

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 13, 2021. The complaints were unsubstantiated (Intake #NC00176467 and Intake #NC00176561). 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

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 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed employee training as required for 4 of 4 paraprofessional staff (#1, #2, #3 and #4). The findings are:</p> <p>Review on 05/12/21 of Former Client (FC) #7's record revealed: -23 year old male. -Admission date 04/05/21. -Discharge date 04/19/21. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder and Sleep Apnea. -FC #7's admission assessment revealed he had a Vagal Nerve Stimulator (VNS) and a Continuous positive airway pressure (CPAP) machine.</p> <p>Review on 05/12/21 of client #3's record revealed: -24 year old male. -Admission date of 11/02/17. -Diagnoses of Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety.</p> <p>Review on 05/13/21 of client #3's ISP dated 03/15/21 revealed: "-Long Range Outcome: [Client #3] needs one on one support with a support staff for his health</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 2</p> <p>and safety at the group home or at the community. -[Client #3] is no longer allowed out in the community without supervision, due to him staying out past his designated time frames. [Client #3] has demonstrated inappropriate behaviors of being intoxicated, meeting with others in the community, walking in high crime areas, dressing inappropriate when in community putting his health and safety in jeopardy...[Client #3] has a history of eloping out of his bedroom window and has disabled his window alarm on several occasions. [Client #3] refuses to follow group home guidelines for allotted time frames to be out in the community...[Client #3's] behaviors have escalated recently and he has recently gotten out of jail from a 30 day stay, due to being charged with assault on a support staff at the group home...[Client #3] needs one on one support with a support staff for his health and safety when at the group home or in the community."</p> <p>Review on 05/12/21 of staff #1's personnel record and staff list revealed: - Date of hire: 05/09/15. - No documentation of VNS or CPAP training.</p> <p>Review on 05/13/21 of staff #2's personnel record revealed: - 05/07/18. - No documentation of VNS or CPAP training.</p> <p>Review on 05/12/21 and 05/13/21 of staff #3's personnel record and staff list revealed: - Date of hire: 09/09/17. - No documentation of VNS or CPAP training. - Worked 3rd shift 12 midnight to 8am and 4pm to 12 midnight. - Training in first aid completed on 12/02/17 and</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 3</p> <p>expired 12/2019.</p> <ul style="list-style-type: none"> - No current first aid training. <p>Review on 05/12/21 of staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of application: 05/05/21. - Agency orientation on 05/05/21. - No documentation of training in the management of eloping behaviors and aggressive/assaultive behaviors to meet the needs of the client. <p>Interview on 05/12/21 staff #4 stated:</p> <ul style="list-style-type: none"> - She had recently been hired by the facility to provide 1:1 for client #3 in the afternoons. - She had worked with client #1 at the day program. <p>Interview on 05/12/21 and 05/13/21 the Licensee stated:</p> <ul style="list-style-type: none"> - The nurse was supposed to provide training in VNS and CPAP for the staff but failed to do so. - She understood staff #4 needed to have training in meeting client #3's needs. - Staff working 3rd shift worked alone. - She understood staff that worked alone at the facility were required to have current first aide. <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p>	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 4</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have strategies in place to address behaviors prior to services affecting two of three audited former clients (FC) (#6 and #7). The findings are:</p>	V 111		
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Division of Health Service Regulation

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V 111	<p>Continued From page 5</p> <p>Review on 05/12/21 of FC #6's record revealed: -18 year old male. -Admission date 03/11/21. -Discharged date 04/19/21. -Diagnoses of Severe Manic Bipolar Disorder, Hypothyroidism, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, and Intellectual Developmental Disorder.</p> <p>Review on 05/12/21 of FC #6's of an admission assessment dated 03/08/21 revealed: -"Behavior Problems: Loses Temper Easily, Makes Verbal Threats, Runs Away." -No strategies were in place to address aggressive behaviors and level of supervision.</p> <p>Review on 05/12/21 of FC #7's record revealed: -23 year old male. -Admission date 04/05/21. -Discharge date 04/19/21. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder and Sleep Apnea.</p> <p>Review on 05/12/21 of FC#7's record revealed: -An admission assessment had been completed on 04/05/21 and did not have any strategies in place to address FC #7's medical history and aggressive behaviors. -The admission assessment did indicate FC #7 had a Vagal Nerve Stimulator (VNS) and a Continuous positive airway pressure (CPAP) machine. -No strategies in place to address the management of the VNS or CPAP machine.</p> <p>Review on 05/12/21 of the facility's daily client census revealed: -FC #6 was admitted to the hospital on</p>	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 6</p> <p>04/10/21-04/18/21. -FC #6 was discharged from the facility on 04/19/21.