

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2021
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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 21, 2021. The complaint was substantiated (intake #NC00176462). Deficiencies were cited.</p> <p>This facility is licensed for the follow service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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[Handwritten Signature] 6/7/21

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V 109	<p>Continued From page 1</p> <p>for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of one Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (Tag 112) Based on record reviews and interviews, facility staff failed to implement the treatment plan for one of three current clients (#1) and facility staff failed to ensure one of four former clients (#4) had strategies to address his needs and behaviors.</p> <p>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag 366) Based on record reviews and interview, the facility failed to develop and implement a policy governing their response to Level II incidents as required.</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 109	<p>QP will ensure treatment plan is being implemented for all current and future clients.</p> <p>QP will ensure IRIS is completed in appropriate and timely manner as stated in policy and procedures.</p>	<p>Implementation date: 5/21/21</p> <p>Implementation date: 5/21/21</p>
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V 109	<p>Continued From page 2</p> <p>CATEGORY A AND B PROVIDERS (Tag 367) Based on record reviews and interview, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident</p> <p>Review on 5/21/21 of a Plan of Protection written by the Licensee/Qualified Professional dated 5/21/21 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care: "[The Qualified Professional Designee] will ensure consumer has face to face interaction with 1 on 1 staff. [The Qualified Professional Designee] will ensure IRIS (Incident Response Improvement System) report are completed each time 911 is called and law enforcement come out. [The Associate Professional] will report any important changes of the client to [The Qualified Professional Designee] and [The Qualified Professional Designee] will reassess client treatment to ensure safety and protection of client. [The Qualified Professional Designee] will update PCP (Person Centered Plan) as needed." Describe your plans to make sure the above happens: "[The Qualified Professional Designee] will designate one on one staff for each client and will be required to sign time sheet when they arrive to the facility and and when they leave. Once IRIS (Incident Response Improvement System) is completed by [The Qualified Professional Designee]. [The Qualified Professional Designee] will report to [Provider] or [Director]. [Director] will go back to ensure IRIS (Incident Response Improvement System) is documented properly. [The Qualified Professional Designee] will be required to report new reassessment to [Provider], [Provider] will confirm assessment and PCP (Person Centered Plan)</p>	V 109	<p>QP will ensure incidents are reported to LME within 72 hours of becoming aware of the incident.</p>	<p>Implementation date: 5/21/21</p>
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V 109	<p>Continued From page 3 update.</p> <p>The facility served clients with diagnoses that included: Schizoaffective Disorder-Bipolar Type, Schizophrenia-Paranoid type, Borderline Personality Disorder, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Mild Intellectual Disability, Borderline Intellectual Functioning, Substance Use Disorder, Post Traumatic Stress Disorder, Type II Diabetes, Chronic Obstructive Pulmonary Disease, Bronchitis, Obesity and Human Immunodeficiency Virus positive. On 4/6/21 client #1 eloped from the group home. Client #1 met a male stranger at a store in the community and went to the hotel with him. Client #1 had sex with the male stranger and later alleged the male stranger sexually assaulted her. Client #1 contacted the police department about the alleged sexual assault. Once the police officers conducted their investigation they concluded client #1 had consensual sex with the male stranger. Client #1 had a history eloping from the group homes to meet male strangers to have sex. Client #1 had 2-3 additional incidents of elopement that involved the police department being contacted. Client #1's PCP included a safety and supervision component. The group home was required to provide one to one supervision and oversight to client #1 while in the home and in the community. Group home staff were not providing one on one supervision and continuous face to face contact for client #1. Although client #1 had the safety and supervision in her PCP she continued to have episodes of elopement between January 2021 and April 2021. FC #4 was a registered sex offender and had a history of elopement and self injurious behavior. FC #4 eloped from the group home on 2/15/21. The police department was contacted and later</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>found FC #4 in the community. FC #4 told the police officer he wanted to go to the hospital instead of returning to the home. Once FC #4 arrived to the local hospital via ambulance he eloped again, a Silver alert had to be issued for FC #4. FC #4 had at least two other incidents of elopement since January 2021. Although FC #4 had multiple episodes of elopement his PCP had no strategies. There were multiple incidents that involved the police department being contacted due to client behaviors (elopement, suicidal ideation's/attempts, medical emergencies and disturbances). The facility failed to complete incident reports for the episodes which included not determining cause of incidents, developing and implementing corrective measures and strategies to prevent similar incidents from occurring.</p> <p>This deficiency 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.</p>	V 109		
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>	V 112		

