STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-255	A. BUILDING: _____ B. WING _____	R 04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN ST UNIVERSAL GROUP HOME 1	904 NATIONAL DRIVE GOLDSBORO, NC 27534

(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 and follow up survey was completed on April 16, 2021. The complaint was unsubstantiated (intake #NC00174586). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop and implement strategies for 3 of 3 audited clients (#1, #3, #6). The findings are:

Finding #1
Review on 4/8/21, 4/9/21 and 4/13/21 of client #1's record revealed:
-28 year old female.
-Admission date of 1/17/17.
-Diagnoses of Bipolar disorder, Anemia, Epilepsy and Constipation.

Review on 4/9/21, 4/13/21 and 4/14/21 of client #1's Person-Centered Plan (PCP) revealed:
-PCP completed on 8/1/20.
-"What (Short Range Goal) To keep her mental stability. How (Support/Intervention) 1. [Client #1] will keep up with her scheduled appointments 2. [Client #1] will talk openly with her therapist on the issues that are bothering her."
-"What (Short Range Goal) Budget How (Support/Intervention) [Client #1] will open up a bank account and maintain the correct information 2. [Client #1] will budget her monies weekly buying items that she needs. 3. [Client #1] will save money for things that she want to buy."
-"What (Short Range Goal) [Client #1] will maintain employment at [local restaurant]. How (Support/Intervention) [Client #1] will go to work daily and be prepared for work. She will keep up with her schedule if she has any problems she will report them to Her supervisors and or Vocational Rehabilitation. [Client #1] will follow

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V 112	Continued From page 2 guidelines of [local restaurant]." -"What (Short Range Goal) [Client #1] will have 6 hours of unsupervised in the community and 3 hours of unsupervised time at the group home. How (Support/Intervention) [Client #1] will know all emergency telephone number and house address 2. [Client #1] will know group home phone number 3. [Client #1] will know or have on hand staff's number. 4. [Client #1] will sign out when leaving the facility." -"What (Short Range Goal) [Client #1] will try to maintain her mental stability. How (Support/Intervention) [Client #] will attend all scheduled doctor's appointment." -"What (Short Range Goal) [Client #1] will maintain good hygiene and to keep her personal space clean daily. How (Support/Intervention) [Client #1] will shower daily, clean his personal space and do her laundry weekly. [Client #1] will brush her teeth twice daily." -There were no strategies to address the above identified goals. -There were no documented goals or strategies to address safety concerns for client #1's behaviors to include elopement, internet use or sexual activities. -PCP updated 4/8/21 and unsupervised time was removed. -PCP updated 4/8/21 was not signed by guardian. Interview on 4/8/21 and 4/15/21 client #1 stated she never had unsupervised time in the community or unsupervised time at the group home. Finding #2 Review on 4/8/21, 4/9/21 and 4/13/21 of client #3's record revealed: -22 year old male. -Admission date of 7/5/17.	V 112		

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V 112	Continued From page 3 -Diagnoses of Schizoaffective disorder, Gastroesophageal Reflux Disease (GERD), Vitamin D deficiency, Asthma and Allergies. Review on 4/9/21, 4/13/21 and 4/14/21 of client #3's Person-Centered Plan (PCP) revealed: -PCP completed on 5/1/20. -"What (Short Range Goal) [Client #3] will obtain a job and keep it. How (Support/Intervention) [Client #3] will attend all meeting at Vocational Rehabilitation. [Client #3] will set goals with the management of vocational rehabilitation." -"What (Short Range Goal) [Client #3] will maintain good hygiene and to keep his personal space clean daily. How (Support/Intervention) [Client #3] will shower daily, clean his personal space and do his laundry weekly." -There were no strategies to address the above identified goals. Finding #3 Review on 4/8/21, 4/9/21 and 4/13/21 of client #6's record revealed: -57 year old male. -Admission date of 2/14/17. -Diagnoses of Schizophrenia disorder, Diabetes Type II, Hyperlipidemia, Hypertension, Constipation, Obesity, Chronic Obstructive Pulmonary Disease (COPD) and GERD. Review on 4/9/21, 4/13/21 and 4/14/21 of client #6's Person-Centered Plan (PCP) revealed: -PCP completed on 2/15/21. -"What (Short Range Goal) [Client #6] will remember to attend his meeting 2 or 3 times a week. How (Support/Intervention) [Client #6] will attend his AA (Alcoholics Anonymous) meetings twice a week." -"What (Short Range Goal) [Client #6] will maintain good hygiene and to keep his personal	V 112		