</p> <p>During interview on 05/12/21 staff #1 revealed: -FC #6 was refusing to take his medication. -FC #6 approached people in a aggressive manner. -FC #6 would scream and try to intimidate people. -FC #6 started threatening him and he stepped outside to call 911 for assistance. -The police came to the facility and FC #6 was involuntarily committed to the hospital and FC #6 did not return to the facility.</p> <p>During interview on 05/13/21 the Office Manager revealed: -FC #7 told staff he was having a seizure and Emergency Medical Services (EMS) was called. -EMS reported he was not having a seizure. -FC #7 was only at the facility for 4 days. -On the 5th day he was taken to the hospital. -FC #7's mother came to the facility because he was taking pictures of staff. -FC #7's mother checked his phone when she arrived to the facility and he got very angry. -FC #7 kicked his mom in the stomach and he took a rag and shoved it down his mouth and the police were called and he was taken to the hospital. -He did not return to the facility after he went to the hospital.</p> <p>During interview on 05/13/21 the Qualified Professional (QP) #1 revealed: -FC #7 had seizure disorder and sleep apnea. -FC #7 had a Vagal Nerve Stimulator and a Continuous Positive Airway Pressure (CPAP) machine. -FC #7 had a seizure and the staff working did</p>	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 7</p> <p>not know what to do and had not been trained on the VNS.</p> <p>-FC #7 did not stay at the facility very long because of his behaviors.</p> <p>-The police were called for an incident for FC #3 and he never returned to the facility.</p> <p>-The Licensee did not want her going to the facility due to Corona Virus Disease (COVID).</p> <p>During interview the Licensee revealed:</p> <p>-The QP #1 was responsible for completing the admission assessments.</p> <p>-The QP #1 had left her out of everything and was doing things she did not know about.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 111		
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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 8</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting two of three audited clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 05/12/21 and 05/13/21 of client #1's record revealed: - 44 year old female. - Admission date of 03/13/17. - Diagnoses of Mild Intellectual Developmental Disability, Schizoaffective Disorder, Bipolar Disorder, Compulsive Liar, Acne, Chronic Constipation and Diabetes Mellitus Type II. - Individual Support Plan (ISP) dated 05/01/20. - No strategies to address client #1's diabetes management.</p> <p>Review on 05/12/21 of client #1's annual exam dated 06/19/20 revealed: - Newly diagnosed Diabetes Mellitus Type II. - Metformin (treats diabetes) added to her medication regimen.</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 9</p> <p>- Check blood sugar values twice daily.</p> <p>Finding #2 Review on 05/12/21 of client #3's record revealed: -24 year old male. -Admission date of 11/02/17. -Diagnoses of Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety.</p> <p>Review on 05/13/21 of client #3's ISP dated 03/15/21 revealed: "-Long Range Outcome: [Client #3] needs one on one support with a support staff for his health and safety at the group home or at the community. -[Client #3] is no longer allowed out in the community without supervision, due to him staying out past his designated time frames. [Client #3] has demonstrated inappropriate behaviors of being intoxicated, meeting with others in the community, walking in high crime areas, dressing inappropriate when in community putting his health and safety in jeopardy...[Client #3] has a history of eloping out of his bedroom window and has disabled his window alarm on several occasions. [Client #3] refuses to follow group home guidelines for allotted time frames to be out in the community...[Client #3's] behaviors have escalated recently and he has recently gotten out of jail from a 30 day stay, due to being charged with assault on a support staff at the group home...[Client #3] needs one on one support with a support staff for his health and safety when at the group home or in the community."</p> <p>During interview on 05/13/21 a Managed Care Organization (MCO) representative revealed:</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She was driving near the facility and she saw client #3 running down the road at approximately 7:30am on 04/28/21. -She followed client #3 to his Day Program and client #3 was banging on the door. -No one was at the Day Program because the program was not open. -She called the facility office manager and she called client #3's Care Coordinator (CC). -She called the facility and spoke with staff #1 and he did not know client #3 was not at the facility. -The Licensee sent the CC an email and stated client #3 was at home during that time and he had not left the facility. -This was approximately the 3rd time client #3 had left the facility and went to the Day Program unsupervised. -The next day on 04/29/21 after he returned to the facility from the Day Program he eloped again and the police were called and he was found at a local store. -When he was brought back to the facility on the same day he eloped again and ran into the woods and the police were called and he was involuntary committed to the hospital. -In March 2021 client #2 had a level of care increase and was supposed to have a one on one support staff with him at all times and these incidents occurred after the level of care increase. <p>During interview on 05/13/21 the CC revealed:</p> <ul style="list-style-type: none"> -Client #3 was initially given unsupervised time at the facility because he wanted to gain independence and he was a loner. -The unsupervised time was removed in March 2021 because client #3 was going into "dumpster's", he was going to hotels and "bad parts" of the neighborhood. 	V 112		

