

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-946</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME - MARCONY WAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3316 MARCONY WAY</b> <b>RALEIGH, NC 27610</b>
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{V 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Follow Up Survey was completed January 29, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	{V 000}		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(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.</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the governing body failed to assure 1 of 3 audited paraprofessional staff (#1) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 01/20/21 of the staff #1's personnel record maintained by the Administrator/RN (Registered Nurse) revealed: -Hired: no hire date</p> <p>Review on 01/12/21 of client #1's record maintained by the facility revealed: -Admitted: Prior to 2017 -Diagnoses: Intellectual Developmental Disability (IDD), Schizoaffective and Hyperlipidemia</p> <p>Review on 01/12/21 of client #4's record maintained by the facility revealed: -Admitted: Prior to 2017 -Diagnoses: IDD, Hypertension, Seizure Disorder and Hypertension</p> <p>Review on 01/12/21 of Former Client (FC) #10's record maintained by the facility revealed: -Admitted: Prior to 2017 -Diagnoses: IDD, Hypertension and Seizure Disorder</p> <p>Review on 01/12/21 of Deceased Client (DC) #20's record maintained by the facility revealed: -Admitted: Prior to 2017</p>	V 110		

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Diagnoses: IDD, Fatigue Morbid Obesity, Vitamin D Deficiency and Weight Control</li> </ul> <p>Review on 01/21/21 of local hospital records dated between December 12-27, 2020 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1, Client #4, FC #10 and DC #20 had been diagnosed positive for COVID 19 (Coronavirus)</li> </ul> <p>Review on 01/20/21 of the facility's "Coronavirus/Covid-19 policy" revealed the following regarding visitation:</p> <ul style="list-style-type: none"> <li>-The facility was restricting visitation for only necessary services. Exemptions include: a. Hospice or end of life circumstances b. Compassionate Care reasons c. Facility approved exemptions</li> <li>-Visitors will wear mask and maintain six feet apart from each other</li> <li>-Only necessary personnel is allowed to enter into the facility if they have a mask, maintain six feet and have a normal body temperature.</li> <li>-All visitors will be screened for symptoms of illness, known exposure to COVID-19 and presence of face covering</li> <li>-The facility has the right to refuse visitation upon screening and adherence to infection control measures including hand hygiene, use of covering and social distancing</li> <li>-Only 2 individuals may be allowed to visit at a time. All visitors should call the facility prior to visiting.</li> <li>-The staff will supervise all visitation in the facility to ensure that social distancing and face covering policy is maintained</li> <li>-Facility staff will disinfect any area of the home where visitors have been with a disinfectant after each visit.</li> <li>-Residents and staff will wear masks when a visitor is in the home</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <p>Observation on 01/12/21 between 1:05-1:45PM revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 greeted Division of Health Service Regulation (DHSR) staff at the front door of the facility. Staff #1 did not have on a mask. No temperature checks were conducted by staff #1 for DHSR staff</li> <li>-Clients #1 and #2 in the living room on separate couches. Client #2 had on a mask and client #1 did not</li> <li>-After prompting from DHSR staff, client #1 went to his room to obtain his mask</li> <li>-Staff #1 put on a mask</li> <li>-Client #3 was in his bedroom</li> </ul> <p>During interviews between 01/12/21, staff #1 reported the following:</p> <ul style="list-style-type: none"> <li>-The day of this interview, was her first day at work.</li> <li>-She did not know who the Qualified Professional (QP) was</li> <li>-Someone was supposed to come to the group home to train her</li> <li>-She was not aware where the facility kept the client records</li> <li>-Only clients #1, #2 and client #3 were in the group home.</li> <li>-She had never met DC #20, FC #10 and client #4. She was not familiar with their names as clients.</li> <li>-No clients had COVID nor signs/symptoms that she was aware or been told.</li> <li>-No clients had COVID+ (tested positive for Coronavirus).</li> <li>-The facility did not have systems in place for visitors. The facility did not allow visitors due to COVID restrictions.</li> </ul> <p>During interview on 01/12/21, the Supervisor</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>reported the following:</p> <ul style="list-style-type: none"> <li>- "Did you know this house was on quarantine? We just got off quarantine Sunday (01/10/21)?"</li> <li>- In December 2020, 4 Clients (#1, #4, FC #10, DC #20) and one staff had COVID+</li> </ul> <p>During interview on 01/15/21, staff #1 reported she:</p> <ul style="list-style-type: none"> <li>- Wanted to clarify her statements from 01/12/21.</li> <li>- Staff #1 provided her a tour of the facility to exchange shift information</li> <li>- Had been informed of the no visitors policy and thought it was okay to allow DHSR entry into the group home.</li> <li>- Had been informed by staff #2 during their shift exchange of information to complete temperature checks.</li> <li>- Did not remember to check temperatures at the time DHSR was at the group home.</li> <li>- Did not know clients at the group home had been exposed to COVID prior to 01/12/21 when the Supervisor shared with DHSR staff</li> <li>- Did not know that days prior to 01/12/21, the group home had been on quarantine status.</li> </ul> <p>During interview on 01/19/21, staff #2 reported:</p> <ul style="list-style-type: none"> <li>- He knew staff #1 prior to her hire date and informed her of the employment opportunity at the group home.</li> <li>- Staff #1 started working at the group home on Monday 01/11/21 as she relieved him from his work duty.</li> <li>- During the shift exchange and prior to her official hire, he had informed staff #1 of the quarantine status of the home.</li> <li>- Staff #1 was made aware during the shift change that client #1 had COVID+</li> </ul>	V 110		

