

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V 109	Continued From page 5 Interview on 7/24/20 with the OM/PC revealed: -She was qualified to be a QP but was not working in that capacity; -The QP usually worked in the office 2 days a week but didn't visit the facility; -"I have to guide [the QP] sometimes;" -"She (the QP) doesn't know all the ins and outs." Interview with the Owner on 11/3/20 revealed: -She was not aware that the QP was not fulfilling her obligations; -She was not paying her to shuffle paperwork; -She had been trying to find a new QP. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:	V 110		

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V 110	Continued From page 6 (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure paraprofessionals demonstrated knowledge, skills and abilities for the population served for 1 of 2 audited staff (the Owner). The findings are: Finding #1: The Owner hired an inexperienced staff to work as a paraprofessional at the facility and failed to provide the training that was needed in order to work with the population served. Review on 11/3/20 of former staff (FS) #2's personnel record revealed: -A hire date of 4/24/20; -A termination date of 5/20/20; -A job description for a paraprofessional; -No documentation of training on alternatives to restrictive interventions, general organizational orientation, training on client rights and confidentiality, training to meet the mh/dd/sa needs of the client as specified in the client's	V 110		

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treatment/habilitation plan and (d) training in infectious diseases and bloodborne pathogens.

Interview on 7/24/20 with client #1 revealed:
-FS #2 had quit and no longer worked at the facility;
-"She got in her car and left;"
-"[The Owner] had to come out here (facility)."

Interview on 6/25/20 with FS #2 revealed:
-She had no prior experience working in a facility;
-The facility Owner had offered to allow her to work and live in the facility 7 days a week for 6 months because she was homeless and unable to afford housing with disability as her only income;
-When she began working, she was informed by the Owner if client #3 was aggressive to do her best to calm her down but was not advised on how to do that;
-On 5/20/20, client #3 was irate and verbally and physically abusive towards her;
-"I can't deal with that (verbal and physical abuse) because I can't restrain them (clients);"
-She had taken the telephone to her vehicle and called Emergency Management for assistance;
-When law enforcement arrived, the officer asked her to call the Owner and request her assistance at the facility;
-She called the Owner and then immediately left the facility.

Interview on 7/9/20 with FS #3 revealed:
-Client #3 exhibited violent tendencies especially when there was a lot of change;
-"Any staff who does not have experience, I would never let them ever work alone for 60-90 days."

Interviews on 6/10/20 and 11/3/20 with the facility Owner revealed:

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-She had hired FS #2 because she was homeless, and she wanted to help her;
-She was aware that FS #2 had no previous experience working in a group home;
-FS #2 had left the clients unsupervised in the facility on 5/20/20 and had not returned;
-FS #2 had called her on 5/20/20 and informed her that she needed to find staff to work at the facility because she was leaving immediately;
-She had arrived at the facility approximately 20 minutes after she received the call from FS #2.

Finding #2 The Owner failed to address issues with FS #2 that affected the care of the clients.

Interview on 6/25/20 with FS #2 revealed:
-The Owner was aware that she had worked as a beautician in the past;
-When she moved into the facility, the Owner had informed her she was allowed to work in the facility as a beautician as long as it didn't interfere with the clients;
-On 5/3/20, the Owner had visited the facility;
-Client #1 was watching a movie, client #2 was taking a nap and clients #3 and #4 were out of the facility;
-"My previous boss lady asked me to fix her weave;"
-The Owner hadn't said anything to her about the visitor being at the facility;
-She had not smoked marijuana on the facility premises;
-The Office Manager/Program Coordinator had informed her when she started working that she didn't want any marijuana used on the premises.

