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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 5/28/21. The complaint (# NC177174) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105		

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V 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

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V 105	Continued From page 2 Based on record reviews and interviews, the facility failed to implement standards of practice that assured compliance with the licensee's policy on abuse, neglect and exploitation for 1 of 2 clients (Client #1). The findings are: Review on 5/27/21 of Licensee's Policy on Abuse, Neglect and Exploitation revealed: -" ...Internal reporting-All employees will immediately report any allegation or suspicion of abuse, neglect or exploitation or any bruising or injury of unknown source to the first supervisor in the chain of command that is not involved in the incident. After reporting internally, proceed with external reporting. An incident report form will be completed and submitted according to operation incident reporting policy ..." Review on 5/27/21 of Abuse and Neglect power point presentation by Program Manager at facility staff meetings revealed: "..types of abuse-VERBAL- the act of insulting or profane language or gestures directed toward an individual that subject him or her to humiliation or degradation. Course, loud tone or with language that is perceived by an individual as offending or threatening ...STAFF RESPONISIBLITY IN THE REPORT OF ALLEGED ABUSE, NEGLECT OR EXPLOITATION. All staff are responsible for: -ensuring safety of the individuals -immediately reporting suspected abuse, neglect, exploitation to supervisor -completing incident report ..." Review on 5/27/21 of corrective action form to FS #2 on 3/11/21 revealed: -" ...Specifically on 3/4/21 you documented giving one of the clients you serve a shower, however upon further investigation after receiving a report, it was discovered that he had not received a	V 105		

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V 105	Continued From page 3	V 105		

shower on the date/time you had documented. Also on 3/8/21 your supervisor observed you screaming at a consumer from the office as you walked towards him. You were observed screaming "STOP SCREAMING *****" as you were walking towards him as well as when you were standing over him ...you are hearby issued a Counseling Statement. Any additional failure to complete assigned tasks will result in further corrective action, up to and including release from employment ...
-this corrective action was not signed.
-No internal incident report was completed regarding the alleged verbal abuse.

Review on 5/27/21 of an email from the Qualified Professional to Human Resources (HR) Representative on 3/15/21 revealed:
-Subject: [FS #2] CA (corrective action) attached. "I wasn't sure what level this would be so I left that part blank. Please let me know if you need me to do anything additional."

Review on 5/27/21 of corrective action form to FS #2 on 5/5/21 revealed:
-" ...Specifically on 3/4/21 you documented giving one of the clients you serve a shower, however upon further investigation after receiving a report, it was discovered that he had not received a shower on the date/time you had documented. Also on 3/8/21 your supervisor observed you screaming at a consumer from the office as you walked towards him. On 4/29/21, you Residential Manager [House Manager] had a verbal discussion with you about the inappropriateness (and non-allowable) volume towards clients. Immediately after this discussion, it was reported that you were using inappropriate volume again. Lastly on 5/4/21 during monthly staff meeting, an in-service was done on Abuse and Neglect,

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V 105	Continued From page 4 specifically verbal abuse and the different examples. That same afternoon, you were heard using inappropriate volume with a consumer during a behavior ....you are herby issued a Final Written Warning ..." signed by the House Manager, FS #2, HR Representative and the Executive Director. -No internal incident report was completed regarding the alleged verbal abuse. Interview on 5/26/21 and 5/27/21 with the Program Manager revealed: -"I just did a training on abuse/neglect at our monthly staff meeting this morning. We talk about abuse and neglect at every staff meeting." -Incident reports were completed if there was actually an injury to a person. -"We haven't been doing incident reports for verbal but physical injury only. -"No incident reports were completed prior to 5/10/21- we typically don't do report for verbal abuse." -"The QP completes a CA (corrective action) sends to Human Resources and copy's Program manager. If the QP hasn't heard back from HR they should follow up." -"A CA was completed for [FS #2] but no incident report. -He trained on completing incident reports for physical abuse and marks of unknown origin.	V 105		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly	V 117		

