

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 15, 2021. The complaint was substantiated (Intake #NC00174707). Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G.1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address clients' needs affecting 2 of 3 former clients (FC #4 and FC #5). The findings are:</p> <p>Review on 3/31/21 of FC #4's record revealed: -Date of Admission: 11/23/20. -Age: 17. -Diagnoses: Oppositional Defiant Disorder; Disruptive Mood Dysregulation Disorder; Cannabis Use Disorder; Alcohol Use Disorder. -Discharge Date: 12/22/20. -Comprehensive Clinical Assessment dated 8/12/20 with an addendum dated 11/4/20 indicated " ...he eloped while on an activity with PRTF (Psychiatric Residential Treatment Facility) staff. He was located by law enforcement 30 minutes after the elopement. He did not report why he ran when asked by his therapist or the facility staff. He vocalizes that he does not like being in treatment and does not feel he needs mental health treatment..."</p> <p>Review on 3/31/21 of FC #4's treatment plan dated 11/3/20 revealed: -Client had the following goals: -Will demonstrate greater respect and compliance as evidenced by following the program rules and daily milieu schedule, responding to directives, communicating in a calm voice, accepting responsibility for actions and having positive interactions with others 5 out of 7 days per week. -Will participate in psychoeducation for substance</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>use and demonstrate knowledge by active participation in individual and group therapy sessions for 30 consecutive days. -Will actively participate in family and/or natural support therapy at least once a month which will be ongoing throughout treatment to encourage an improved relationship. -There were no specific goals or intervention strategies to address FC #4's elopement behaviors.</p> <p>Review on 4/1/21 of Incident Response Improvement System (IRIS) reports for FC #4 revealed: -FC #4 eloped from the facility on 12/6/20, 12/20/20 and 12/21/20.</p> <p>Review on 3/31/21 of FC #5's record revealed: Date of Admission: 9/11/20. -Age: 15. -Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; Unspecified Anxiety Disorder; Mood Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder. -Discharge Date: 12/29/20. -Comprehensive Clinical Assessment dated 10/24/20 indicated "Current concerns with ...risk taking behavior and running away."</p> <p>Review on 3/31/21 of FC #5's treatment plan dated 9/10/20 revealed: -Client had the following goals: -Work on controlling his anger, ignoring triggers such as loud noises, annoying people, being told "no" and being bullied in 4 out of 5 situations; Zero incidents of making a verbal threat to harm others when angry or upset; remaining calm in 4 out of 5 situations that cause anger; using appropriate coping skills such as connecting with staff, listening to music, writing in a journal,</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>playing with a Rubik's cube, or typing on a computer when angry in 5 out of 7 situations; Expressing himself in a positive manner when upset such as using a calm voice tone, using eye contact, and staying "okay"; Accepting feedback from those in authority in 5 out of 7 situations without becoming verbally or physically aggressive.</p> <p>-Will get along with peers; Zero incidents of lying or manipulation such as telling half-truths and making up stories to impress others; Using appropriate problem solving skills when in need of help such as asking for help from those in authority, thinking about consequences of his actions and connecting with staff; Displaying positive communication skills when speaking to others such as having eye contact, keeping his body calm and using active listening skills; Initiating age appropriate conversations with peers such as smiling and saying "Hi" to peers; Showing empathy and thinking about the feelings of others such as using eye contact, listening, use head nods, and keeping his body still.</p> <p>-There were no specific goals or intervention strategies to address FC #5's elopement, or larceny behaviors.</p> <p>Review on 4/1/21 of IRIS reports for FC #5 revealed: -FC #5 took property from a staff member on 12/6/20 and refused to return it. -FC #5 eloped from the facility on 12/6/20, 12/20/20 and 12/21/20.</p> <p>Interview on 3/31/21 with a Captain of the local police department revealed: -There were a total of seven dispatch call reports to the facility from October 1, 2020 through March 31, 2020. -All seven of the call reports occurred in</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 4</p> <p>December 2020 which included 1 larceny, 3 incidents of runaway juveniles and 3 follow up calls.</p> <p>Review on 3/31/21 of the Call Log Report from the local police department revealed:</p> <ul style="list-style-type: none"> -12/6/20 Larceny. -12/6/20 runaway juveniles. -12/20/20 runaway juveniles. -12/20/20 follow up by officer. -12/21/20 missing juveniles. -12/22/20 two separate records of follow up by officer. <p>Interview on 3/31/21 with the Licensee/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The facility never had an issue with client elopements prior to December 2020. -FC #4 and FC #5 eloped three times in December 2020. -Law enforcement was notified each time. -Every elopement was reported in IRIS. -The incidents happened consecutively within a short period of time. -He understood the treatment plan should have included goals and strategies to address elopement behaviors. <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 112		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients;</p>	V 115		