Interview on 7/24/20 with the Qualified Professional revealed:
-She had observed FS #2 at the day program one day shortly after she began working and had

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V 110	Continued From page 9 informed the Owner that she had concerns; -She was not able to elaborate on her observations of FS #2; -"I just knew from what I heard, I just knew her demeanor was off..." Interviews on 6/10/20 and 11/3/20 with the facility Owner revealed: -The clients had informed her they weren't happy with FS #2 because she smoked marijuana outside the facility, and they didn't like her cooking; -"I talked to her about her behavior towards the clients;" -She had not talked with FS #2 regarding the allegation of her smoking marijuana outside the facility because she had never smelled anything different while at the facility; -"She would bring people and do their hair at my group home which is a no no;" -"Surprisingly, I went over there (to the facility) one weekend and a lady was sitting there getting her hair;" -"I didn't fire her...thank God she quit." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
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.	V 118		

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V 118	Continued From page 10 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications as ordered affecting 2 of 4 audited clients (clients #1 and #2). The findings are: Interview on 6/10/20 with the facility owner revealed: -She was not aware of any issues with clients not receiving their medications;	V 118		

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V 118	Continued From page 11 -"That's not true." Review on 6/16/20 of client #1's record revealed: -An admission date of 5/26/09; -Diagnoses included moderate Intellectual Developmental Disability (IDD), Down Syndrome, and Major Depressive Disorder; -Medication orders dated 3/26/16 included Benztropine Mesylate (used to treat tremors) 1 mg, take 1 tablet by mouth twice daily at 8:00am and 8:00pm; -Medication orders dated 1/23/20 included Pantoprazole Sodium (used to treat Gastroesophageal Reflux Disease (GERD)) 40 milligrams (mg), take 1 tablet by mouth daily at 8:00am and Cetirizine Hydrochloride (used to treat allergies) 10 mg, take 1 tablet by mouth daily at 8:00am; -Medication orders dated 2/3/20 included Trazodone (used to treat depression) 50 mg, take 1 tablet by mouth at bedtime. Review on 6/16/20 of the April 2020 MAR for client #1 revealed: -On 4/24, there was no documentation to show that Pantoprazole Sodium was administered; -On 4/30, there was no documentation to show that Trazodone was administered. Review on 6/16/20 of the May 2020 MAR for client #1 revealed: -On 5/30 - 5/31, there was an entry of "-" for Cetirizine Hydrochloride; -On 5/30, there was an entry on the back of the MAR of "out of meds (medication);" -On 5/31, there was an entry of "-" for Benztropine Mesylate. Review on 6/24/20 of client #2's record revealed: -An admission date of 12/26/11;	V 118		

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V 118	Continued From page 12 -Diagnoses included Intellectual Developmental Disability, Schizophrenia, Hypertension, and GERD; -Medication orders dated 1/23/20 included Omeprazole Delayed Release (used to treat GERD) 40 mg, take 1 capsule by mouth daily at 8:00am, Lisinopril Hydrochlorothiazide (used to treat Hypertension) 10-12.5 mg, take 1 tablet by mouth daily at 8:00am, Risperidone (used to treat Schizophrenia) 3 mg, take 1 tablet by mouth at bedtime, Benztropine Mesylate (used to treat tremors) 1 mg, take 1 tablet by mouth twice daily at 8:00am and 8:00pm, and Clonazepam (used to treat anxiety) .5 mg, take 1/2 tablet by mouth at 8:00am, 12:00pm, and 4:00pm. Review on 6/17/20 of the April 2020 MAR for client #2 revealed: -On 4/24, there was no documentation to show that the 8:00am dose of Clonazepam was administered; -On 4/25 - 4/28, there were entries of a circle and "-" for Risperidone; -On 4/25, there was an entry on the back of the MAR of "Risperidone 3 mg out of stock calling [the Owner];" -On 4/28, there was an entry of a circle and "-" for the 8:00pm dose of Benztropine Mesylate; -On 4/28, there was an entry on the back of the MAR of "clients out of all night meds called [the Owner] called pharmacy called [the Office Manager/Program Coordinator (OM/PC)];" -On 4/29, there was an entry of "-" for the 8:00am dose of Benztropine Mesylate; -On 4/29, there was an entry of a circle with an initial and "-" through it for Omeprazole Delayed Release and Lisinopril Hydrochlorothiazide; -On 4/29, there was an entry on the back of the MAR of "client out of meds except Clonazepam."	V 118		

