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E 000	Initial Comments A recertification and complaint survey were completed on 1/6/2021 for complaint Intakes: NC00172065 and NC00172098. The complaint was substantiated. Deficiencies were not cited as a result of the complaint investigation, however deficiencies were cited in conjunction with the recertification survey.	E 000		
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews the facility failed to exercise operating direction over the facility by failing to repair floors in the facility to ensure they were slip resistant to all clients. This potentiall effected all clients in the facility. The finding is: During observations in the facility on 1/5/21 the dining room floor was noted to be pulling away from the wall in two different locations near the doorway to the living room and next to the ledge in the kitchen. Interview with direct care staff A revealed several years ago the facility was flooded after a hurricane and underwent major repairs which necessitated the clients being relocated for several weeks until the home could be repaired. She stated several months after they moved back into the home, they noticed the floors in the dining room needing repairs and coming up in pieces	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 104	Continued From page 1 around the wall. Additional interview confirmed several clients in the home have gait problems and require assistance with ambulation. Interview on 1/5/21 with the program manager confirmed the dining room floor needs to be repaired.	W 104		
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to: ensure that each client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W196 and W249), ensure the interdisciplinary team performed accurate assessment(s) within 30 days after admission (W210), ensure the comprehensive functional assessment defined areas where clients lacked basic skills (W224), ensure one newly admitted client (#2) received an individual program plan (IPP) within 30 days after admission (W226) ensure clients were trained in basic skills needed to become more independent (W242), ensure the qualified intellectual professional reviewed as necessary programs to determine if clients were making progress (W254).	W 195		

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W 195	Continued From page 2 The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195		
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the team failed to assure that a continuous aggressive active treatment program was implemented for 3 of 3 audit clients (#1, #2 and #5) which provided consistent implementation of the individual program plan (IPP) and interventions in the facility, which promoted client function with as much independence as possible and prevented regression of acquired skills. The findings are: A. Cross reference W210. The facility failed to ensure the interdisciplinary team performed accurate assessment(s) within 30 days after admission. This affected 1 of 2 newly admitted audit clients (#2).	W 196		

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W 196	Continued From page 3 B. Cross Reference W224. The facility failed to ensure the comprehensive functional assessment (CFA) was completed for 1 of 3 audit clients (#2) after he was admitted to the facility on 10/8/20. C. Cross Reference W226. The facility failed to ensure one newly admitted client (#2) received an individual program plan (IPP) within 30 days after admission. D. Cross reference W242. The facility failed to ensure for 1 of 3 audit client (#2)'s individual program plan (IPP) included training to address basic skill needs which included bathing, toileting, dressing, and toothbrushing. E. Cross reference W249. The facility failed to develop an individual program plan for a newly admitted client (#2) and failed to ensure for 2 of 3 audit clients (#2 and #5) that they received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP). This affected 2 of 3 audit clients (#2 and #5). F. Cross reference W254. The qualified intellectual disabilities professional (QIDP) failed to review the written training programs for 2 of 3 audit clients (#1 and #5) for over 9 months.	W 196		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.	W 210		

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W 210	Continued From page 4	W 210		

This STANDARD is not met as evidenced by:
Based on record review and interview the facility failed to ensure the interdisciplinary team performed accurate assessment(s) within 30 days after admission. This affected 1 of 2 newly admitted audit clients (#2). The finding is:

Review on 1/5/21 of client #2's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility. Additional review of his record revealed a discharge summary dated 10/8/20 from the rehabilitation facility revealed client #2 had diagnoses of Unspecified Intellectual disabilities, Major Depressive Disorder, Benign Prostatic Hyperplasia, Schizophrenia, Atrioventricular Block, Presence of a cardiac pacemaker, Muscle weakness, unsteadiness on feet and Dysphagia.

Additional review on 1/5/21 of client #2's record revealed a nutrition evaluation dated 11/4/20 which indicated client #2 required a finely chopped diet with all food consistencies not to exceed 1/4 inch in size with food moistened as needed.