Division of Health Service Regulation

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V 115	<p>Continued From page 5</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure meals were nutritious for 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Review on 3/26/21 and 3/29/21 of Client #1's record revealed: -Date of Admission: 1/28/21. -Age: 13. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder Unspecified; Cannabis Abuse Uncomplicated;</p>	V 115		

Division of Health Service Regulation

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V 115	<p>Continued From page 6</p> <p>Alcohol Use; Tobacco Use; Asthma; Fatty Liver; Hyperinsulinism.</p> <p>Review on 3/29/21 of Client #2's record revealed: -Date of Admission: 10/20/20. -Age: 14. -Diagnoses: Adjustment Disorder with Anxiety; Obsessive Compulsive Disorder; Depression.</p> <p>Review on 3/26/21 of Client #3's record revealed: -Date of Admission: 3/18/21. -Age: 11. -Diagnoses: Oppositional Defiant Disorder; Conduct Disorder Primary; Attention Deficit Hyperactivity Disorder.</p> <p>Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed: -The following frozen pre-packaged meats, potatoes and dinner meals: -4 meatloaf and mashed potato meals. -5 turkey and dressing meals. -1 bag of pizza rolls. -2 bags of French fries. -5 frozen pizzas. -1 bag of frozen sausage patties. -There were no other meat products except for a pack of hot dogs in the refrigerator. -There were no fresh fruits or vegetables except for ½ bag of salad mix.</p> <p>Interview on 3/26/21 with Client #1 revealed: -Meals consisted of "boxed meals and thin crust pizzas." -Clients could not choose which meals were served. -Staff rarely served a home cooked meal.</p> <p>Interview on 3/29/21 with Client #2 revealed:</p>	V 115		

Division of Health Service Regulation

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V 115	<p>Continued From page 7</p> <p>-He stated, "At the house we get pizzas, cereal, tv dinners and chicken nuggets."</p> <p>Interview on 3/29/21 with Client #3 revealed: -Meals consisted of pizza, tater tots, pizza rolls, chicken nuggets and fried fish.</p> <p>Interview on 3/31/21 with the Licensee/Qualified Professional (QP) revealed: -Staff purchased foods that the clients would eat. -It was a waste of money to purchase fresh fruits and vegetables because it was not something the clients would eat. -There was usually a variety of meats at the facility. -Groceries were purchased at the beginning of the month.</p>	V 115		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 8</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure medications were stored in a securely locked cabinet affecting 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Review on 3/26/21 and 3/29/21 of Client #1's record revealed: -Date of Admission: 1/28/21. -Age: 13. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder Unspecified; Cannabis Abuse Uncomplicated; Alcohol Use; Tobacco Use; Asthma; Fatty Liver; Hyperinsulinism.</p> <p>Review on 3/29/21 of Client #1's Medication Administration Record (MAR) from 1/1/21 - 3/29/21 revealed: -The following medications were being administered to Client #1: Topamax 50 milligrams (mg); Catapres 0.1mg; Vistaril 25mg; Zoloft 50 mg; Desyrel 100 mg; Prilosec 40 mg; Oxcarbazepine 600 mg; Vitamin D3 5000 international units (IU) and Docusate Sodium 100 mg.</p> <p>Review on 3/29/21 of Client #2's record revealed: -Date of Admission: 10/20/20. -Age: 14. -Diagnoses: Adjustment Disorder with Anxiety; Obsessive Compulsive Disorder; Depression.</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 9</p> <p>Review on 3/29/21 of Client #2's MAR from 1/1/21 - 3/29/21 revealed: -The following medications were being administered to Client #2: Vistaril 25 mg.</p> <p>Review on 3/26/21 of Client #3's record revealed: -Date of Admission: 3/18/21. -Age: 11. -Diagnoses: Oppositional Defiant Disorder; Conduct Disorder Primary; Attention Deficit Hyperactivity Disorder.</p> <p>Review on 3/29/21 of Client #3's MAR from 1/1/21 - 3/29/21 revealed: -The following medications were being administered to Client #3: methylphenidate controlled dose (CD) 30 mg; clonidine hydrochloride (HCL) 0.2 mg and guanfacine HCL extended release 1 mg.</p> <p>Observation at the facility on 3/29/21 at approximately 8:25 am revealed: -There was a laundry room adjacent to the kitchen. -The door to the laundry room was unlocked. -Staff #1 did not have a key for the laundry room door. -There were no other staff present in the facility except for Staff #1. -Client #1, Client #2 and Client #3 were present in the facility. -A black file cabinet with four drawers was located in the laundry room. -The file cabinet did not have a locking mechanism and each of the four drawers could be opened. -Inside the drawers were medications for Client #1, Client #2 and Client #3 which were kept in individual boxes, however, the boxes were not</p>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 10</p> <p>locked.</p> <p>Interview on 3/29/21 at 8:25 am with Staff #1 revealed: -Client medications were kept inside the file cabinet in the laundry room. -He did not have a key to the laundry room. -The Qualified Professional (QP) kept the key to the laundry room. -The door to the laundry room was usually unlocked.</p> <p>Interview on 3/29/21 with the Licensee/QP revealed: -He was going to have extra keys made so staff could lock the door to the laundry room. -He planned to either lock the file cabinet drawers or purchase new boxes with locks to store the clients' medications.</p>	V 120		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental</p>	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 11</p> <p>disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to minimize the occurrence of behaviors related to functional</p>	V 293		