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V 118	Continued From page 13 Review on 6/17/20 of the May 2020 MAR for client #2 revealed: -On 5/29, there were entries on the back of the MAR of "Benztropine 1 mg out of meds call pharmacy/[the Owner]" and "Risperidone 3 mg out of meds call pharmacy/[the Owner];" -On 5/30 - 5/31, there were entries of "-" for Risperidone; -On 5/30, there was an entry of "-" for the 8:00pm dose of Benztropine Mesylate; -On 5/31, there were entries of "-" for the 8:00am and 8:00pm doses of Benztropine Mesylate. Review on 6/17/20 of the June 2020 MAR for client #2 revealed there was no documentation on 6/11 that the 4:00pm dose of Clonazepam was administered. Interview on 7/23/20 with client #2 revealed: -She was not always administered her medications as ordered; -She was told by the facility staff that they were waiting on the pharmacy to deliver the medications. Interview on 7/29/20 with a pharmacy representative revealed: -They were the primary pharmacy for clients #1 and #2; -They sometimes delivered medications and sometimes mailed them depending on how fast the facility needed the medications; -There was no reason for clients #1 or #2 to be out of medications for the months of April 2020 - May 2020; -Medications for clients #1 and #2 were refilled on 3/26/20, 4/24/20 and 5/27/20 and they should have had enough of each medication on hand to last until the end of each month;	V 118		

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	MHL041-736	A. BUILDING: _____ B. WING _____	C 11/20/2020

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V 118	Continued From page 14 Interview on 6/25/20 with former staff (FS) #2 revealed: -She had been trained in administration of medications; -When "-" was documented on the MARs, that meant medications weren't administered; -She had called the pharmacy and attempted to get medications filled for clients #1 and #2 when they ran out but was told by the pharmacy that it wasn't time for the medications to be refilled; -She had informed the Owner what she was told by the pharmacy. Interviews on 7/23/20 and 7/24/20 with the Qualified Professional (QP) revealed: -She and the Office Manager/Program Coordinator (OM/PC) reviewed the client MARs to ensure accuracy; -"We have looked at the stuff (MARs) and everything but it's so messy;" -"It (MARs) was so messy that [the Owner] said she would take care of that stuff basically." Interview on 11/3/20 with the facility Owner revealed: -The clients received their medications as ordered even when there were blank spaces on the MAR; -The staff didn't always remember to document that they had administered medications; -The times that the clients were out of medications was the medical providers fault; -The medical providers didn't always respond to the pharmacies when they requested refills. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

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V 118	Continued From page 15 This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial	V 132		

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V 132	Continued From page 16 notification to the Department. This Rule is not met as evidenced by: Based on interviews, the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR). The findings are: Interview on 6/10/20 with the facility Owner revealed former staff (FS) #2 had left the clients at the facility with no supervision on 5/20/20. Interview on 10/29/20 with a representative of the HCPR revealed there was no record of the allegation regarding FS #2. Interview on 7/24/20 with client #1 revealed: -FS #2 had quit and no longer worked at the facility; -"She (FS #2) got in her car and left (5/20/20);" -"[The Owner] had to come out here (the facility)." Interview on 6/25/20 with FS #2 revealed: -She had worked at the facility from 4/24/20 - 5/20/20; -On 5/20/20, client #3 was verbally and physically aggressive with her; -She didn't know what to do since she was not able to restrain the client; -She took her telephone to the car and called	V 132		

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V 132	Continued From page 17 Emergency Management for assistance; -When law enforcement arrived, the officer asked that she call the facility Owner and request her presence at the facility; -She called the facility Owner and then left the facility. Interview on 11/2/20 with the Owner revealed: -She had called HCPR to report the incident; -"The lady I talked to said she would have someone call me;" -She had not received a telephone call or anything in the mail regarding the incident. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 132		
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 same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below:	V 289		

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V 289	Continued From page 18 (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) - 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	V 289		

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V 289	Continued From page 19 (AFL). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that residential services were provided to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a developmental disability or disabilities, and who require supervision when in the residence affecting 4 of 4 clients (clients #1, #2, #3, and #4). The findings are: Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interviews, the facility failed to ensure staff completed employee training as required for 1 of 1 Former Staff (FS #2). Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record review and interviews, the facility failed to ensure the Qualified Professional (QP) demonstrated competency for the population served for 1 of 1 QP. Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on records review and interviews, the facility failed to ensure paraprofessionals demonstrated competencies for the population served for 1 of 2 audited staff (the Owner). Cross Reference: 10A NCAC 27G .0209	V 289		