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V 110	<p>Continued From page 5</p> <p>During interview on 01/21/21, the Supervisor reported she:</p> <ul style="list-style-type: none"> <li>-Returned to work January 4, 2021</li> <li>-Had seen staff #1 at the group home prior to 01/12/21. The interaction occurred on a weekday as she dropped off groceries to the group home .</li> <li>-Recalled staff #1 working at the group home when she dropped off groceries.</li> <li>-Informed staff #1 of the clients and their needs as well as reviewed COVID policies such as temperature checks of clients, staff should be checked daily and no visitors restrictions.</li> </ul> <p>During interview between 01/12/21 and 01/29/21, the Qualified Professional reported she:</p> <ul style="list-style-type: none"> <li>-Thought staff #1 started to work at the group home on 01/10/21.</li> <li>-Informed staff #1 the clients in the house had COVID+ and the facility provided a slight increase in pay for a limited time to accommodate the staffing needs</li> <li>-Was not sure why staff #1 provided inaccurate information about her start date and knowledge of the clients COVID+ status</li> </ul>	V 110		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) checks were accessed before hiring 2 of 3 audited paraprofessional staff (#1 and #2). The findings are:</p> <p>a. Review on 01/20/21 of staff #1's personnel record revealed: -No hire date -HCPR check dated 01/13/20</p> <p>During interviews between 01/12/21, staff #1 reported the following: -The day of this interview, was her first day at work. -Staff #2 told her of the employment opportunity with this agency -She had worked at other agencies but not for this agency</p> <p>During interviews between 01/12/21 and 01/19/21, staff #2, Supervisor and Qualified Professional: -All verified staff #1 had began work the week of 01/12/21.</p> <p>B. Review on 01/20/21 of staff #2's personnel record revealed: -No hire date -HCPR check dated 09/03/2019</p> <p>During interviews between 01/19/21 and 01/21/21, staff #2 reported: -He used to work for the agency. -He estimated it had been a year since his return to work in December 2020</p>	V 131		

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V 131	<p>Continued From page 7</p> <p>-Since his return to work, he had worked at this group home two weeks, then off for one week.</p> <p>-At the time of this interview, he was on his fourth week of re-employment with the agency.</p> <p>During interview on 01/29/21, the Qualified Professional reported:</p> <p>-Staff personnel records were maintained by the Administrator/Registered Nurse (RN)</p> <p>-She was aware HCPR checks were required at the time of her. When its a lapse in employment separation, a current HCPR check should be completed.</p> <p>During interview on 01/19/21, the Administrator/RN reported:</p> <p>-Due to COVID, she thought some items required for hiring staff and trainings had been extended.</p> <p>-She completed the HCPR checks prior to hiring. (Note: HCPR checks for staff #1 and staff #2 were completed a year before their first day of employment or re-employment)</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.</p> <p>(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.</p> <p>(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</p>	V 133		