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V 112	Continued From page 4 space clean daily. How (Support/Intervention) [Client #6] will shower daily, clean his personal space and do his laundry weekly)." -There were no strategies to address the above identified goals. -PCP had no signature page. Interview on 4/8/21 staff #2 stated: -Client #1 eloped a couple months ago and was gone for a few days (November 2020). -Client #1 eloped with a man who she met online. -Client #4 and client #6 were the only clients with unsupervised time. Interview on 4/12/21 staff #3 stated: -Client #1 eloped in November 2020 and called her saying she was okay. -Client #1 did not have unsupervised time. -Client #4 and client #6 were the only clients with unsupervised time. Interview on 4/8/21, 4/14/21 and 4/16/21 the Licensee stated: -Client #4 and client #6 had unsupervised time of 2 and 3 hours respectively. -The Qualified Professional was in the process of updating PCPs. -She understood the PCP goals should have strategies.	V 112		
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 5 (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 reviews, observations and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 3 audited clients (client #1, #3 and #6). The findings are: Finding #1 Review on 4/8/21, 4/9/21 and 4/13/21 of client	V 118		

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V 118	Continued From page 6 #1's record revealed: -28 year old female. -Admission date of 1/17/17. -Diagnoses of Bipolar disorder, Anemia, Epilepsy and Constipation. Review on 4/8/21, 4/9/21 and 4/13/21 of client #1's signed physician orders revealed: 9/23/20 -Polyethylene Glycol 3350 17 grams in liquid as needed (constipation). 12/25/20 -Ibuprofen 600 mg 1 tablet every 6 hours as needed for pain. Review on 4/8/21, 4/9/21 and 4/13/21 of client #1's MARs from January 2021 to March 2021 revealed: -Polyethylene Glycol 3350 transcribed as 1 capful in 8 oz (ounces) of liquid once daily once a week was administered weekly from January to March and not initialed as administered on 1/25/21. -Ibuprofen 600mg 1 tablet by mouth every 6 hours as needed for pain had been administered multiple days. Observation on 4/8/21 at 11:45am of client #1's medications revealed: -Polyethylene Glycol 3350 had not been provided within the medication bin provided for review. -Ibuprofen 600mg had not been provided within the medication bin provided for review. Interview on 4/8/21 client #1 stated she received all her medications daily. Finding #2 Review on 4/8/21, 4/9/21 and 4/13/21 of client #3's record revealed: -22 year old male.	V 118		

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V 118	Continued From page 7 -Admission date of 7/5/17. -Diagnoses of Schizoaffective disorder, Gastroesophageal Reflux Disease (GERD), Vitamin D Deficiency, Asthma and Allergies. Review on 4/8/21, 4/9/21 and 4/13/21 of client #3's signed physician orders revealed: 12/10/20 -Flonase 50 mcg (micrograms) 1 spray each nostril daily. -Proair inhaler 90 mcg 2 puffs every 4 hours as needed. 3/1/21 -Flonase discontinued. Review on 4/8/21, 4/9/21 and 4/13/21 of client #3's MARs from January 2021 to March 2021 revealed -Flonase not administered in month of January. -Proair inhaler was transcribed as inhale 2 puffs as needed with no frequency. Observation on 4/8/21 at approximately 11:45am of client #3's medications revealed: -Proair inhaler 90 mcg box, provided within the medication bin for review, had an expiration date on 10/31/20 and inhaler had an expiration date of April 2021. The inhaler had no pharmacy label. Interview on 4/8/21 client #3 stated he received all his medications daily. Finding #3 Review on 4/8/21, 4/9/21 and 4/13/21 of client #6's record revealed: -57 year old male. -Admission date of 2/14/17. -Diagnoses of Schizophrenia disorder, Diabetes Type II, Hyperlipidemia, Hypertension, Constipation, Obesity, Chronic Obstructive	V 118		