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V 289	Continued From page 20 Medication Requirements (V118). Based on record review and interview the facility failed to administer medications as ordered affecting 2 of 4 audited clients (clients #1 and #2). Cross Reference: G.S. 131E-256 Health Care Personnel Registry (V132). Based on interviews, the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR). Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews the facility failed to ensure a level II incident was reported to the Local Management Entity (LME) within 72 hours as required and to send a quarterly report to the LME regarding medication errors. Review on 11/4/20 of the Plan of Protection completed by the Office Manager/Program Coordinator on 11/4/20 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Mercy Home Services have taken immediate actions to correct the above issues and to ensure the safety of the consumers in our care. Program Coordinator will be stepping in to take over duties of the QP and will work with Director (the Owner) to ensure the safety of the consumers. HCPR/IRIS REPORTING - Program Coordinator will enter incident reports in the IRIS system in a timely fashion. Program Coordinator will enter in a late entry from the incident mentioned in this report. Any incidents with staff or clients will be reviewed by the Program Coordinator and all Level II and Level III incidents will be entered by the Program Coordinator into the IRIS System. TRAINING - Program Coordinator will set a training to ensure that all staff are trained.	V 289		

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V 289	Continued From page 21 Program Coordinator has contacted local persons in order to get NCI (National Crisis Intervention) + training. Current trainer is not performing trainings due to the COVID 19. Program Coordinator will ensure that all staff are trained and that their files remain current. Program Coordinator will work alongside the QP to ensure that supervision and monitoring is occurring in the homes. Program Coordinator will ensure that staff are trained on each client in the home by conducting client specific training. PERFORMANCE OF QP DUTIES - Program Coordinator will immediately assume duties of the QP. Current QP will be working under the Program Coordinator. Program Coordinator will retrain QP for all duties. If QP is unable to fulfill those duties, QP will be dismissed and a new QP will be hired. Program Coordinator will act as QP until a new QP is hired. MARS/MEDICATION - Program Coordinator will assume the responsibility of reviewing the MARS, medication and discuss training aspects with staff on a regular basis. Program Coordinator will assume supervision of staff in order to ensure that current staff are aware and properly trained on correct documentation on MARS. Program Coordinator will continue to train staff on how to document on MARS when client is not present. Staff will be retrained on how to document different scenarios on MARS, for instance, refusing meds, absences, etc. Program Coordinator will resume picking up medications and MARS from pharmacies and ensure that all medication is accounted for by staff and that clients have enough medications to last the month." -"Describe your plans to make sure the above happens. A description of Mercy Homes Plans is listed above in each section. In summary, Program Coordinator will be assuming immediate	V 289		

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V 289	Continued From page 22 QP duties and will retrain QP on such duties. If current QP is unable to complete the duties assigned to her, QP will be removed from her position and Program Coordinator will complete duties until a new QP is hired. Current Director/Owner will work with Program Coordinator to ensure all problems are corrected and that all clients are safe. She will provide Program Coordinator with information requested so that items, payments, etc. can be completed in a timely fashion." This facility provides supervised living to 4 adults with a developmental disability. Their diagnoses include Intellectual Developmental Disability, Down Syndrome, Major Depressive Disorder, Schizophrenia, Schizoaffective Disorder, Borderline Personality Disorder, Seizure Disorder, Constipation, Hypertension, Gastroesophageal Reflux Disease and a history of Cocaine Dependence. The Owner did not demonstrate good decision making as she hired an inexperienced staff as a paraprofessional and failed to train her in the specific needs of the clients. This resulted in the paraprofessional leaving the clients unsupervised at the facility after having been verbally and physically attacked by one of the clients. The Owner failed to respond to previous allegations of the paraprofessional using marijuana on the facility property and providing beautician services to customers in the facility while supervising the clients. No incident reports nor HCPR reports were completed as a result of the neglectful lack of supervision. The QP employed by the facility describes her job as a paper QP where she shuffles papers. Over a 3-month period there were 20 medication errors based on the MARs of clients #1 and #2. The errors consisted of medications not being available and blanks on the MARs, so it was not	V 289		