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V 133	Continued From page 8  applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall 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	V 133		

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V 133	<p>Continued From page 9</p> <p>check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a 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>	V 133		

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V 133	<p>Continued From page 10</p> <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 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</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 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</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE HOME - MARCONY WAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3316 MARCONY WAY</b> <b>RALEIGH, NC 27610</b>
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V 133	<p>Continued From page 12</p> <p>subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal record check was completed within five business days of making the conditional offer of employment affecting 2 of 3 audited paraprofessional staff (#1 and #2). The findings are:</p> <p>a. Review on 01/20/21 of staff #1's personnel record revealed: -No hire date -Criminal History Check dated 01/20/20</p> <p>During interviews between 01/12/21, staff #1 reported the following: -The day of this interview, was her first day at work. -Staff #2 told her of the employment opportunity with this agency -She had worked at other agencies but not for this agency</p> <p>During interviews between 01/12/21 and 01/19/21, staff #2, Supervisor and Qualified Professional: -All verified staff #1 had began work the week</p>	V 133		

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V 133	<p>Continued From page 13 of 01/12/21.</p> <p>B. Review on 01/20/21 of staff #2's personnel record revealed: -No hire date -Criminal History check dated 09/16/2019</p> <p>During interviews between 01/19/21 and 01/21/21, staff #2 reported: -He used to work for the agency. -He estimated it had been a year since his return to work in December 2020 -Since his return to work, he had worked at this group home two weeks, then off for one week. -At the time of this interview, he was on his fourth week of re-employment with the agency.</p> <p>During interview on 01/29/21, the Qualified Professional reported: -Staff personnel records were maintained by the Administrator/Registered Nurse (RN) -She was aware HCPR checks were required at the time of her. When its a lapse in employment separation, a current HCPR check should be completed.</p> <p>During interview on 01/19/21, the Administrator/RN reported: -Due to COVID, she thought some items required for hiring staff and trainings had been extended. -She completed the Criminal History checks prior to hiring. (Note: Criminal History checks for staff #1 and staff #2 were completed a year before their first day of employment or re-employment)</p>	V 133		

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V 367	Continued From page 14	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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 include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		



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V 367	<p>Continued From page 16</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure all level II and level III incidents were reported to the LME (Local Management Entity)/MCO (Managed Care Organization). The findings are:</p> <p>Review on 01/12/21 of the North Carolina Incident Response Improvement System (IRIS) between October-January 12, 2021 revealed -No incident reports submitted by the group home</p> <p>a. Review on 01/12/21 of Deceased Client (DC #20)'s record maintained by the facility revealed the following: -Admitted: 10/15/15 -Deceased: No date given -Diagnoses: Intellectual Developmental Disability (IDD), Fatigue Morbid Obesity, Vitamin D Deficiency and Weight Control</p> <p>Review on 01/15/21 of a police report dated 12/21/20 revealed the following: -Police responded between 7:58-10:00PM to the group home. -"Before arriving on scene it was documented in the call comments that the subject (DC #20) who was non-responsive had recently test</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>positive for COVID-19." -DC #20 was found unresponsive in his bedroom by staff #3. -Prior to police arrival, Emergency Management System (EMS) and Fire department was already at the group home. -"I was advised by one of the EMS workers that he was cold and Rigor mortis was setting in." -Contact was made with DC #20's Primary Care Physician who agreed to sign off on the death certificate.</p> <p>During interviews between 01/12/21 and 01/29/21, the Qualified Professional reported: -01/12/21: She completed a level III incident report in IRIS regarding the death of DC #20 -01/29/21: After the 01/12/21 interview, she spoke with the Administrator/Registered Nurse (RN). She recalled initiating IRIS but must not have saved the document to submit on the computer.</p> <p>b, Review on 01/12/21 of Former Client (FC) #10's records revealed the following: -Admitted: Prior to 2017 -Diagnoses: IDD, Hypertension and Seizure Disorder</p> <p>Review on 01/15/21 of a local police report dated 11/15/20 revealed the following: -At 7:00 PM, police responded to a call "regarding an alleged assault. A group home staff member (staff #3) advised one of the residents (FC #10) was intoxicated and assaulted him. There were no signs of injury. The suspect was interviewed and was extremely intoxicated but refused medical services to press charge and was recommended on the IVC process."</p> <p>During interview on 01/13/21, FC #10's guardian</p>	V 367		