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V 118	Continued From page 8 Pulmonary Disease (COPD) and GERD. Review on 4/8/21, 4/9/21 and 4/13/21 of client #6's signed physician orders revealed: 10/7/20 -Albuterol 0.083% (percent) inhaler nebulizer every 6 hours, self administer. -Polyethylene Glycol 3350 17 grams in 8 oz of liquid daily as needed (treats constipation). -Clozaril 100 mg 4 1/2 tablet at bedtime (treat schizophrenia). -Benzonatate 200 mg 1 capsule as needed for cough. -Mucinex D 1200 mg 1 tab every 12 hours as needed. Review on 4/8/21, 4/9/21 and 4/13/21 of client #6's MARs from January 2021 to March 2021 revealed -Polyethylene Glycol 3350 administered on 1/6/21. -Clozaril 100mg transcribed as 3 and 1/2 tablets by mouth at bedtime. Observation on 4/8/21 at approximately 11:45am of client #6's medications revealed: -No pharmacy label on the box labeled Albuterol 0.083%. -Polyethylene Glycol 3350 was filled in 2019. The month and date was worn and unreadable. -Clozaril 100mg blister packs was filled with 4 1/2 tablets. -Benzonatate 200mg had not been provided within the medication bin provided for review. -Mucinex D 1200 mg had not been provided within the medication bin provided for review. Interview on 4/8/21 client #6 stated he had received all his medications daily.	V 118		

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V 118	Continued From page 9 Interview on 4/8/21 the Licensee stated: -Client #3 refused to take Flonase and the doctor would not see him because he had COVID (Coronavirus Disease-19). The doctor discontinued the Flonase medication in March 2021. -Client #6's Albuterol came in a 2 pack and she could not find the pharmacy label. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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;	V 367		

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V 367	Continued From page 10 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the 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	V 367		

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V 367	Continued From page 11 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: (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 critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 4/8/21 of a North Carolina Incident Response Improvement System (IRIS) revealed no incident reports submitted by facility from 11/1/20 - 3/31/21.	V 367		

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V 367	Continued From page 12 Interview on 4/9/21 client #1's guardian representative stated: -Client #1 eloped from the facility on 11/14/20 and returned to the facility on 11/16/20. -The Licensee informed her of client #1's elopement. -Client #1 called an unknown male to pick her up. -The Licensee had called the police. Interview on 4/8/21 the Licensee stated: -There was not an IRIS report completed for the elopement of client #1 in November 2020. -She documented the elopement in her notes. -Client #1 was gone for 2 days. -The police were contacted for the elopement, but a report was not filed because client #1 contacted the facility while police were onsite.	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	V 512		

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V 512	Continued From page 13 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the Licensee exploited 1 of 3 audited clients (#3). The findings are: Cross Reference: 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (Tag V542) Based on record reviews and interviews, the facility failed to do the following: (1) manage and maintain records of client personal funds as required and in accordance with the facility policy and procedures; (2) keep clients' personal funds separate from any operating funds, affecting 1 of 3 audited clients (#3). Review on 4/16/21 of the Plan of Protection dated 4/16/21 and written by the Licensee revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will comply with all rules and regulations in regard to 10A NCAC 27G .0304 Protection from Harm Abuse Neglect and Exploitation. A complete review of Policies and Procedures for disbursement of funds. 2. The Facility will make an internal review and assessment. 3. Each consumer will be given a copy of their rights and review group home policies and procedures. 4. All clients shall be free of abuse neglect exploitation Abuse. - All client's personal funds with be separate from the facility." -"Describe your plans to make sure the above	V 512		