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V 112	<p>Continued From page 11</p> <p>-"Where ever client #3 was going to be at he had to have a one on one staff with him at all times." -Client #1 had a check from work at the Day Program and he changed the check to \$2000.00 and cashed the check. The Federal Bureau of Investigation became invloved with the incident. -On March 15, 2021 the level of care increased and he required a one on one worker. -Client #3 had a incident in April 2021 and ran away from the facility at 7:30am and was seen by another MCO worker. -She called the group home and asked about client #3 running away that day and the staff did not know client #3 was not at the facility. -Staff #1 stated the one on one worker would not be at the facility until 3:00pm that afternoon. -Client #3 eloped from the facility again on 04/29/21 to a local store and the police were called. -He ran away again on 04/29/21 that day after the police escorted him back to the facility and the police were called again and he was sent to the hospital.</p> <p>Review on 05/13/21 of the email sent to the Licensee from the CC dated 04/28/21 revealed: -CC's email to Licensee-"Hello [Licensee], I am following up on a situation that my supervisor asked about. This morning at 7:30am, My supervisor informed me [Client #3] was spotted banging on the back door of [Day Program] trying to get in. I have contacted [Office Manager], New [Qualified Professional 2 (QP)], and group home new number that was provided by [Office Manager] last week. I have not gotten a response yet from anyone. If you can shed some light on this or can provide me with additional information related to this please let me know. Do you know if the group home still has an alarm system in place? I just have a couple questions."</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 12</p> <p>-Licensee's response to email-"I spoke with my staff in the morning and they said that [Client #3] was in the building at 7:30am."</p> <p>Review on 05/12/21 of the facility's Service notes revealed:</p> <p>"-QP saw [Client #3] walking back towards the kitchen to outside. [Client #3] then left the facility. QP asked staff to go look for [Client #3] around 3:55pm. When staff left to go look for [Client #3] QP saw [Client #3] walking past the facility. QP asked [Client #3] to come back inside. [Client #3] continued to walk down the road to the stop sign and turn around. QP asked [Client #3] to stay within sight of the home. [Client #3] did not respond and went inside the home and went to his room. 3-30-31</p> <p>-[Client #3] walked off from the facility and staff had to go and look for him when staff got back he was walking back to the facility. [Staff #3] 3/30/21 -4/1 [Client #3] went for his hour walk then came back and went to his room to watch tv [Staff #3].</p> <p>-[Client #3] went for his hour walk and then came back and went to his room 4/2 (2021) [Staff #3].</p> <p>-[Client #3] went for his hour walk and came back and went to his room. He was watching tv when I went to go check on him 4/16 (2021) [Staff #3].</p> <p>-[Client #3] left facility last night after another resident was making threats. After [Client #3] took his meds he went back to his room. [A former client] was still making harsh/threatening remarks towards [Client #3] left the facility. [Staff #5] staff on at the time tried to get [Client #3] to come back to facility he refused to come back. [Staff #5] walked back to the facility with [Client #3]. [Client #3] then went into his room and he stayed in his room and was check on afterwards. [Client #3] was checked on and was told if he felt threatened he call 911 for someone to come out. [Staff #5] 1st shift 4/10/21</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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V 112	<p>Continued From page 13</p> <p>-[Client #3] went for his hour walk and back went to his room and watch WWE(show) on his tv [Staff #3] 4/13 (2021)</p> <p>-[Client #3] went for a walk and after that [Client #3] went to his room and got on his computer while watching tv. [Staff #3] 4/19 (2021)</p> <p>-Medical Consultation Form dated 4/30/20-(New Patient) Trouble sleeping at night, has eloped from the facility at night, has panic attacks, easily angered, he's a loner. Stays in his room, has done property damage, at times can be very pleasant. Sending sleep log and med list. [paraprofessional]"</p> <p>During interview on 05/12/21 client #3 revealed:</p> <ul style="list-style-type: none"> -He did leave the facility and went to the day program. -He thought the staff knew he had left the facility. -He had left the facility 2 or 3 times. -Staff #4 was his one on one worker. <p>During interview on 05/12/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> -He was not working when client #3 eloped from the facility. -He was not aware of client #3 eloping from the facility any other times. <p>During interview on 05/12/21 staff #2 revealed:</p> <ul style="list-style-type: none"> -Client #3 did elope sometimes from the facility. -She had worked night shift and that was when he would elope the most. -She is not sure if client #3 was getting one on one on the weekends. -When client #3 returned from the hospital he left the facility. -Client #3's knows he should not have left the facility. -Client #3 used to have unsupervised time in the community but his guardian and the MCO took 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 112	<p>Continued From page 14</p> <p>that from him.