Review on 1/5/21 of a medical evaluation from the facility dated 10/8/20 confirming client #2 was edentulous and that he required a modified diet, had Benign Prostatic Hyperplasia, Schizophrenia, Atrioventricular Block, Presence of a cardiac pacemaker, Muscle weakness, unsteadiness on feet and Dysphagia.

Continued review on 1/5/21 of client #2's record revealed there was no speech, occupational therapy, physical therapy, habilitation or

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W 210	Continued From page 5 psychological evaluations. Interview on 1/5/21 with the life skills specialist and the program manager confirmed these interdisciplinary evaluations were not completed. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) confirmed these evaluations were not completed after client #2's admission on 10/8/20.	W 210		
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on record review and confirmed by interviews with staff, the facility failed to ensure that the comprehensive functional assessment (CFA) was completed for 1 of 3 audit clients (#2) after his admission to the facility. The finding is: Review on 1/5/21 of client #2's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility. Additional review on 1/5/21 of client #2's record revealed no comprehensive functional assessment (CFA) to assess client #2's independent living skills needed to promote his ability to function in the community. Interview on 1/5/21 with the life skills specialist and the program manager revealed an adaptive	W 224		

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W 224	Continued From page 6 behavior inventory was not completed to assess client #2's independent living skills after he was admitted to the facility on 10/8/20. Interview with the qualified intellectual disabilities professional (QIDP) confirmed the lack of a CFA for client #2 during the exit conference on 1/6/21.	W 224		
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure one newly admitted client (#2) received an individual program plan (IPP) within 30 days after admission. The finding is: A. Review on 1/5/21 of client #2's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility. Additional review of his record revealed a discharge summary dated 10/8/20 that revealed client #2 had diagnoses of Unspecified Intellectual disabilities, Major Depressive Disorder, Benign Prostatic Hyperplasia, Schizophrenia, Atrioventricular Block, Presence of a cardiac pacemaker, Muscle weakness, unsteadiness on feet and Dysphagia. Further review of client #2's record revealed no IPP since his admission on 10/8/20. Throughout observations in the facility on 1/5/21 from 3:30pm-6:45pm client #2 remained in his	W 226		

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W 226	Continued From page 7 bedroom with the exception of coming out at 5:53pm for supper in the dining room. Interview on 1/5/21 with client #2 at 5:11pm revealed he has not had his IPP meeting. When asked what he does all day at the facility, he stated, " I stay in my room and watch my TV". When asked if he has any programs that he is currently working on, he stated, "No." Interview on 1/5/21 with staff A revealed client #2 needs assistance with bathing to ensure he does a thorough job. Additional interview revealed client #2 is independent in dressing but needs reminders to wear seasonally appropriate clothing and that he needs monitoring in toothbrushing, medication administration and other areas in grooming. Continued interview revealed client #2 has no current formal objectives, "Because, he has not had his meeting yet." Interview on 1/6/21 with staff C revealed client #2 has not had his IPP meeting and that he currently has no formal objectives that he is working on. Interview on 1/6/21 with the program manager and the qualified intellectual disabilities professional (QIDP) revealed client #2 has not had an IPP meeting since his admission on 10/8/20 and he has no formal objectives.	W 226		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding,	W 242		

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W 242	Continued From page 8	W 242		

bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.

This STANDARD is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to ensure client #2's individual program plan (IPP) included training to address his basic skill needs which included bathing, toileting, dressing, toothbrushing and meal preparation. This affected 1 of 3 audit clients (#2). The finding is:

Throughout observations in the facility on 1/5/21 from 3:30pm-6:45pm client #2 remained in his bedroom with the exception of coming out at 5:53pm for supper in the dining room.