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V 112	<p>Continued From page 5</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, facility staff failed to implement the treatment plan for one of three current clients (#1) and facility staff failed to ensure one of four former clients (FC#4) had strategies to address his needs and behaviors. The findings are:</p> <p>A. The following is evidence the facility failed to follow and implement a client's treatment plan.</p> <p>Review on 5/19/21 of client #1's record revealed: -Admission date of 1/16/21. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Borderline Personality Disorder, Borderline Intellectual Functioning, Alcohol Use, Cocaine</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>Use Disorder and Cannabis Use. -Admission Assessment dated 1/16/21-Client #1 had a history of aggression, substance use, elopement, suicidal ideations and leaving the facility to meet with men she met on social media. -Clinical Assessment Addendum dated 1/5/21-"[Client #1] has lived in four different group home placements since December 2019. She continues to put herself in danger due to AWOL (Away Without Leave) behaviors. [Client #1] has a history of self-injurious behaviors. She was hospitalized at 17 for drinking bleach and at age 21 for burning herself on the face... [Client #1] has a history of going to drug houses and putting herself in danger. In November, she left [Name of previous placement] to meet a man she met on [Name of social media company]. She has a history of threatening others with violence as recent as December 3. She threatened to cut the throat of group home staff and kill other residents. She frequently runs away to go use drugs and when she is tired of using, she presents to the ED (Emergency Department) or calls 911. She has an extensive history of having suicidal ideation's and homicidal ideation's that have led to eleven hospital inpatient stays and multiple ED (Emergency Department) visits. She has also been incarcerated a couple times for shoplifting." -Person Centered Plan (PCP) dated 1/5/21 and updated on 4/4/21 had the following: "Safety and Supervision Fading Out Plan-[Client #1] will receive safety and supervision for up to eight hours a day for 90 days. After 90 days safety and supervision will titrate to six hours or be discontinued, if no elopements or incidents of illicit drug use. AMAT Group Homes will use safety and supervision during times member is most prone to elope. The safety and supervision staff can help member learn about healthy relationships and develop healthy relationships</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>with staff and peers. [Client #1] has a hard time coping (gets angry) or problem solving when someone else is getting more attention than she is." Goal/Strategies to address elopement-Goal-"[Client #1] will improve her decision-making skills and refrain from any impulsive AWOL behaviors as evidenced by a decrease in ED & inpatient admission or incarcerations reported by those that support member." Strategies included-The safety and supervision staff will "provide one to one supervision and oversight to member while in the home and in the community. Provide additional staffing resources for the supervision and monitoring of an individual when require to ensure member follows an individualized safety plan that minimizes the risk of harm to self and/or other persons. Provide oversight for an individual when normal staff for the facility is insufficient to provide adequate safety. Provide positive feedback when member utilizes a coping skill and continue encouraging use of positive coping skills. Be available to assist in processing thoughts related to the use of coping skills. The services is provided with continuous face to face contact..."</p> <p>-Positive Behavioral and Safety Plan dated 4/5/21 had the following: "[Client #1] will be supervised by staff 24 hours a day in addition to a one-on-one staff member for 8 hours a day, 7 days a week. Staff will encourage [client #1] to express feelings and or provide an appropriate outlet for her a (safe space)..."</p> <p>Review of an incident report for client #1 on 5/19/21 revealed: -4/6/21-"[Client #1] stated she saw a strange man that invited her to a hotel in the community."</p> <p>Review of a police report on 5/19/21 revealed: -On 4/6/21 client #1 reported she was sexually</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>assaulted at a hotel in the area. Police officers collected the bed linens/comforter, a towel, and a wash cloth from the hotel room. A sexual assault kit, hair collection kit and urine specimen were also collected.</p> <p>Review and Interview of redacted Computer Aided Dispatch (CAD) reports from the police department on 5/20/21 revealed: -1/31/21 "Missing person, blonde short hair, 32 yr old took off, mad because she wanted to go to store and could not." Licensee/Qualified Professional said client #1 was the client associated with that call. -1/20/21 "Missing person." Licensee/Qualified Professional thought client #1 could have been the client associated with that call.</p> <p>-Review of Monthly Qualified Professional Clinical Overview notes on 5/20/21 revealed: -On 4/6/21-Client #1 called and said she was at a hotel with a strange man. She met the man at the store and he forced her to go with him to the hotel. Client #1 called 911 and was taken to the Emergency Room. -On 2/10/21-Client #1 eloped from the group home and went to the hospital. Client #1 called the Licensee/Qualified Professional in order to be picked up from the hospital.</p> <p>Interview with client #1 on 5/20/21 revealed: -She had been living at the group home for almost five months, she never had a one on one staff work with her. -A few months ago there was a second staff working at the home, however that person was not considered her one on one staff. -There was normally just one staff working with them at the group home. -She eloped from the group home April 2021.</p>	V 112		