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V 293	<p>Continued From page 12</p> <p>deficits and failed to provide supervision to ensure safety affecting 3 of 3 current clients (Client #1, Client #2 and Client #3) and 2 of 3 former clients (FC #4 and FC #5). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement strategies to address clients' needs affecting 2 of 3 former clients (FC #4 and FC #5).</p> <p>CROSS REFERENCE: 10A NCAC 27G.1704 Minimum Staffing Requirements (V296). Based on record reviews, observation and interviews the facility failed to provide the minimum number of direct care staff required affecting 3 of 3 clients (Client #1, Client #2 and Client #3).</p> <p>Review on 4/15/21 of the Plan of Protection completed and signed by the Licensee/Qualified Professional (QP) on 4/15/21 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); Provided update PCP (Person-Centered Profile) goal to reflect the needs of the present clients. Minimum Staffing Requirements crossed into 10A NCAC 27G.1701 Scope for a Type B Rule Violation DirectCare Facility will provide two staff for every shift going forward. Describe your plans to make sure the above happens. Minimum Staffing Requirements crossed into 10A NCAC 27G.1701 Scope for a Type B Rule Violation Director will hire more staff going forward. 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); 10A NCAC 27G.1704 Provide update PCP goals to reflect</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 293	<p>Continued From page 13</p> <p>the needs of the present clients."</p> <p>Review on 4/16/21 of the Addendum to the Plan of Protection completed and signed by the Licensee/QP on 4/16/21 revealed:</p> <p>- " What immediate action will the facility take to ensure the safety of the consumers in your care? 10ANCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); Provided update PCP Goal to reflect the needs of the present clients.</p> <p>Minimum Staffing Requirements crossed into 10A NCAC 27G.1701 Scope for a Type B Rule Violation DirectCare Facility will provide two staff for every shift going forward. Describe your plans to make sure the above happens.</p> <p>Minimum Staffing Requirements crossed into 10A NCAC 27G.1701 Scope for a Type B Rule Violation Director will hire more staff going forward. New staff will start April 20,2021. Until new staff starts Director will work hours as needed to ensure 2 staff are working at all times.</p> <p>10ANCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); 10ANCAC 27G.1704 Provide update PCP goals to reflect the needs of the present clients. "</p> <p>Clients served by the facility had a range of mental health diagnoses including but not limited to Oppositional Defiant Disorder, Conduct Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Anxiety, Cannabis Use Disorder and Alcohol Use Disorder and ranged in age from 11-17 years. FC #4 and FC #5 had a</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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V 293	Continued From page 14 history of running behaviors. There were no goals and/or strategies implemented to address the elopement behaviors of FC #4 and FC #5. Local law enforcement responded to the facility on 12/6/20, 12/20/20 and 12/21/20 due to FC #4 and FC #5 being reported by staff as missing juveniles. There was only one staff member present at the facility with Client #1, Client #2 and Client #3 from 12am until 8am on a regular basis. These failures are considered detrimental to the health, safety and welfare of the clients and constitute a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 296	<p>Continued From page 15</p> <p>follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to provide the minimum number of direct care staff required affecting 3 of 3 clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Review on 3/26/21 and 3/29/21 of Client #1's record revealed: -Date of Admission: 1/28/21. -Age: 13.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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V 296	<p>Continued From page 16</p> <p>-Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder Unspecified; Cannabis Abuse Uncomplicated; Alcohol Use; Tobacco Use; Asthma; Fatty Liver; Hyperinsulinism.</p> <p>Review on 3/29/21 of Client #2's record revealed: -Date of Admission: 10/20/20. -Age: 14. -Diagnoses: Adjustment Disorder with Anxiety; Obsessive Compulsive Disorder; Depression.</p> <p>Review on 3/26/21 of Client #3's record revealed: -Date of Admission: 3/18/21. -Age: 11. -Diagnoses: Oppositional Defiant Disorder; Conduct Disorder Primary; Attention Deficit Hyperactivity Disorder.