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V 289	Continued From page 23 possible to determine whether the clients received their medications as ordered. The medication errors were not reported to the LME. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367		

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V 367	Continued From page 24	V 367		

cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall

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V 367	Continued From page 25 include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a level II incident was reported to the Local Management Entity (LME) within 72 hours as required and to send a quarterly report to the LME regarding medication errors. The findings are: Finding 1: Interview on 6/10/20 with the facility Owner revealed former staff (FS) #2 left the clients at the facility with no supervision. Review on 10/29/20 of the Incident Response Improvement System (IRIS) revealed no incidents	V 367		

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V 367	Continued From page 26 had been reported since 2018. Interview on 6/25/20 with FS #2 revealed: -She had worked at the facility from 4/24/20 - 5/20/20; -On 5/20/20, client #3 was verbally and physically aggressive with her; -She didn't know what to do since she was not able to restrain the client; -She took her telephone to the car and called Emergency Management for assistance; -When law enforcement arrived, the officer asked her to call the facility Owner and request her presence at the facility; -She called the facility Owner and then left the facility. Interview on 7/24/20 with the Office Manager/Program Coordinator revealed she had informed the Owner that an incident report should have been reported for the incident on 5/20/20. Interview on 11/2/20 with the facility Owner revealed: -An incident report had not been completed regarding FS #2; -"I made a note;" -She was not able to provide written documentation regarding the incident with FS #2; -"I don't think we do IRIS report on that incidents (clients not being supervised);" -"To me, that's not incident;" -"I was there (at the facility) 20 minutes later (after she received a telephone call from FS #2). Finding 2: Interview on 11/2/20 with the facility Owner revealed: -The medication errors for the months of April	V 367		

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V 367	Continued From page 27 2020 - June 2020 had not been reported to the LME quarterly; -She was not aware that she was supposed to inform the LME of all medication errors. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.	V 512		

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V 512	Continued From page 28 This Rule is not met as evidenced by: Based on interview and record review the facility Owner exploited clients as she failed to maintain financial records, ensure client funds were separated from facility funds and utilized the clients stimulus checks without their knowledge or consent affecting 4 of 4 clients (clients #1, #2, #3, and #4). The findings are: Finding #1: The Owner failed to maintain financial records for 2 of 4 clients (clients #2 and #4). Interview on 7/23/20 with client #2 revealed: -She received different amounts of money each month from the Owner; -This month (7/2020) she had received $55; -She had never seen the bills for her copays and just took the Owner's word for the amount she owed. Facility accounting records for clients #2 and #4 were not available. Interviews on 6/15/20 and 11/3/20 with the facility Owner revealed: -She did not have accounts set up for clients #2 and #4 therefore accounting records weren't available; -She was managing personal funds for clients #2 and #4. Finding #2: The Owner failed to maintain adequate financial records for 2 of 4 clients (clients #1 and #3). Review on 6/16/20 of the facility accounting record for client #1 revealed: -No credits; -Withdrawals on 2/3/20 in the amount of $30.00, 3/3/20, 4/3/20 and 5/4/20 in the amount of $36.00	V 512		

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V 512	Continued From page 29 and 6/3/20 in the amount of $66.00. Interview on 7/24/20 with client #1 revealed: -The facility Owner gave her money each month; -She was aware the Owner deducted money each month for her copays but had never seen the bills; -She received different amounts each time; -"She only gave me $5.00 today...I get the rest of it Monday (7/27);" -She typically received money weekly. Review on 6/16/20 of facility accounting record for client #3 revealed: -No credits; -Withdrawals on 2/3/20 in the amount of $57.00, 3/3/20 in the amount of $66.00, 4/3/20 in the amount of $66.00, 5/4/20 in the amount of $36.00 and 6/3/20 in the amount of $66.00. Finding #3: The Owner failed to assure that client's personal funds were separate from any operating funds of the facility. Interview on 6/10/20 with the facility Owner revealed: -She had been informed to give the clients $66.00 monthly minus their copays; -She deducted the monthly amount owed to the pharmacy and provided the clients with the remaining amount. Review on 6/16/20 of a Pharmacy Statement printed 3/1/20 revealed: -Client #1's invoice amount was $30.00; -Last payment date for client #1 was 1/20/20 and her total balance owed was $1,089.00; -Client #1's name and signature that she had received $36.00; -Client #2's invoice amount was $10.80;	V 512		