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V 112	<p>Continued From page 9</p> <ul style="list-style-type: none"> -She eloped from the home around 7:30 pm that day. -She thought Former staff #4 was in the kitchen cooking when she left the group home. -While out in the community she met a man at the store, she did not know this man. -She went to the hotel with this man and they had sex. -She called the police department while she was at the hotel, the man had already left. -She told the police officer the man hurt her and she needed their help. -The police officers took her to the hospital, she was not sure if a rape kit was done. -She thought she eloped from the group home 2-3 other times. -She thought those incidents occurred around January or February 2021. -She thought police officers brought her back to the home each time. -When she was eloping from the group home staff was either sleeping or in the kitchen cooking. -She would normally leave the home between 4 pm and 7 pm. <p>Interview with a Detective for the local police department on 5/4/21 revealed:</p> <ul style="list-style-type: none"> -He felt that group home had a lack of staff supervision. -He thought sometimes client #1 was leaving the home and staff was not even aware. -He responded to an incident with client #1 around March or April 2021. -Client #1 alleged she was sexually assaulted by a man she met at the store. -Client #1 was picked up by them because she ran away from the group home. -They found client #1 at a hotel in the area. -He thought a sexual assault kit was completed for that incident. 	V 112		

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V 112	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Once they did the investigation they discovered it was not a sexual assault. -Client #1 met up with someone in the community and engaged in consensual sex. <p>Interview with the Detective Sergeant for the local police department on 5/4/21 revealed:</p> <ul style="list-style-type: none"> -He thought staff were not supervising clients in that home properly. -The clients from that home were constantly running away. -They responded to several calls related to clients from that home running away. -Client #1 was one of the main two clients running away from that home. <p>Interview with staff #2 on 5/20/21 revealed:</p> <ul style="list-style-type: none"> -She had not worked at the group home since April 2021. -When she was working there, it was on a daily basis. -She did not work as a one on one staff with any of the clients in the home. -She worked with client #1 a lot, however she was not considered client #1's one on one staff. -She worked with all of the clients in the group home. -Client #1 did elope from the group home when she was working with her at least once or twice. -She could not remember when it happened and/or the specifics of the elopement incidents. <p>Interview with staff #3 on 5/20/21 revealed:</p> <ul style="list-style-type: none"> -He last worked at the group home April 2021. -When he worked at that group home, he mainly worked with FC #5 and FC #6. -FC #5 and FC #6 had more challenging behaviors, that was why he worked with them more often. -He would occasionally work with one of the 	V 112		