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V 367	Continued From page 18  reportedthe following: -Per his notes, since October 2020, FC #10 had eloped three times (10/06/20, 11/16/20 and 12/03/20).  During interview on 01/29/21, the Qualified Professional reported: -She advised staff #3 to call the police on 11/15/20. - "I didn't ask the staff" if the police were called. - "We thought he was drinking, never saw or smelled alcohol on him." -She did not complete incident reports or submit occurrences in IRIS.	V 367		
{V 736}	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on interviews and observations, the facility was not maintained in a safe, orderly and attractive manner. The findings are:  Review on 01/12/21 of the 11/06/20 local health department sanitation report revealed: -9 demerits issued -Toilet lid was cracked in the upstairs bathroom -Moldy caulk needed to be removed from around	{V 736}		

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{V 736}	<p>Continued From page 19</p> <p>the downstairs bathtub -Separated floor planks in client #2's room that needed to be repaired</p> <p>Observation on 01/12/21 at 1:30PM of the facility revealed: (Note *means cited during 10/14/20 survey)</p> <ul style="list-style-type: none"> <li>-*2 out of 4 light bulbs located over the main floor bathroom sink were not working</li> <li>-*The main floor bathroom vent located on the ceiling had rust spots covering the surface</li> <li>-The toilet paper holder did not have a handle in the middle and one side of the holder was missing</li> <li>-*Top of the toilet had a crack running across the tank from back to front</li> <li>-Dresser in client #3's bedroom had a dresser with missing knobs on the top drawer. Top dresser drawer would not close due to the amount of items in it (i.e. body wash, lotions, clothes)</li> <li>-Deceased client's (DC #20) headboard was detached from the bed/bedframe. Railing on the side of the bed frame was exposed.</li> <li>-Vent in the ceiling of DC #20's room had rust spots and dust covering it</li> <li>-Pictures in the upstairs common area were leaning on the wall</li> <li>-Downstairs closet in the hallway was unhinged from all 3 hinges. The door was just sitting there up against the wall</li> <li>-Downstairs bathroom had lights blown, bathtub needed to be cleaned and moldy caulk needed to be removed from around the bathtub</li> <li>-Vents in the downstairs bathroom needed to be cleaned and dust removed</li> <li>-Downstairs common area had a sofa with the cushion exposed out of the pillows</li> <li>-Downstairs common area had white stained flooring (looks like a big circular bleach stain) in</li> </ul>	{V 736}		

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{V 736}	<p>Continued From page 20</p> <p>front of the chair by the back window</p> <ul style="list-style-type: none"> <li>-The entry way into client #2's room had a missing floor piece</li> <li>-*Client #2's room had missing and lifted floor pieces throughout</li> <li>-Vent in client #2's bedroom was very dusty</li> <li>-*There was no top on the kitchen trash can</li> <li>-There was no working light bulbs in the kitchen refrigerator/freezer</li> <li>-*Dining room chairs were broken (bottom legs broken, seats were loose)</li> </ul> <p>Interview on 01/12/21 with Staff #2 reported:</p> <ul style="list-style-type: none"> <li>-That was her first day working at the facility</li> <li>-She did not know who the Qualified Professional (QP) was</li> <li>-Someone was supposed to come there to train her</li> <li>-She did not know anything about what was broken, not fixed or not cleaned because this was her first day</li> </ul> <p>Interview on 01/22/21, the Administrator/Registered Nurse reported:</p> <ul style="list-style-type: none"> <li>-She did not understand why she was being recited for environmental things initially cited during her 12/06/19 and 10/14/20 DHHS surveys</li> <li>-"Some of those things had been corrected. I don't see anything that could not wait until after the pandemic. We don't need people to come in the home until after the pandemic."</li> </ul> <p>This deficiency was cited 5 times -12/05/17, 11/09/18, 12/06/19, 10/14/20 including a citation from construction on 02/09/18 and must be corrected within 30 days.</p>	{V 736}		