</p> <p>During interview on 05/12/21 staff #4 revealed: -She was hired on 05/05/21 to be client #3's one on one worker. -She had been working with client #3 since 2018 at the day program. -She worked at the day program from 9:00am to 3:00pm and worked at the facility with client #3 from 3:00pm to 6:00pm. -Client #3 left the facility last month around 7:30am and walked to the day program because he had left something at the day program. -He was alone when he left the facility.</p> <p>During interview on 05/13/21 the QP #1 revealed: -She was not aware of the incident that happened with client #3. -Client #3 was not supposed to be alone without staff. -Client #3 had left the facility several times and the staff did not know he was not at the facility. -Client #3 was not supposed to be alone because he was going to hotels and getting intoxicated. -The CC had informed her client #3 had left the facility and went to the Day Program at 7:30am and the staff did not know he had left the facility. -Client #3 took his medication at 8:00am so she was uncertain if client #3 was getting his medication properly. -Client #3 was "not getting the one on one and the Licensee hired an old employee that was not properly trained and the staff did not do anything with [client #3]." -The Licensee did not have anyone on the weekends or in the mornings for one on one support for client #3. -Client #3 went to jail recently for writing a bad check. -She was concerned because "how was he (client</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 112	<p>Continued From page 15</p> <p>#3) doing all of these things if he had a one on one worker." -She had not been going to the facility because the Licensee told her not to go due to COVID.</p> <p>Interview on 05/12/21 and 05/13/21 the Licensee revealed: - She understood client #1's ISP needed to have strategies to help staff deal with diabetes management. -Client #3's treatment plan was implemented on 03/15/21 with a increased level of care and she had hired a man to do the one on one but client #3 did not like him. -She had been trying to get a one on one for client #3 but it had been hard because he did not get along with everyone. -She had just hired staff #4 to be client #3's one on one staff from 3:00-6:00pm. -She was working on getting a staff for the weekends to work with client #3. -She was making changes to provide the one on one support for client #3. -She had to continue to "make changes as he (client #3) changed." -The QP #1 was responsible for all of the changes on the ISP and signed off on the ISP. -The QP #1 was present during the meeting and she did not speak up on behalf of the agency. -The QP #1 should have told them in the meeting that she could not do one on one support staff. -The increased level of care did not pay for one on one support. -She had just found a lady that will work with client #3 on the weekends. -It was not easy finding a one on one staff for client #3. -She would "just have to figure it out."</p> <p>This deficiency is cross referenced into 10A</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 112	Continued From page 16 NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 05/12/21 of the facility Fire and Disaster drill log from July 2020 thru April 2021 revealed: - No fire drills documented for 2nd shift during the 1st quarter of 2021. - No disaster drills documented for 2nd or 3rd shift during the 1st quarter of 2021.	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 114	<p>Continued From page 17</p> <p>Interview on 05/12/21 client #1 stated:</p> <ul style="list-style-type: none"> - She had lived at the facility for several years. - She had completed and participated in fire and disaster drills in the past. - She could not recall the last time she completed a drill at the facility. <p>Interview on 05/12/21 the Office Manager stated:</p> <ul style="list-style-type: none"> - The facility had 3 shifts. - 1st shift was 8am-4pm. - 2nd shift was 4pm-12 midnight. - 3rd shift was 12 midnight-8am. <p>Interview on 05/13/21 The Licensee stated:</p> <ul style="list-style-type: none"> - She was aware fire and disaster drills were required to be completed quarterly and repeated on each shift. - She would follow up to ensure drills were completed as required. 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 18</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to administer medications as ordered by a physician and failed to keep the MARs current affecting three of three audited clients (#1, #3 and #4). The findings are:</p> <p>Finding #1: Review on 05/12/21 and 05/13/21 of client #1's record revealed: -44 year old female. -Admission date of 03/13/17. -Diagnoses of Mild Intellectual Developmental Disability, Schizoaffective Disorder, Bipolar Disorder, Compulsive Liar, Acne, Chronic Constipation and Diabetic.</p> <p>Review on 05/12/21 of a physician signed FL-2 for client #1 dated 01/25/21 revealed: -Check blood sugar values twice daily.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 19</p> <p>-Banophen (anti-itch) cream as needed.</p> <p>Review on 05/12/21 of client #1's blood sugar log for April 2021 revealed the following blanks: -04/15/21 in pm. -04/29/21 in am.