</p> <p>Review on 3/29/21 of Staff #1's record revealed: -Date of Hire: 3/29/15. -Title/Position: Paraprofessional.</p> <p>Observation of the facility on 3/29/21 at 7:20 am revealed: -Client #1, Client #2 and Client #3 were at the facility. -Staff #1 was the only staff member present at the facility.</p> <p>Interview on 3/26/21 with Client #1 revealed: -He stated, "Most of the time there's just one staff here. Every now and then there are two staff, but not usually. There's always one staff at night."</p> <p>Interview on 3/29/21 with Client #2 revealed: -There was only one staff member present in the facility each night. -Staff #1 worked most nights. -The Qualified Professional (QP) worked on the</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 296	<p>Continued From page 17</p> <p>nights Staff #1 was off.</p> <p>Interview on 3/29/21 with Client #3 revealed: -Clients were never left unattended. -There was always at least one staff present at the facility.</p> <p>Interview on 3/29/21 and 4/15/21 with Staff #1 revealed: -He worked 12am to 8:00 or 8:30 am Sunday through Thursday. -He used to work with another staff member. -The other staff member does not work anymore. -He stated, "I am by myself at nights."</p> <p>Interview on 3/31/21 with the Licensee/QP revealed: -He was aware there was an issue with staffing. -It was difficult to get people to work. -He was in the process of hiring more staff. -One staff member was due to return to work full time in April 2021. -He stated, "My wife has been sick. She has breast cancer. It's stage IV and I take her to the hospital for chemo and have a lot going on."</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 296		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 18</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 19</p> <p>commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 20</p> <p>reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 21</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 22</p> <p>it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure each minor client who received treatment in a 24-hour facility had the right to communicate and consult with their legal guardian affecting 3 of 3 current clients (Client #1, Client #2 and Client #3) and 3 of 3 audited former clients (FC #4, FC #5 and FC #6). The findings are:</p> <p>Review on 3/26/21 and 3/29/21 of Client #1's record revealed: -Date of Admission: 1/28/21. -Age: 13. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder Unspecified; Cannabis Abuse Uncomplicated; Alcohol Use; Tobacco Use; Asthma; Fatty Liver; Hyperinsulinism.</p> <p>Review on 3/29/21 of Client #2's record revealed: -Date of Admission: 10/20/20. -Age: 14. -Diagnoses: Adjustment Disorder with Anxiety; Obsessive Compulsive Disorder; Depression.</p> <p>Review on 3/26/21 of Client #3's record revealed:</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	<p>Continued From page 23</p> <p>-Date of Admission: 3/18/21. -Age: 11. -Diagnoses: Oppositional Defiant Disorder; Conduct Disorder Primary; Attention Deficit Hyperactivity Disorder.</p> <p>Review on 3/31/21 of FC #4's record revealed: -Date of Admission: 11/23/20. -Age: 17. -Diagnoses: Oppositional Defiant Disorder; Disruptive Mood Dysregulation Disorder; Cannabis Use Disorder; Alcohol Use Disorder. -Discharge Date: 12/22/20.</p> <p>Review on 3/31/21 of FC #5's record revealed: -Date of Admission: 9/11/20. -Age: 15. -Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; Unspecified Anxiety Disorder; Mood Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder. -Discharge Date: 12/29/20.</p> <p>Review on 3/29/21 of FC #6's record revealed: -Date of Admission: 1/19/21. -Age: 14. -Diagnoses: Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; Narcissistic Personality Disorder.</p> <p>Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed: -A laminated white paper sign on the wall of the dining room was titled "Expectations of Clients." -The sign included a level system of the following privileges: -Level 1 = 1 phone call per week. -Level 2 = 2 phone calls per week. -Level 3 = 3 phone calls per week.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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V 364	<p>Continued From page 24</p> <p>Interview on 3/26/21 with Client #1 revealed: -He was only allowed to make 2 phone calls each week. -Parents were allowed to call the facility, but they could not speak to the clients.</p> <p>Interview on 3/29/21 with Client #2 revealed: -He had level 3 privileges. -He was allowed a total of 3 phone calls each week. -He stated, "If I call my parent it counts as a call."