Throughout observations in the facility on 1/6/21 client #2 stayed in his bedroom watching television. The program manager, Staff C and D checked him at 15 minute intervals to ask him to get up and get dressed. At 7:19am, client #2 came to the medication room, staff opened the medication packets for him. His medications were put in applesauce and he scooped the applesauce with a spoon. Client #2 independently poured his water and disposed of his trash. At 7:31am, client #2 came to the dining room for breakfast in his pajamas. He had a plate of precut toast, scrambled eggs and grits. He consumed his breakfast without difficulty while being monitored by direct care staff C sitting beside him.

Review on 1/5/21 of client #2 's record revealed he was admitted to the facility on 10/8/20 from a

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W 242	Continued From page 9 local rehabilitation facility. Further review on 1/6/20 revealed there was no adaptive behavior inventory to assess client #2's independence in bathing, dressing, toileting, communication, grooming, medication administration or meal preparation. Interview with staff A revealed client #2 needs assistance with bathing to ensure he does a thorough job. Additional interview revealed client #2 is independent in dressing but needs reminders to wear seasonally appropriate clothing and that he needs monitoring in toothbrushing, medication administration and other areas in grooming. Interview on 1/6/21 with staff D, who was the medication technician on duty, revealed client #2 requires assistance with medication administration. Interview on 1/6/21 with the life skills specialist and the program manager revealed an adaptive behavior inventory to assess client #2's independence in bathing, dressing, toileting, communication, grooming, medication administration or meal preparation had not been completed. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) also confirmed client #2 had not been assessed for potential training in the areas of toileting, bathing, grooming, dressing, meal preparation and medication administration.	W 242		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure 2 of 3 audit clients (#2 and #5) received a continuous active treatment program consisting of needed interventions and services by failing to ensure the development of an individual program plan (IPP) for client #2 after admission as well as failing to consistently follow client #5's feeding guidelines. The findings include:

A. Review on 1/5/21 of client #2's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility.

Throughout observations in the facility on 1/5/21 from 3:30pm-6:45pm client #2 remained in his bedroom with the exception of coming out at 5:53pm for supper in the dining room.

Throughout observations in the facility on 1/6/21 client #2 stayed in his bedroom watching television. The program manager, Staff C and D checked him at 15 minute intervals to ask him to get up and get dressed. At 7:19am, client #2 came to the medication room, staff opened the medication packets for him. His medications were

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W 249	Continued From page 11	W 249		

put in applesauce and he scooped the applesauce with a spoon. Client #2 independently poured his water and disposed of his trash. At 7:31am, client #2 came to the dining room for breakfast in his pajamas. He had a plate of precut toast, scrambled eggs and grits. He consumed his breakfast without difficulty while being monitored by direct care staff C sitting beside him.

Interview on 1/5/21 with client #2 at 5:11pm revealed he has not had his IPP meeting. When asked what he does all day at the facility, he stated, "I stay in my room and watch my TV". When asked if he has any programs that he is currently working on, he stated, "No."

Interview on 1/5/21 with staff A revealed client #2 needs assistance with bathing to ensure he does a thorough job. Additional interview revealed client #2 is independent in dressing but needs reminders to wear seasonally appropriate clothing and that he needs monitoring in toothbrushing, medication administration and other areas in grooming. Continued interview revealed client #2 has no current formal objectives, "Because, he has not had his meeting yet."

Interview on 1/6/21 with staff C revealed client #2 has not had his IPP meeting and that he currently has no formal objectives that he is working on.

Interview on 1/6/21 with the program manager and the qualified intellectual disabilities professional (QIDP) revealed client #2 has not had an IPP meeting since his admission on 10/8/20.

B. During observations on 1/5/21 at 5:52pm client

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#5 was seated at the kitchen ledge with a high sided sectioned plate. Her supper was pureed consistency which included a hamburger, bun, tater tots, fruit cocktail, water and koolaid Staff G sat next to her during the meal. Client #5 leaned over her plate and scooped food into her mouth repeatedly. Staff G verbally cued her to slow her pace of eating. Twice during the meal, she was cued to stop and sip her beverages. At no time during the meal, was she cued to sit up. She coughed several times during her meal.