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	MHL096-255	A. BUILDING: _____ B. WING _____	R 04/16/2021

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V 512	Continued From page 14 happens. The staff will receive additional training in regards to client's rights and protection from abuse, Harm, Neglect or exploitation. All procedures to record monies and documentation for disbursement of client funds will be complied with. -All staff will be required to receive and annual review of client rights. -All client funds will be documented and signed & (and) witness by client & agency. -No client personal funds will be deposited into the facilities account." Client #3 had diagnoses to include Schizoaffective Disorder. Client #3 had been diagnosed with COVID-19 (Coronavirus Disease-19) and had to quarantine at the facility. Client #3 learned of COVID-19 Support Services program providing monetary benefits to those affected by COVID-19 from the Licensee. The benefit was applied for by the client with the help of the Licensee for the benefit of the client. Client #3 received a check payable to him from the COVID-19 Support Services Program for $800.00. Client #3 did want to share the money. The Licensee believed since only one individual in a household could apply for the program it would be fair to share the payment with all the clients. All clients in the home received $100.00 each to include client #3. The client signed the check and it was deposited into the facility's general bank account by the Licensee. The Licensee did not provide receipts of how the additional $200.00 had been spent. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of $2000.00 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 23 day.	V 512		

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V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account.	V 542		

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V 542	Continued From page 16 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to do the following: (1) manage and maintain records of client personal funds as required and in accordance with the facility policy and procedures; (2) keep clients' personal funds separate from any operating funds affecting 1 of 3 audited clients (#3). The findings are: Review on 4/8/21, 4/9/21 and 4/13/21 of client #3's record revealed: -22 year old male. -Admission date of 7/5/17. -Diagnoses of Schizoaffective disorder, Gastroesophageal Reflux Disease (GERD), Vitamin D Deficiency, asthma and allergies. Review on 4/14/21 of a check received from ADLA (Alot of Direction Love and Affection, a nonprofit organization responsible for the administration of COVID Relief payments from NCDHHS (North Carolina Department of Health and Human Services- COVID-19 (Coronavirus Disease - 19) dated 2/15/21 revealed: -The check was made payable to client #3 in the amount of $800.00. Review of 4/12/21 of a Press Release "NCDHHS (North Carolina Department of Health and Human Services) Announces COVID-19 (Coronavirus Disease - 19) Support Services Program for Individual in Isolation or Quarantine" dated August 25, 2020: -"The program will support North Carolinians in 20 targeted counties who are asked to isolate or quarantine due to COVID-19 and need assistance such as food, relief payments, or access to primary medical care."	V 542		

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V 542	Continued From page 17	V 542		

-"In these 20 counties, people who need help to successfully meet that guidance will be connected to a Community Health Worker who will coordinate needed services, which may include: - Nutrition assistance; - A one-time COVID-19 relief payment to assist the individual and his or her family in meet basic living expenses; -Safe, private transportation to and from essential locations such as testing sites, non-congregate shelter and medical visits; -Access to primary medical care via telehealth; -Medication delivery; and/or; -COVID-related over-the-counter supplies such as a face mask, hand sanitizer, thermometer or cleaning supplies."

Review on 4/15/21 of a copy of an "Attestation for COVID-19 Isolation/Quarantine Support" form revealed:
-"Additional attestations required only for COVID relief payment: I declare that...I will only use these funds for living expenses such as housing, food, utilities, medical care, child care and household bills to help me to quarantine or isolate; I will save the receipts from purchases made using this assistance, which I may be required to produce."

Review on 4/15/21 of facility's personal funds account statements signed by each client revealed all clients (#1, #2, #3, #4, #5, #6) received $100.00 on 3/6/21.

Interview on 4/8/21 and 4/15/21 client #3 stated:
-The Licensee told him about the program.
-He called to apply over the phone.
-A Community Health Worker came to the home and he had to show documentation he had COVID and sign a paper.
-A Community Health Worker dropped off a package with food and an $800.00 check.

