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V 000	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on June 3, 2021. The complaint was unsubstantiated (intake #NC00176928). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment For Children & Adolescents.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure: a) one of four audited staff (#3) met the minimum level of education requirements; and b) two of four audited staff (#3 and #4) received training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are: Review on 6/3/21 of Staff #2's personnel record revealed: -Hire date of 6/24/20. -Staff #2 was hired as a Paraprofessional. -Hours: 7:00 PM- 7:00 AM. Monday through Friday and every other weekend. -There was no evidence of special population training. Review on 6/3/21 of Staff #3's personnel record revealed: -Hire date of 4/19/21. -Staff #3 was hired as a Paraprofessional. -Hours: 7:00 PM- 7:00 AM. Monday through Friday and every other weekend. -There was no evidence of a high school diploma or degree. -There was no evidence of special population training. Interview on 6/3/21 with the Director revealed: -Training on Special Population was scheduled	V 108		

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V 108	Continued From page 2 for July 2021. -Staff #2 was hired after the last special population training which was done in March of 2020. -Staff #3 was recently hired in April and would be attending the upcoming training in July 2021. -Staff #3 had received his Graduate Equivalency Degree but had not been able to get the record from the school. He was in the process of obtaining it. -He confirmed the educational credentials and trainings were not in the personnel record.	V 108		
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 interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The	V 114		

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V 114	Continued From page 3 findings are: Review on 6-3-21 of the facility's fire drill log revealed the following: -5-23-21 at 1:45pm. -5-12-21 at 5:30pm. -4-17-21 at 7:30pm. -4-8-21 at 2:30pm. -3-21-21 at 6pm. -3-5-21 at 4pm. -2-20-21 at 1pm. -2-13-21 at 8:30pm. -2-15-21 at 8pm. -1-13-21 at 8:30pm. -1-13-21 at 2:30pm. -12-14-20 at 8:45pm. -12-14-20 at 11:10am. -12-12-20 at 8:30am. -During the 1st, 2nd and 3rd quarter of 2020 there was no evidence of the completion of fire drills. Review on 6-3-21 of the facility's disaster drill log revealed the following: -12-13-20 @ 9am for a Bomb Threat. -12-3-20 @ 4:35pm for Unwanted Guest. -During the 1st quarter of 2021 there was no evidence of completed disaster drills. -During the 1st, 2nd and 3rd quarters of 2020 there was no evidence of completed disaster drills. Interview on 6-3-21 with the Director revealed: -Shifts for the group home were 7am-7pm and 7pm-7am for weekday and weekends. -The documentation for year 2020 was removed from the log. -He confirmed that he did not have the documentation to demonstrate fire and disaster drills were conducted to simulate emergencies.	V 114		

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V 118	Continued From page 4	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (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.	V 118		

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V 118	Continued From page 5 This Rule is not met as evidenced by: Based on records review, observation and interview the facility failed to have physician orders for administered medications affecting one of three audited clients (client #2). The findings are: Review on 6/3/21 of client #2's record revealed: -Admission date of 8/20/19. -Diagnoses of Mild Intellectual Disability, Autistic Disorder, Attention Deficit and Hyperactivity Disorder, 7 Duplication Syndrome, Tourette's Syndrome, Conduct Disorder and Anxiety. Review on 6/3/21 of client #2's physician orders revealed: -No physician order for Vitamin D 5000. Observation on 6/3/21 at 12:30pm of client #2's medication packages revealed: -Medication Vitamin D 5000 bottle was available. Review on 6/3/21 of client #2's Medication Administration Records for April 2021 through June 2021 revealed: -Staff administered medication daily. -Staff initialed in the grids to indicate medications was administered. Interview on 6/3/21 with the Director revealed: -Client's grandparents took client to appointment and did not provide any documentation. -Medicaid charged kickback for filling over the counter medications. -He stated that grandparents purchased and provided to group home. -He confirmed staff failed to follow the physician order for client #2.	V 118		