During observations of breakfast on 1/6/21 at 7:35am client #5 was seated at the kitchen ledge with a high sided, sectioned plate, utensils and cups. Staff F served pureed scrambled eggs, pureed toast and grits onto her plate. At 7:40am she began to lean over her plate, scoop food onto her spoon and into her mouth. Staff F was seated beside her at the meal. She repeatedly scooped her food onto her spoon. She was not cued to sit up put her utensil down at any time during the meal. She coughed several times during her meal.

Review on 1/5/21 of client #5's IPP dated 9/22/20 revealed eating guidelines dated 10/2/17 which indicated the following:
1) Take mouthful of food
2) Chew food completely
3) hold head up
4) sip liquids
5) wipes mouth with assistance

Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) revealed these eating guidelines are still current and should be consistently implemented at mealtimes.

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W 254	Continued From page 13	W 254		
W 254	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning. This STANDARD is not met as evidenced by: Based on record review and interview the qualified intellectual disabilities professional (QIDP) failed to review the written training programs for 2 of 3 audit clients (#1 and #5). The findings are: A. Review on 1/6/21 of client #5's IPP dated 9/22/20 revealed she had formal training programs which included: attending to an activity for 3 minutes for 20/30 days, correctly setting the dining room table at evening meals once daily for 20 consecutive days, Participating in washing her hands once daily for 30/30 consecutive days, improve grooming skills by tolerating toothbrushing in her mouth for 30 consecutive days and participating in a sensory stimulation activity once daily for 30 consecutive days. These objectives were implemented on 7/1/19. Interview on 1/6/21 with the QIDP revealed she had not reviewed client #5's formal programs to determine if she was making progress or regressing on these programs for over 17 months. B. Review on 1/6/21 of client #1's individual program plan (IPP) dated 2/24/20 revealed she had formal training objectives which included: participating in exercising once daily for 30 consecutive days, improve grooming skills by	W 254		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDLAKE RESIDENTIAL	68 HILLSIDE STREET CLARKTON, NC 28433

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W 254	Continued From page 14 independently brushing her teeth for 20 consecutive days, Participate in washing her face once daily for 30 consecutive days, shampooing her hair three times weekly and sweeping her bedroom floor for 30 consecutive days. Review on 1/6/21 of the data for these programs in December revealed these programs were currently being trained. Review on 1/6/21 of the progress summaries for these programs revealed there had been no notation of progress or lack of progress since the programs implementation on 3/2/2020. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) revealed she had not reviewed client #1's progress on these objectives since their implementation on 3/2/20 (9 months).	W 254		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior techniques which included the use of psychotropic medication for 1 of 3 audit clients (#2) was reviewed and monitored by the human rights committee (HRC). The finding is:	W 262		

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W 262	Continued From page 15 Review on 1/5/21 of client #2 's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility. Review on 1//5/21 of client #2's physician orders dated 11/1/20 revealed client #2 receives Zyprexa, Zoloft, Cogentin and Trazedone to address his behavioral needs. Further review on 1/6/21 revealed no review or consent by the human rights committee (HRC) for the use of these psychotropic medications. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) revealed the use of these psychotropic medications had not been approved by the HRC since client #2's admission to the facility on 10/8/20.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained from client #2's guardian for the use of psychotropic medications. This affected 1 of 3 audit clients (#2). The finding is: Review on 1/5/21 of client #2's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility.	W 263		