</p> <p>Interview on 3/29/21 with Client #3 revealed: -He had level 1 privileges. -He was allowed 1 phone call each week. -He stated, "When I reach level 2, I will get another phone call. I'm only allowed to use the phone one time each week. I can't call family, or anyone any other time unless I level up."</p> <p>FC #5 and FC #6 were unavailable for interviews.</p> <p>FC#6 refused to be interviewed.</p> <p>Interview on 4/14/21 with the Guardian Ad Litem for FC #6 revealed: -FC #6 was allowed to make 2 phone calls per week.</p> <p>Interview on 3/30/21 with Staff #2 revealed: -The rules for phone privileges were dependent on client levels. -Clients with level 1 privileges were allowed 1 phone call each week. -Clients with level 2 privileges were allowed 2 phone calls each week. -She stated, "The parents, or guardians can call to check on the child at any time, or as many times as they want to, but they have to speak with</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2021
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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V 364	Continued From page 25 staff. They are not allowed to talk to the child except once a week. If care coordinators, or DSS workers call, they are allowed to speak with the child without it counting as a call." Interview with the Licensee/Qualified Professional (QP) on 3/31/21 revealed: -Clients had limited phone calls. -Phone privileges were based on levels. -He was unaware this violated client rights.	V 364		
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 and its grounds were not maintained in a safe, clean, attractive and orderly manner and were not kept free from offensive odor. The findings are: Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed: -Bedroom #1: -The door to bedroom #1 appeared to have been punched and the wood on the front portion of the door was cracked and splintered; there was a strong urine-like odor; the walls had numerous stains of brown and black and also had several	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 26</p> <p>areas where holes had been patched with white spackling or plaster compound; one of the closest doors was broken off the hinges.</p> <ul style="list-style-type: none"> -Partial bathroom adjacent to bedroom #1: -A small blue colored hand towel was nailed to the top of the window and was discolored with large black stains; there were brown spots and stains on the window which appeared to be dirt and mud; there were no towels available in the bathroom except for the towel nailed to the window; the cabinet under the sink had 3 empty rolls of toilet paper; the sink had brown stains and gnats were coming out of the sink drain; the bathroom mirror was covered with white spots and smears which appeared to be toothpaste; there was nowhere to hang a roll of toilet paper; there was a toilet paper holder mounted to the wall, however, the spring loaded device which holds the toilet paper was missing. -Bedroom #2: -The door to bedroom #2 also appeared to have been punched and the wood on the front portion of the door was caved in, cracked and splintered; there was a strong, foul, musty odor in the bedroom; all four of the bedroom walls had numerous large black and brown colored stains. -Bedroom #3: -The walls had black, brown and gray stains; the walls also had several areas which holes had been patched with white spackling or plaster compound; there was a large hole in one wall which went through the sheetrock and had not yet been repaired; there was a strong, foul urine odor in the room. -Hallway: -The air intake panel was covered with black dust. -Full bathroom: -There were brown stains on the ceiling tiles; there was rust colored staining around the 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 27</p> <p>caulking surrounding the top of the bathtub/shower; approximately 1/2 of the bottom portion of the wooden window frame was missing; the remaining portion of the window frame had dark brown and black mold; a portion of the linoleum flooring near the bathtub was peeling away from the floor and was curled upward.</p> <p>Interview on 3/29/21 with the Licensee/Qualified Professional (QP) revealed: -FC#6 damaged the doors and Client #2 damaged the walls. -He was going to replace the doors. -"It's been a while" since the bedrooms were last painted. -He did not own the house. -He was going to contact the landlord to have repairs made in the bathroom.</p>	V 736		
V 742	<p>27G .0304(a) Privacy</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide clients privacy while bathing, dressing or using toilet facilities. The findings are:</p> <p>Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed: -There were two windows in bedroom #1 and neither window had curtains, blinds, or any type of</p>	V 742		