</p> <p>Observation on 05/12/21 at approximately 12:10pm of client #1's medications revealed no Banophen cream was available for administration.</p> <p>Interview on 05/12/21 client #1 stated: -Staff checked her blood sugar values twice a day. -She received her medications as ordered.</p> <p>Finding #2: Review on 05/12/21 of client #3's record revealed: -24 year old male. -Admission date of 11/02/17. -Diagnoses of Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety.</p> <p>Review on 05/12/21 of client #3's physician orders and FL2 dated 12/07/20 revealed: 12/07/20 -Vitamin D3 5000 unit (daily supplement) Take 1 capsule by mouth every day. 03/19/21 -Buspirone 15mg (used to treat symptoms of anxiety) Take 1 tablet by mouth 3 times a day. -Quetiapine 100mg (used to treat schizophrenia) Take 1 and 1/2 tablets by mouth twice a day. -BENZTROPINE 2mg (used together with other medicines to treat the symptoms of Parkinson's disease) Take 1 tablet by mouth every evening. -Trazodone 100mg(used to treat major</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 118	<p>Continued From page 20</p> <p>depressive disorder) Take 1 tablet by mouth at bedtime.</p> <p>Review on 05/12/2021 of client #3's January 2021-May 2021 MARs revealed the following blanks:</p> <p>January 2021</p> <p>-Vitamin D3- 01/10/21, 01/11/21, 01/17/21, 01/18/21, 01/22/21-01/31/21, 02/01/21-02/08/21, 04/28/21, 05/03/21-05/05/21.</p> <p>-Buspirone 15mg- 01/08/21 at 8pm, 01/10/21-01/11/21 at 8:30am, 2:00pm and 8pm, 01/12/21-01/16/21 at 8pm, 01/17/21, 01/18/21 at 8:30am, 2:00pm and 8pm, 01/19/21-01/21/21 at 8pm, 01/22/21-01/31/21 at 8:30am, 2:00pm and 8pm, 02/01/21-02/07/21 at 8:30am, 2:00pm and 8pm, 02/08/21 at 8:30am and 2pm, 02/13/21-02/14/21 at 2pm, 04/27/21-04/30/21 at 2pm, 04/30/21 at 8pm, 05/03/21-05/05/21 at 8:30am and 2:00pm, 05/10/21 at 8pm, 05/11/21 at 8pm.</p> <p>-BENZTROPINE 2mg- 01/08/21-01/31/21, 02/01/21-02/07/21, 05/01/21-05/05/21, 05/10/21, 05/11/21.</p> <p>-Trazadone 100mg- 01/08/21-01/31/21, 02/01/21-02/07/21, 05/01/21-05/04/21, 05/10/21, 05/11/21.</p> <p>-Quetiapine 150mg- 01/15/21-01/31/21 at 8am and 8pm, 04/28/21 at 8am, 05/03/21-05/05/21 at 8am and 8pm, 05/10/21 at 8am and 8pm.</p> <p>During interview on 05/12/21 client #3 revealed:</p> <p>-He received his medication daily.</p> <p>-He came back to the facility at 2:00pm to get his medication because the day program no longer gave medication.</p> <p>Finding #3: Review on 05/12/21 of client #4's record revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 118	<p>Continued From page 21</p> <p>-20 year old male. -Admission date of 05/04/21. -Diagnoses of Intermittent Explosive Disorder, Bipolar, Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 05/12/21 of client #4's FL2 dated 04/26/21 revealed: -Trazodone 100mg (used to treat major depressive disorder) Take 1 tablet by mouth at bedtime for sleep as needed. -Benztropine MES 1mg(used together with other medicines to treat the symptoms of Parkinson's disease) Take 3 tablets by mouth twice a day. -Atomoxetine HCL 25mg (used to treat attention deficit hyperactivity disorder) take twice a day. -Lamotrigine 25mg (used to delay mood episodes in adults with bipolar disorder) nightly.</p> <p>Review on 05/21/21 of the medication labels and the May 2021 MAR revealed: -Trazodone 100mg Take 1 tablet by mouth at bedtime for sleep. -Benztropine MES 1mg Take 3 tablets by mouth every night. -Atomoxetin HCL 40mg Take 1 capsule by mouth once a day. -Lamotrigine 100mg Take 1 tablet by mouth twice daily.</p> <p>During interview on 05/12/21 client #4 revealed: -He did not know what medication he was taking. -He did get medication everyday.</p> <p>During interview on 05/13/21 the Licensee revealed: -The medications for client #4 were the medications he had at the time of admission. -They did not have any orders for client #4 because he was a new client and they did not get</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 118	Continued From page 22 the orders from the family when he was admitted. - She understood the MARs needed to be current. 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 is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 133	<p>Continued From page 23</p> <p>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 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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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V 133	<p>Continued From page 24</p> <p>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"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 133	<p>Continued From page 25</p> <p>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 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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 133	<p>Continued From page 26</p> <p>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 subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(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>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 133	<p>Continued From page 27</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request state criminal back ground checks within five business days of employment for two of six audited staff (#4 and Qualified Professional (QP) #2). The findings are:</p> <p>Review on 05/12/21 of staff #4's personnel record revealed: - Date of application: 05/05/21. - Agency orientation on 05/05/21. - No documentation of a request for a statewide criminal background check.</p> <p>Review on 05/13/21 of QP #2's personnel record revealed: - Date of hire: 03/08/21. - Agency Orientation 03/08/21. - No documentation of a request for a statewide criminal background check.</p> <p>Interview on 05/13/21 the Licensee stated: - Staff #4 had recently started working 1:1 with client #3 in the afternoons. - Staff #4 and QP #2 worked at other agencies. - She understood the facility was required to request a statewide criminal check on each new hire.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 133		