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V 131	Continued From page 6	V 131		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of four staff (#1). The findings are: Review on 6/3/21 of Staff #1's Personnel record revealed: -Hire date of 12/5/19. -Staff #1 was hired as a Paraprofessional. -HCPR was completed on 3/18/20. Interview on 6/3/21 with the Director revealed: -He was aware that the HCPR check for Staff #1 had been conducted after his hiring date. -Staff #1 also worked at other sister facilities. He believed this deficiency had been previously noted at one of the other facilities that had been previously surveyed. -He confirmed the HCPR check was not completed for Staff #1 prior to hire.	V 131		

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V 133	Continued From page 7	V 133		
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 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	V 133		

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V 133	Continued From page 8 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 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. (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:	V 133		

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(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.
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.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
(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.
(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.
(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

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V 133	Continued From page 10 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 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.	V 133		

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V 133	Continued From page 11 (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. (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: (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. (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.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four staff (#1). The findings are: Review on 6/3/21 of Staff #1's Personnel record revealed: -Hire date of 12/5/19. -Staff #1 was hired as a Paraprofessional. -Criminal background check for Staff #1 was	V 133		

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V 133	Continued From page 12 completed on 3/16/20. Interview on 6/3/21 with the Director revealed: -He was aware that the criminal background check for Staff #1 had been conducted after his hiring date. -Staff #1 also worked at other sister facilities. He believed this deficiency had been previously noted at one of the other facilities that had been previously surveyed. -He confirmed the criminal background check was not requested within five business days of making the conditional offer of employment for Staff #1.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident;	V 367		

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V 367	Continued From page 13 (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided.	V 367		

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V 367	Continued From page 14 The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: Review on 6/3/20 of Client #1's record revealed: -Admission date of 4/30/19. -Diagnoses of Mild Intellectual Disability, Autism Spectrum, Post-traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder-Combined presentation.	V 367		

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V 367	Continued From page 15 Review on 6/3/20 of Client #3's record revealed: -Admission date of 11/7/18. -Diagnoses of Attention Deficit Hyperactivity Disorder; Reactive Attachment Disorder, Inhibited Type; Oppositional Defiant Disorder, Childhood Onset. Review on 6/3/20 of the Facility's Incident Report Form on Client #1 dated 5/14/21 revealed: -"After a few moments of client being upstairs, staff heard a loud banging coming from the client's room and staff immediately ran upstairs only to find the client sitting in front of a glass door in his room with his head on the glass indicating he had been banging his head against the door. Staff immediately ran over to where the client was sitting and restrained him on the bed directing to the client that he would not be released until he was calm. Client then started screaming loudly and doing more yelling and cursing while all at the same time being very aggressive while being restrained by staff. After client continued to be aggressive and irritable through the restraint, staff continued to restraint the client while all at the same time calling [The Director] letting him know what was going on with the client. Staff then released the client and left him laying on his bed crying. Staff went downstairs and left the client in his room to continue to get himself together. A few minutes later [The Director] arrived to the home and went to counsel the client about the actions and what led to them. [The Director] left, leaving the client in his room by himself and at this time the client had calmed down and was quiet again." Review on 6/3/20 of the Facility's Incident Report Form on Client #3 dated 5/14/21 revealed: -"The client threatened that if I came any closer he would knock me out. As I stepped closer the	V 367		

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V 367	Continued From page 16	V 367		

client rose from the dining table he was sitting and struck me in the side of my head and I immediately grabbed the client and began to tussle with him to be able to restrain him. The more I began to tussle with the more he took swings at me striking me in my head. I restrained client a few more moments until I realized I would be with him for a while and the only for me to actually calm him down would be to fight him or restraint him in a way that might cut off his breathing circulation. I rolled-up off the floor and proceeded to go outside to call [The Qualified Professional] and as I was walking out the door, the client flipped over the dining room table and proceeded to run outside behind me chasing me trying to involve him and myself in more physical alteration. I avoided contact with client because I did not was to physically harm him. He began using racial slurs towards me. The client also shouted the words "I'm going to kill you, I'm going to stab you." During all of this the client was still charging towards me in anger while I waited for additional assistance from another male staff that was close by. As he was charging me, another client from the same home, also [Client #3's] roommate came outside actually trying to help get [Client #3] to calm down and in the midst of that, [Client #3] became very aggressive towards his roommate, which he is close and began to punch him repeatedly. The other client wrestled with [Client #3] for a while and began to punch him back. The other client was not in any danger, in fact, he actually restrained [Client #3] to the point where [Client #3] could not move. The struggle between the two clients left [Client #3] struck in the mouth which caused him to bleed quite a bit. [Client #3] escaped the other client and began to walk towards the back of the house. I followed [Client #3] and directed him several times not to continue movement. I continued to keep my