Division of Health Service Regulation

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V 742	<p>Continued From page 28</p> <p>window covering.</p> <p>-There were two windows in bedroom #2 and one of them did not have any curtains, blinds, or any type of window covering.</p> <p>-Bedroom #3 had two windows with window blinds, however, the blinds on one of the windows were cracked and broken.</p> <p>-There was a partial bathroom with a toilet and sink adjacent to bedroom #2 and there were no curtains, or blinds on the window. A hand towel was nailed to the top right portion of the window and the other half of the window was bare.</p> <p>Interview on 3/29/21 with the Licensee/Qualified Professional (QP) revealed: -He stated, "I will put up blinds tonight."</p> <p>Observation on 3/31/21 during a recheck walk-through of the facility at approximately 4:15 pm revealed: -Window curtains, blinds or coverings had not yet been replaced on any of the windows.</p> <p>Interview on 3/31/21 with the Licensee/QP revealed: -The clients removed the blinds from the windows. -He was going to purchase window blinds and have them installed immediately.</p>	V 742		
V 753	<p>27G .0304(b)(5) Indoor Lighting</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(5) All indoor areas to which clients have</p>	V 753		

Division of Health Service Regulation

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V 753	<p>Continued From page 29</p> <p>routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure all indoor areas were well-lighted. The findings are:</p> <p>Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed: -The overhead light in bedroom #1 was not working correctly, the light continuously flickered. -The overhead light in the hallway did not illuminate when the switch was turned on.</p> <p>Observation on 3/31/21 at 4:15 pm revealed: -The overhead light in bedroom #1 and the overhead light in the hallway had been repaired.</p> <p>Interview on 3/31/21 with the Licensee/Qualified Professional (QP) revealed: -He replaced the light bulbs in bedroom #1 and in the hallway. -He did not know why staff did not change the bulbs as needed.</p>	V 753		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum</p>	V 774		

Division of Health Service Regulation

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V 774	<p>Continued From page 30</p> <p>square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide minimal furnishings for client bedrooms. The findings are:</p> <p>Observation on 3/26/21 during the facility walk-through at approximately 12:20 pm revealed:</p> <p>-Bedroom #1: -There was a single bed and a plastic container with 4 drawers which contained clothing. -There was no other furniture in the room. -A laundry basket was turned upside down and had a box fan sitting on top of it. -There was no bedside table in the room as required.</p> <p>-Bedroom #2: -There was a single bed and a plastic container with 5 drawers which contained clothing. -There was no other furniture in the room. -An alarm clock was plugged into the wall outlet and sitting on the floor. -There was no bedside table in the room as required.</p>	V 774		
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Division of Health Service Regulation

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V 774	<p>Continued From page 31</p> <p>-Bedroom #3: -There was a single bed and a dresser with a total of 8 drawers. -There was no other furniture in the room. -There was no bedside table in the room as required.</p> <p>Interview on 3/29/21 with the Licensee/Qualified Professional (QP) revealed: -The facility was for high acuity clients and they damaged the furniture. -It was difficult to keep replacing the furniture. -He will work on getting nightstands for the bedrooms.</p>	V 774		