V 289	27G .5601 Supervised Living - Scope	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 289	<p>Continued From page 28</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than</p>	V 289		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 289	<p>Continued From page 29</p> <p>three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations the facility failed to provide supervised living in a 24-hour facility which provides residential services to individuals who have a mental illness and/or other disabilities and who require supervision when in the residence affecting 3 of 3 audited current clients (#1, #3 and #4) and 3 of 3 former clients (FC) clients (FC #5, FC #6 and FC #7). The findings are:</p> <p>A. Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENT (V108). Based on record review and interview, the facility failed to ensure staff completed employee training as required for 4 of 4 paraprofessional staff (#1, #2,</p>	V 289		
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Division of Health Service Regulation

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V 289	<p>Continued From page 30 #3 and #4).</p> <p>B. Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on record review and interview, the facility failed to have strategies in place to address behaviors prior to services affecting two of three audited former clients (FC) (#6 and #7).</p> <p>C. 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 based on assessment affecting two of three audited clients (#1 and #3).</p> <p>D. Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118). Based on record reviews, observation and interviews the facility failed to administer medications as ordered by a physician and failed to keep the MARs current affecting three of three audited clients (#1, #3 and #4).</p> <p>E. Cross Reference: G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT (V133). Based on record reviews and interview the facility failed to request state criminal back ground checks within five business days of employment for two of six audited staff (#4 and Qualified Professional (QP) #2).</p> <p>F. Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366). Based on record reviews and interviews the facility failed to implement written policies</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 289	<p>Continued From page 31 governing their response to level I incidents.</p> <p>G. Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367). Based on record review and interview the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required.</p> <p>H. Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (V536). Based on record reviews and interview, the facility failed to ensure two of six audited staff (#4 and the Qualified Professional (QP) #2) had training in the use of alternatives to restrictive interventions.</p> <p>I. Cross Reference: 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (V537). Based on record reviews and interviews, the facility failed to ensure 2 of 6 audited staff (#4 and the Qualified Professional (QP) #2) received training in seclusion, physical restraint and isolation time-out prior to providing services.</p> <p>Review on 05/13/21 of the Plan of Protection dated 05/13/21 and completed by the Licensee: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -Describe your plans to make sure the above happens. 1. All clients with medical concerns will have that addressed in their treatment plans by 5/18/21. 2. All clients will have a valid treatment plan by 5/18/21. 3. All staff will re-retrained on medication ADMINISTRATION, NCI, AND INCIDENT REPORTING BY 5/22/21.</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 289	<p>Continued From page 32</p> <p>4. [Office Manager] will contact the physician to ensure the agency receives parameters for blood glucose monitoring 5/14/21.</p> <p>5. The Administrator will review all personnel files by 5/17/21 and ensure that all criminal record checks are completed.</p> <p>6. An admission assessment will be completed for any resident admitted within the past 30 days.</p> <p>7. All staff that need CPR/FIRST Aid will be trained by 5/22/21.</p> <p>8. Staff will be trained on emergency drills and they will be completed quarterly on each shift.</p> <p>9. The agency nurse will review all MARS (medication administration records) by 5/19/21."</p> <p>Clients #1, #3 #4 and former clients #5-#7 had diagnoses which included Mild Intellectual Developmental Disability, Schizoaffective Disorder, Bipolar Disorder, Compulsive Liar, Diabetic, Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety. Behaviors exhibited by the individuals included elopement, aggressive behaviors and threatening harm to others. The behaviors were not addressed in the admission assessments or through the development and implementation of strategies or staff training. Client #3 was required to have 1:1 supervision and would often leave the facility without staff's permission and go to local hotels, dig through dumpsters and go to the day program. Multiple times the staff did not know client #3 had left the facility. Staff at the facility had not been trained for specific behaviors and medical needs which included Vagal Nerve Stimulator and Continuous positive airway pressure (CPAP) machine training and aggressive behaviors exhibited by the clients.