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V 512	Continued From page 30 -Last payment date for client #2 was 1/20/20 and her total balance owed was $495.85; -Client #2's name and signature that she had received $55.00; -Client #3's name and signature that she had received $66.00; -Client #4's name and signature that he had received $45.00. No Pharmacy Statement available for the month of April 2020. Review on 6/16/20 of a Pharmacy Statement printed 5/4/20 revealed: -Client #1's invoice amount was $30.00; -Last payment date for client #1 was 1/20/20 and her total balance was $1,129.00; -Client #1's name and signature that she had received $36.00; -Client #2's invoice amount was $10.80; -Last payment date for client #2 was 1/20/20 and her total balance owed was $516.15; -Client #2's name and signature that she had received $55.00; -Client #3's name and signature that she had received $36.00; -Client #4's name and signature that he had received $55.00. Review on 6/16/20 of a Pharmacy Statement printed 6/3/20 revealed: -Client #1's invoice amount was $27.00; -Last payment date for client #1 was 1/20/20 and her total balance was $1,156.00; -Client #1's name and signature that she had received $66.00; -Client #2's invoice amount was $6.94; -Last payment date for client #2 was 1/20/20 and her total balance owed was $533.05; -Client #2's name and signature that she had	V 512		

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received $66.00;
-Client #3's name and signature that she had received $66.00;
-Client #4's name and signature that he had received $45.00.

Interviews on 7/29/20 and 8/14/20 with a pharmacy representative for clients #1 and #2 revealed:
-The pharmacy had been having trouble with not receiving payments from the facility;
-A payment had not been made on client #1 or #2's accounts since January 2020.

Interview on 7/9/20 with former staff (FS) #2 revealed:
-The Owner gave client #1 $12 on the 3rd of every month and she gave client #4 a couple of dollars every week;
-She was not sure how much money the Owner gave clients #2 and #3;
-The Owner had informed her that the rest of the clients' money was used for copays;
-"She (the Owner) has not put the money towards the copay at the pharmacy."

Interview on 7/23/20 with staff #1 revealed:
-She had worked at the facility since 5/26/20;
-Clients #1 and #3 had complained to her about the amount of money that the Owner gave them.

Interview on 7/24/20 with the Office Manager/Program Coordinator (OM/PC) revealed:
-The Owner was responsible for the client's funds;
-"I've gone to pick up (client) medicines several times and they (pharmacy staff) said you can't pick up the medicine because the bill is too high."

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V 512	Continued From page 32 Interviews on 6/15/20, 11/2/20 and 11/3/20 with the facility Owner revealed: -Documentation of pharmacy copays for clients #3 and #4 were not available; -Clients #3 and #4 were with a different pharmacy than clients #1 and #2; -She had not made a pharmacy payment from February 2020 - May 2020; -She had made payments to the pharmacy on 6/23/20 and 7/3/20 for client #1 in the amounts of $100.00 and $500.00 and for client #2 in the amount of $200.00; -"I had to use that money to pay my bills;" -She didn't understand why the financial accounting had to be accurate if the bills were paid; -She was not aware of any rule that prohibited her from using the clients' money for facility bills as long as the client's copays were paid. Finding #4: The facility owner failed to document receipt of and utilize the client's stimulus money in an appropriate manner. Interviews on 7/23/20 and 7/24/20 with clients #1 and #2 revealed: -They were aware that the facility Owner had purchased a new mattress and television for their bedroom; -They were not aware of the cost of the items purchased; -They were not aware that the facility Owner had received a $1200.00 stimulus check each of them. Interviews on 6/15/10, 11/2/20 and 11/3/20 with the facility Owner revealed: -She had received stimulus money for each of the 4 clients that resided in the facility; -She had not notified the clients that she had	V 512		