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W 263	Continued From page 16 Review on 1/5/21 of client #2's physician orders dated 11/1/20 revealed client #2 receives Zyprexa, Zoloft, Cogentin and Trazedone to address his behavioral needs. Review on 1/5/21 of client #2's record revealed he had been adjudicated and had a General Guardian appointed to act on his behalf. Review on 1/5/21 of client #2's record revealed no written informed consent from client #2's guardian for the use of psychotropic medications. Interview on 1/6/21 with the facility nurse and life skills specialist revealed they could not locate written informed consent for the use of client #2's psychotropic medications. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) revealed there was not written informed consent for the use of client #2's psychotropic medications.	W 263		
W 312	DRUG USAGE CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs to manage client #2's behavior were only used as an integral part of the client's individual program plan (IPP). This	W 312		

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W 312	Continued From page 17 affected 1 of 3 audit clients (#2) The finding is: Review on 1/5/21 of client #2 's record revealed he was admitted to the facility on 10/8/20 from a local rehabilitation facility. Review on 1//5/21 of client #2's physician orders dated 11/1/20 revealed client #2 receives Zyprexa, Zoloft, Cogentin and Trazedone to address his behavioral needs. Further review on 1/5/21 of client #2's record revealed no behavior support program (BSP) to be used in conjunction with the psychotropic medications he was prescribed by his physician. Interview on 1/5/21 with the program manager revealed client #2 does not have a BSP. Interview on 1/6/21 with the qualified intellectual disabilities professional (QIDP) confirmed there is no BSP for use with client #2's psychotropic medications.	W 312		
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the nurse failed to ensure competency when training staff to prevent cross	W 340		

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W 340	Continued From page 18	W 340		

contamination, while providing services to 5 of 5 clients (#1, #2, #3, #4 and #5) as well as failed to maintain the proper fit of face masks while interacting with all the clients in the home. The findings are:

A. During observations in the facility on 1/5/21 at 3:49pm direct care staff C came into the facility , clocked in and started assisting clients in the kitchen not wearing a face mask. The program manager stopped her preparation of medication administration to ask staff C to put on a face mask.

B. During observations on 1/6/21 staff D clocked into work wearing his face mask below his nose. He administered medications to client #1 at 7:27am wearing his face mask below his chin at intervals.

C. During observations on 1/6/21 at 7:48am staff D stood in the dining room waiting for clients to finish their meal to continue medication administration. His face mask was worn below his nose.

Review on 1/5/21 and on 1/6/21 of posted material by the facility on the front door and throughout the facility reminded direct care staff to wear masks in the facility to protect the clients. Review on 1/5/21 of an inservice dated 11/10/20 by Nursing detailed the COVID-19 Pandemic and state mandates about wearing a mask in the facility. Information in this inservice also described how the mask was to be worn over the nose and mouth at all times while in the facility.

Interview on 1/6/21 with the facility registered nurse revealed direct care staff have repeatedly

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W 340	Continued From page 19 been inserviced about the importance of wearing a mask in the facility due to the current COVID-19 pandemic. The registered nurse emphasized it is imperative that masks worn by all staff must be worn over the nose and mouth to be effective. However as evidenced by observations of staff additional training needs to be completed.	W 340		
W 369	DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility's system for drug administration failed to assure all drugs were administered without error for 1 of 4 clients observed during drug administration (#1). The finding is: During observations of medication administration on 1/6/21 at 7:27am client #1 received Levothyroxine 75 MCG (1), Lithium Carbonate 300 mg. (1), Doxycycline 100mg. (1), and Vitamin D3 (1). Immediate interview with the staff D who was the medication technician revealed client #1 was out of her birth control medication Jolessa 0.15 mg. Staff D stated that the pharmacy had been notified and that client #1 had not received this medication as ordered since 1/4/21. Review on 1/6/21 of client #1 physician's orders dated 11/10/21 revealed a order for client #2	W 369		

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W 369	Continued From page 20 "Jolessa 0.16.mg/0.03mg Take (1) tablet by mouth daily." Interview on 1/6/21 with the facility nurse revealed client #1's Jolessa was out of stock and that it had been ordered by the pharmacy, however she had missed doses on 1/4/21, 1/5/21 and 1/6/21.	W 369		