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V 367	Continued From page 17 distance from the client because he was aggressive. he began crawling over fence after fence until he disappeared out of my eyesight. [The Qualified Professional] arrived shortly and went to retrieve him and took him to the fifth street location." Review on 6/3/20 of the North Carolina Incident Response Improvement System (IRIS) revealed: -There were no reports made from this facility from 4/11/21 to 6/3/21. Interview on 6/3/20 with Client #1 revealed: -They treated him well at the house. -He denied staff ever hurting him or others at the house. -He got along well with staff and other clients at the house. -He felt safe at the house. Interview on 6/3/20 with the Director revealed: -The Qualified Professional was responsible for submitting incident reports to IRIS. -He was aware of only one incident that was a true restraint. He had given the information to the Qualified Professional in order to submit it to IRIS. -He was unaware that the report was not in the system. He was going to follow-up with his QP. -He acknowledged that there were no reports in IRIS that reflect any restraints made at the house. -Regarding the other incident, he reported that it was not a true restraint and that staff may had used the wrong language when he made the incident report. -Staff reported to him that he was holding the client's back in an attempt for him not to hit his head. -He acknowledged that the report stated that the child was restrained.	V 367		

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V 367	Continued From page 18 -He was going to train staff regarding appropriate "Medicaid safe words."	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 6/3/21 at 12:45 PM of upstairs' bedroom second to the right revealed: - Repaired patches on door were starting to pull apart. Observation on 6/3/21 at 12:48 PM of upstairs' bedroom on the left revealed: -There was poor lighting inside the walk-in closet. Light tubes were too dimmed and needing to be changed. There was also a repaired section of drywall where sheet rock was not fully flushed against the wall. Unfinished patch work. Observation on 6/3/21 at 12:50 PM of the upstairs bathroom revealed: -Flooring by the tub was very soft. Flooring seemed to have rotten due to water damage.	V 736		

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V 736	Continued From page 19 -Air conditioning vents were rusted. Observation on 6/3/21 at 12:55 PM of upstairs' bedroom first to the right revealed: -Curtain by window was bent. -There was dent/hole on wall by the bed. Observation on 6/3/21 at 1:05 PM of the Downstairs bathroom revealed: -Air Conditioning vent was rusted. -There were repaired patches on the tub that were starting to pull apart. Observation on 6/3/21 at 1:08 PM of the downstairs' bedroom located to the left of the bathroom revealed: -There were significant water damage on the ceiling of the walk-in closet from the upstairs bathroom. There was Mold/Mildew observed. Observation on 6/3/21 at 1:20 PM of the front of the house revealed: -There was an overgrown tree encroaching into the home and blocking the upstairs window. -Rain gutters had plants growing in them. -The front door was dirty/scratched/stained. Glass had a crack. Observation on 6/3/21 at 1:25 PM of the left side of the house revealed: -There were two sidings that had a couple of holes in them (between 1 ½ inches to 2 inches long). Observation on 6/3/21 at 1:28 PM of the back of the house revealed: - Wood frames of doors had paint peeling and wood was rotten. -Railing to the upstairs room was lose. -Rain gutter was missing half of the tube.	V 736		

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V 736	Continued From page 20 Observation on 6/3/21 at 1:30 PM of the right side of the house revealed: -There were overgrown trees encroaching into the house. Need to be trimmed. Interview on 6/3/21 with Staff #1 revealed: -He was aware of some minor maintenance issues at the house. They have been reported to management and awaiting to be fixed. Interview on 6/3/21 with the Director revealed: -Facility was responsible for doing maintenance to the house. -He believed some of the trees that needed to be trimmed belonged to the neighbor. -Information would be shared regarding report made in order to fix things that needed to be fixed. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		