</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 289	Continued From page 33 Client #3's medication administration record had numerous blanks and it could not be determined if client #3 was receiving his medication as prescribed. The systemic failures of the facility included the failure to implement and develop strategies, address behaviors and medical needs of the clients. The failure to implement 1:1 supervision for client #3 and the failure to train staff to meet the clients' needs. The failure to provide medications as ordered, and the failure to assess and document incidents and report incidents as required. The failure to document and determine the cause of incidents and to implement corrective actions for incidents. There was also the failure to ensure two of six audited staff (#4 and the Qualified Professional (QP) #2) had training in the use of alternatives to restrictive interventions and received training in seclusion, physical restraint and isolation time-out prior to providing services. This constitutes a Type A1 rule violation for serious neglect 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 23rd day.	V 289		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 366	<p>Continued From page 34</p> <p>of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 366	<p>Continued From page 35</p> <p>internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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(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 366	<p>Continued From page 36</p> <p>for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement written policies governing their response to level I and II incidents. The findings are:</p> <p>See Tag V367 for specific details.</p> <p>Review on 05/12/21 of the North Carolina Incident Response Improvement System (IRIS) revealed: -One incident had been reported in IRIS dated 04/28/21 and was for client #3.</p> <p>Interview on 05/13/21 the Licensee revealed: -She attempted to complete an incident report for Former Client #3. -"The IRIS system would not take the report." -For the rest of the incidents the staff were responsible for completing. -The staff had received training on how to complete reports in the IRIS system and "the staff are not doing their job."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 366	Continued From page 37 days.	V 366		
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> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <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> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 38</p> <p>(2) the provider obtains information required on the incident form that was previously 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</p>	V 367		
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Division of Health Service Regulation

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V 367	<p>Continued From page 39</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 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:</p> <p>Review on 05/12/21 of the North Carolina Incident Response Improvement System (IRIS) revealed: -One incident dated 04/28/21 for client #3 had been completed in IRIS.</p> <p>Finding #1 Review on 05/12/21 of client #3's record revealed: -24 year old male. -Admission date of 11/02/17. -Diagnoses of Selective Mutism, Autism Spectrum Disorder, Unspecified Schizophrenia, Post Traumatic Stress Disorder and Anxiety.</p> <p>During interview on 05/13/21 a Managed Care Organization (MCO) representative revealed: -She was driving near the facility and she saw client #3 running down the road at approximately 7:30am on 04/28/21. -She followed client #3 to his Day Program and client #3 was banging on the door.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 40</p> <ul style="list-style-type: none"> -No one was at the Day Program because the program was not open. -She called the facility office manager and she called client #3's Care Coordinator (CC). -She called the facility and spoke with staff #1 and he did not know client #3 was not at the facility. -The Licensee sent the CC a email and stated client #3 was at home during that time and he had not left the facility. -This was approximately the 3rd time client #3 had left the facility and went to the Day Program unsupervised. -The next day on 04/29/21 after he returned to the facility from Day Program he eloped again and the police were called and he was found at a local store. -When he was brought back to the facility on the same day he eloped again and ran into the woods and the police were called and he was involuntary committed to the hospital. -In March 2021 client #2 had a level of care increased and was supposed to have a one on one support staff with him at all times and these incidents occurred after the level of care increase. <p>Finding #2 Review on 05/12/21 of FC #6's record revealed:</p> <ul style="list-style-type: none"> -18 year old male. -Admission date 03/11/21. -Discharged date 04/19/21. -Diagnoses of Severe Manic Bipolar Disorder, Hypothyroidism, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, and Intellectual Developmental Disorder. <p>During interview on 05/12/21 staff #1 revealed:</p> <ul style="list-style-type: none"> -FC #6 was refusing his medication. 