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received stimulus money for them;
-She had used the $1200.00 stimulus money that each client received to purchase them each a new mattress and a television for the room;
-She thought it was her responsibility to utilize the stimulus money to purchase items that the clients needed;
-She had been informed in April 2020 by the pest control company that she needed to purchase all new mattress for the facility;
-She thought that the clients would each enjoy having their own television in their rooms;
-She had no reason to think that any of the clients would be discharged from the facility so she hadn't considered what would happen to the mattresses and televisions she purchased if the clients were discharged.
-"I didn't put down anything on that (accounting records or receipts);"
-"Some of this money, if I give them money, they will just buy cigarettes with it."

Due to the lack of documentation, it was not possible to determine the credits, debits or the balance of each clients account.

Review on 11/4/20 of the Plan of Protection completed by the Office Manager/Program Coordinator on 11/4/20 revealed:
-"What immediate action will the facility take to ensure the safety of the consumers in your care? Mercy Home Services have taken immediate actions to correct the above issues and to ensure the safety of the consumers in our care. Program Coordinator will be stepping in to take over duties of the QP and will work with Director (the Owner) to ensure the safety of the consumers.
ACCOUNTING/APPROPRIATE USE OF FUNDS
- Program Coordinator will ensure that funds are being used and balances are paid by performing

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V 512	Continued From page 34 double checks on pharmacy balances with the Director/Owner and pharmacies monthly. Program Coordinator has contacted both pharmacies that the home uses and has obtained balances on all accounts. Program Coordinator has set up an account [online account at pharmacy] in order to be able to access accounts and pay the accounts monthly in a timely fashion. Program Coordinator will review the accounts monthly and prompt Director to pay on time. Unfortunately [other pharmacy used], does not have an online program at this time. However, Program Coordinator will inquire about invoices and prompt Director to pay the bill monthly in a timely fashion. Provisions are being made to payout the current accounts so the new process can take place next month. Program Coordinator will be working with Director with client personal accounts. Accounts will be open on all clients to ensure that funds are managed appropriately. All clients currently have a checking account except one. An account will be open for this person." -"Describe your plans to make sure the above happens. A description of Mercy Homes Plans is listed above in each section. In summary, Program Coordinator will be assuming immediate QP duties and will retrain QP on such duties. If current QP is unable to complete the duties assigned to her, QP will be removed from her position and Program Coordinator will complete duties until a new QP is hired. Current Director/Owner will work with Program Coordinator to ensure all problems are corrected and that all clients are safe. She will provide Program Coordinator with information requested so that items, payments, etc. can be completed in a timely fashion." This facility provides supervised living to 4 adults with a developmental disability. Their diagnoses	V 512		

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V 512	Continued From page 35 include Intellectual Developmental Disability, Down Syndrome, Major Depressive Disorder, Schizophrenia, Schizoaffective Disorder, Borderline Personality Disorder, Seizure Disorder, Constipation, Hypertension, Gastroesophageal Reflux Disease and a history of Cocaine Dependence. The Owner failed to keep accounting records for clients and used their personal funds to pay her business expenses. She didn't understand why there needed to be accurate accounting records for each client as long as all the clients expenses were paid. In addition, the Owner exploited the clients by receiving and spending each of their $1,200.00 stimulus checks without their input or knowledge. According to the Owner, she used the stimulus money to purchase the clients a television and a mattress for their bedrooms. The Owner thought it was better to provide the clients what she thought they needed rather than give the clients their money and have them purchase cigarettes with it. The clients weren't aware that the Owner had received and spent their stimulus checks. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of $2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.	V 738		

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V 738	Continued From page 36	V 738		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility was not kept free from insects. The findings are:

Interview on 6/10/20 with the facility Owner revealed:
-She was not aware of any complaints or allegations that there were bed bugs or roaches in the facility;
-"That's a lie...that is not true;"
-"Every year, I spray on my house every year;"
-"We sprayed last year around October (2019)."