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V 117	Continued From page 5 visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all prescription medications available for administration were not expired and contained a current dispensing date for 2 of 2 clients (Client #1 and Client #2). The findings are: Record review on 5/26/21 of March- May 2021 MARs for Client #1 revealed: -received Ketoconazole cream daily.	V 117		

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V 117	Continued From page 6 Record review on 5/26/21 of March-May 2021 MARs for Client #2 revealed: -received Eucerin Cream and Fluticasone spray daily. Observation at 12:30pm on 5/26/21 of medication container for Client #1 revealed: -Ketoconazole Cream 2% with dispense date of 3/27/20 expiring on 3/27/21. -Caldyphen lotion with dispense date of 1/7/19 expiring on 1/7/20. -Nystatin powder with dispense date of 1/7/19 expiring on 1/7/20. -Anti diarrheal tab unopened box 12 tabs 2mg with dispense date of 4/15/20 expiring on 4/15/21. Observation at 12:45pm on 5/26/21 of medication container for Client #2 revealed: -Eucerin cream with dispense date of 3/29/20 expiring on 3/29/21. -Fluticasone spray with dispense date of 5/3/20 expiring on 5/3/21. -Terbinafine cream 1% with dispense date of 1/7/19 expiring on 1/7/20. -Nystatin Powder with dispense date of 1/7/19 expiring on 1/7/20. Interview on 5/26/21 with the House Manager revealed: -had just completed her medication review in a sister facility and this facility was next. -Staff were supposed to also monitor expiration dates when they administered medications.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 7 (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep MAR current affecting 2 of 2 clients (Client #1 and Client #2). The findings are:	V 118		

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V 118	Continued From page 8 Record review on 5/26/21 for Client #1 revealed: -Date of admission -9/8/15 -Diagnosis - moderate intellectual/developmental disability, Hypertension, potassium deficiency, diabetes, hyperlipidemia, Bipolar Disorder, recurrent depressive episode -Physician ordered medication included: -Ketoconazole Cream 2%-apply to affected area topically once daily. Review on 5/26/21 of MARs for 3/1/21-5/25/21 revealed: -Ketoconazole had no initials on 3/6/21 or 5/6/21. Record review on 5/26/21 for Client #2 revealed: -Date of admission -10/31/91 -Diagnosis - moderate intellectual/developmental disability, Schizoaffective Disorder, Obsessive Compulsive Disorder, Hypertension, borderline hypercholesterolemia, Hypothyroidism, unspecified Dementia with behavioral disturbances, neuroleptic induced Parkinson's -Physician ordered medication included: -Eucerin Cream-apply to affected area of dry skin on face twice daily. -Fluticasone Spray 50mcg-instill 2 sprays in each nostril once daily. Review on 5/26/21 of MARs for 3/1/21-5/25/21 revealed: -Eucerin Cream had no initials on 3/6/21. -Fluticasone had no initials on 3/6/21. Interview on 5/26/21 with the House Manager revealed: -all of these missed medications were on the TAR (Treatment Administration Record). Staff sometimes forgot to click over to the TAR after administering medications from the MAR. She had even missed review of the TAR before.	V 118		

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V 118	Continued From page 9 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
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	V 536		

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V 536	Continued From page 10 the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training	V 536		

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V 536	Continued From page 11 Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor	V 536		

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V 536	Continued From page 12 training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 1 of 1 former staff (FS #2). The findings are: Record review on 5/26/21 for FS #2 revealed: -date of hire- 2/17/20 as direct support staff. -date of separation- 5/13/21 -You're Safe I'm Safe, alternative to restrictive intervention training was completed on 3/10/20 -no annual or updated training was completed.	V 536		

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V 536	Continued From page 13 Interview on 5/27/21 with the Qualified Professional revealed: -she was responsible for making sure trainings were kept current. -she was not aware FS #3's training had expired in March 2021.	V 536		