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 41</p> <ul style="list-style-type: none"> -FC #6 approached people in a aggressive manner. -FC #6 would scream and try to intimidate people. -FC #6 started threatening him and he stepped outside to call 911 for assistance. -The police came to the facility and FC #6 was involuntarily committed to the hospital and FC #2 did not return to the facility. <p>Finding #3 During interview on 05/13/21 the Office Manager revealed:</p> <ul style="list-style-type: none"> -FC #7 told staff he was having a seizure and Emergency Medical Services (EMS) was called. -EMS stated he was not having a seizure. -FC #7 was only at the facility for 4 days. -On the 5th day he was taken to the hospital. -FC #7's mother came to the facility because he was taking pictures of staff. -FC #7's mother checked his phone when she arrived at the facility and he got very angry. -FC #7 kicked his mom in the stomach and he took a rag and shoved it down his mouth and the police were called and he was taken to the hospital. -FC #7 did not return to the facility after he went to the hospital. <p>Interview on 05/13/21 the Licensee revealed:</p> <ul style="list-style-type: none"> -She attempted to complete a report for FC #3. -The IRIS system would not take the report. -For the rest of the incidents the staff were responsible for completing. -The staff had received training on how to complete reports in the IRIS system and "the staff are not doing their jobs." <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1</p>	V 367		

Division of Health Service Regulation

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V 367	Continued From page 42 rule violation and must be corrected within 23 days.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 43</p> <p>following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 44</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 45</p> <p>outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure two of six audited staff (#4 and the Qualified Professional (QP) #2) had training in the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 05/12/21 of staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of application: 05/05/21. - Agency orientation on 05/05/21. - No documentation for training in the use of alternatives to restrictive interventions prior to providing services. <p> </p> <p>Review on 05/13/21 of QP #2's personnel record revealed:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 536	<p>Continued From page 46</p> <ul style="list-style-type: none"> - Date of hire: 03/08/21. - Agency Orientation 03/08/21. - No documentation for training in the use of alternatives to restrictive interventions prior to providing services. <p>Interview on 05/13/21 the Licensee stated:</p> <ul style="list-style-type: none"> - Staff #4 was hired from another agency to provide one to one services for client #3. - Staff #4 had training in the use of alternatives to restrictive interventions from another agency. - Staff #4's agency would not release her training. - QP #2 worked for another agency and was in training at the facility. - She did not have any documentation of QP #2's training in the use of alternatives to restrictive interventions. - She understood all staff needed to have current training in the use of alternatives to restrictive interventions in order to provide services to the clients. - She had training scheduled for the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 47</p> <p>staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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V 537	<p>Continued From page 48</p> <p>incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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(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 537	<p>Continued From page 49</p> <p>observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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(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
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V 537	<p>Continued From page 50</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 6 audited staff (#4 and the Qualified Professional (QP) #2) received training in seclusion, physical restraint and isolation time-out prior to providing services. The findings are:</p> <p>Review on 05/12/21 of staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of application: 05/05/21. - Agency orientation on 05/05/21. - No documentation in training in seclusion, physical restraint and isolation time-out. <p>Review on 05/13/21 of QP #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 03/08/21. - Agency Orientation 03/08/21. - No documentation in training in seclusion, physical restraint and isolation time-out. <p>Interview on 05/13/21 the Licensee stated:</p>	V 537		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2021
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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V 537	<p>Continued From page 51</p> <ul style="list-style-type: none"> - Staff #4 was hired from another agency to provide one to one services for client #3. - Staff #4 had training in seclusion, physical restraint and isolation time-out from another agency. - Staff #4's agency would not release her training. - QP #2 worked for another agency and was in training at the facility. - She did not have any documentation of QP #2's training in seclusion, physical restraint and isolation time-out. - She understood all staff needed to have current training in seclusion, physical restraint and isolation time-out in order to provide services to the clients. - She had training scheduled for the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .5601 SCOPE (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 537		