Review on 6/16/20 of facility pest control records revealed:
-A service agreement dated 4/29/20 that included the treatment of bed bugs for the facility and sister facility, "Owner informed to purchase mattress and box spring zip lock covers...Owner advised to wash all linens, toss and regular pillows should be run through heat dry cycle...all other clothes cleaned and bagged;"
-A check balance record for check #1499 for $300.00 for pest;
-A check balance record for check #1700 dated 8/22/19 for $500.00 for pest services;
-A check balance record for check #1711 dated 10/23/19 for $300.00 for pest;
-A receipt from the pest control company dated 2/17/20 for $60.00 for the sister facility.

Interview on 8/20/20 with the Owner of the pest control company revealed:
-He had no record of treating the facility;

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V 738	Continued From page 37 -There was a contract with the Owner to treat the facility, but he had never been contacted for an appointment; -He had treated the sister facility. Interview on 6/25/20 with former staff (FS) #2 revealed: -She had worked at the facility from 4/24/20 - 5/20/20 and had observed bed bugs and roaches; -She had talked with the Owner and was informed that the facility had recently been treated; -The Owner informed her that the insects were a result of boxes of donations that the facility received from a church. Interview on 7/23/20 with staff #1 revealed: -She had worked at the facility since 5/26/20; -She had observed roaches in the facility but had not seen any bed bugs; -She had been informed by one of the clients that they had bed bugs but was unable to remember which client; -She had not observed any bed bug bites on the clients; -She had informed the Owner that there were roaches in the facility and the Owner had informed her that she was going to take care of it. Interview on 7/23/20 with the Qualified Professional (QP) revealed: -She had been made aware by different staff that there were bed bugs and roaches in the facility; -"There's nothing I can do about it...I don't do that kind of stuff;" -She had talked with the Owner about the complaints of insects and was informed by the Owner that she was going to take care of it; -She was unable to provide an estimated time period for complaints or her discussion with the	V 738		

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V 738	Continued From page 38 Owner. Interviews on 11/2/20 and 11/3/20 with the facility Owner revealed: -The pest control company had treated the facility, but she was not able to provide documentation; -She had not contacted the pest control company after she learned of the allegation of roaches and bed bugs in the facility; -"I know there are no bed bugs in that house (facility);" -"I never seen no roaches." Review on 11/4/20 of a Plan of Protection completed by the Office Manager/Program Coordinator (OM/PC) dated 11/4/20 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Mercy Home Services have taken immediate actions to correct the above issues and to ensure the safety of the consumers in our care. Program Coordinator (OM/PC) will be stepping in to take over the duties of the QP and will work with Director (Owner) to ensure the safety of the consumers. Program Coordinator (OM/PC) has called local exterminators to inspect the home and to spray. An appointment has been set. An inspection has been scheduled for 11/5/2020 at 10am." -"Describe your plans to make sure the above happens. A description of Mercy Homes Plans is listed above in each section. In summary, Program Coordinator (OM/PC) will be assuming immediate QP duties and will retrain QP on such duties. If current QP is unable to complete the duties assigned to her, QP will be removed from her position and Program Coordinator (OM/PC) will complete duties until a new QP is hired. Current Director/Owner will work with the	V 738		

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MERCY HOME SERVICES, INC	127 ROBBINS AVENUE JAMESTOWN, NC 27282

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 738	Continued From page 39 Program Coordinator to ensure all problems are corrected and that all clients are safe. She will provide Program Coordinator with information requested so that items, payments, etc. can be completed in a timely fashion." This facility serves 4 clients with diagnoses that include Moderate Intellectual Developmental Disability, Down Syndrome, Major Depressive Disorder, Schizophrenia, Borderline Personality Disorder, Cocaine Dependence, Schizoaffective Disorder Bipolar Type, Seizure Disorder, Constipation, Hypertension, and Gastroesophageal Reflux Disease. Bed bugs and/or roaches had been reported by both current and former staff and clients to the Owner as early as May 2020 and she had failed to have the facility inspected and treated for approximately 6 months. The facility's failure to obtain bed bug and roach treatment placed the clients in an unsafe environment and was detrimental to their health, safety and welfare. 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 738		