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V 542	Continued From page 18 -The check was given to him. -The Licensee said it would be best to divide the money with all the clients at the facility. -The Licensee took the check and said it wasn't his check. -He did not want to divide the check with the other clients. -He signed the check and the Licensee cashed it at the bank. -He did not have a bank account. -The Licensee had purchased him some Gatorade for a week. -He ate regular food. -He was asymptomatic. -The food box was for everyone. Interview on 4/8/21 client #6 stated: -The Licensee took the check from client #3, cashed it, and split the money so everyone received $100.00. -No one else has had to split their money with everyone. Interview on 4/14/21 the Executive Director of the local non-profit responsible for administering the COVID-19 Support Services Program stated: -COVID relief program ended on 2/12/21. -The program criteria included individual or families impacted by COVID whether COVID positive, in quarantine, or around someone who was COVID positive. -Individuals received $400.00 and a food box worth $90.04. -Families received $800.00 and a food box worth $141.06. -A Community Health Worker was assigned to counties to receive request for COVID relief payments. -The Community Health Worker completed an intake application and applicants attested to	V 542		

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V 542	Continued From page 19 being eligible for the payment. -The Community Health Worker processed the attestation and application and made sure the checks were disbursed. Interview on 4/8/21 and 4/15/21 the Licensee stated -Client #3 was his own guardian. -Client #3 and client #5 had COVID-19 in January (2021). -Client #3 received a $800.00 check for having tested positive for COVID-19. -The check was made out to client #3. -She and client #3 discussed splitting the money with the other clients in the facility. -Client #3 agreed to split the money once they talked about it. -All clients had been affected and had to quarantine. -Client #5 was unable to receive money because the program requirement was one per household and her "logic was to split the check." -The check was deposited into the facility's "general" account. -All clients received $100.00 and the remaining $200.00 went towards cost at the facility. -The remainder $200.00 was spent mostly on Gatorade, soup and "mainly things for him (client #3) to eat." -She was not able to locate all the receipts of how the money had been spent. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 and must be corrected within 23 days.	V 542		

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V 736	Continued From page 20	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation and tour of the facility on 4/8/21 between 9:55am to 1:05pm revealed: -A broken church pew under carport. -A stain that was dark grayish and black in color in a circular shape on the ceiling of the carport. -A broken rear view mirror on the passenger side of a white van in front yard held on by wires. -A disabled white van with stains and overgrown grass around it in backyard. -Unfinished drywall repair over the fireplace in the living room. -The laminate flooring at the kitchen entrance was ripped approximately the length of the entrance by 2 inches. The bedroom off the dining area entrance was ripped approximately the length of the door by 2 inches. The hall entrance was ripped the length of the entrance by approximately 2 inches. -Torn laminate in front of the stove exposed particle board subflooring approximately the length of the stove . -A floor air vent in dining area did not cover the	V 736		

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V 736	Continued From page 21 entire space. -An open sharps container on the kitchen counter. -Clothes and open bags of clothing on fireplace in between 2 recliner chairs in the living room. -Wallpaper in the hallway was peeling. -Hall bathroom had broken floor tiles, broken air vent and the light fixture over the sink was rusted. The paint around the vanity and bathtub was peeling. -A small golf ball size hole above baseboard in the hallway. -Client #1's bedroom dresser next to her bed had 5 missing pull knobs. The TV stand/dresser had 1 pull knob missing -Client #2 and client #3's bedroom window was held closed with a pole across the top half of the window preventing it from being opened. -Client #5's bedroom dresser had 2 pull knobs missing. Interview on 4/8/21 the Licensee stated: -Some repairs were completed however COVID (Coronavirus Disease 2019) had put repairs to a halt. -She was in the process of having the laminate floors repaired and floor air vents replaced. -She expected repairs to the facility to be completed by June 2021. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		