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V 112	<p>Continued From page 11</p> <p>females at the home.</p> <p>-He was not assigned as a one on one staff with client #1.</p> <p>Interview on 5/19/21 with an Access Coordinator revealed:</p> <p>-She worked with the area Managed Care Organization (MCO).</p> <p>-Client #1 received several services through the MCO.</p> <p>-Client #1 received Safety and Supervision from January 14-April 14, 2021.</p> <p>Interviews with the Licensee/Qualified Professional on 5/19/21 through 5/21/21 revealed:</p> <p>-Client #1 had a one on one staff when she was admitted to the home January 2021.</p> <p>-Client #1 no longer had the one on one staff because she was doing better.</p> <p>-She would sometimes work one on one with client #1, she had two other staff who worked with client #1 as well.</p> <p>-She always had a second staff at the home, she considered that person to be the one on one staff for client #1.</p> <p>- The hours the one on one staff worked varied from day to day.</p> <p>-She really didn't assign one staff in particular to work with client #1.</p> <p>-The Utilization Management staff for the MCO informed them client #1 no longer needed a one on one.</p> <p>-She thought the safety and supervision portion of the PCP which included the one on one staff ended March 2021.</p> <p>-Client #1 had a history of elopement from group homes.</p> <p>-Client #1 had incidents of elopement when she had a one on one staff.</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376
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V 112	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Client #1 eloped from the group home at beginning of April 2021. -Client #1 met a male stranger in the community and went to a hotel with him. -Client #1 probably had sex with this male stranger because she had a history of meeting men for sex. -Client #1 later alleged the male stranger assaulted her. -Client #1 called the police department and police officers met client #1 at the hotel. -The police officers took client #1 to the local hospital. -She thought client #1 eloped from the group home two or three times since January 2021. -She thought the police department was called for those elopement incidents. -Sometimes client #1 does not want to return to the home, the police officer will take her to the hospital. -She confirmed staff failed to implement client #1's treatment plan. <p>B. The following is evidence the facility failed to have strategies to address the needs and behaviors of FC#4.</p> <p>Review on 5/20/21 of FC #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/30/20. -Diagnoses of Schizophrenia-Paranoid type, Mental Retardation, Chronic Obstructive Pulmonary Disease, Bronchitis, Obesity and Human Immunodeficiency Virus (HIV) positive. -Discharge date of 4/26/21. -Admission Assessment dated 7/31/20- FC #4 had a history of experiencing sexual impulsiveness when in a manic phase. He was a registered sex offender. He was charged at age 20. He continues to be a risk due to inappropriate touching of peers and cutting with available sharp 	V 112		

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V 112	<p>Continued From page 13</p> <p>objects. He had a history of elopement. He needs supervision 24 hours a day, 7 days a week.</p> <p>-Clinician Summary</p> <p>-FC #4 had PCP's dated 7/29/20 and 12/4/20. There were no strategies in either PCP to address FC #4's elopement.</p> <p>Review of an incident report for FC #4 on 5/20/21 revealed:</p> <p>-2/15/21-FC #4 ran away from the group home. The police department was contacted. FC #4 was found and told the police officer he wanted to go to the hospital. The ambulance took FC #4 to the local hospital. The Licensee/Qualified Professional called the hospital later that night and was told FC #4 was not at the hospital. The police officer later informed the Licensee/Qualified Professional that FC #4 ran away from the hospital once the ambulance arrived. A Silver Alert was issued for FC #4.</p> <p>Review and interview of the redacted Computer Aided Dispatch (CAD) reports from the police department on 5/20/21 revealed:</p> <p>-2/24/21 "Missing person, psychiatric, abnormal behavior/suicide attempt." Licensee/Qualified Professional thought FC #4 was the client associated with that call.</p> <p>-1/20/21 "Missing person." Licensee/Qualified Professional thought FC #4 could have been the client associated with that call.</p> <p>FC #4 could not be interviewed during this survey. He was in the hospital and could not be contacted.</p> <p>Interview with staff #1 on 5/20/21 revealed:</p> <p>-She thought FC #4 eloped from the group home one or two times prior to being discharged.</p> <p>-She could not remember when he last eloped</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>from the group home.</p> <ul style="list-style-type: none"> -She thought the police department was called when FC #4 eloped from the group home. -She was out of the country from January 2021 until May 2021. -She just returned to the home and was not sure if FC #4 eloped while she was gone. -She confirmed FC #4 had no strategies to address his elopement. <p>Interviews with the Licensee/Qualified Professional on 5/19/21 and 5/21/21 revealed:</p> <ul style="list-style-type: none"> -FC #4 had a history of elopement from group homes. -She thought FC #4 eloped from the home at least three times since January of 2021. -Most of the time staff would bring him back to the home if he eloped. -She thought the police department was called once or twice when FC #4 eloped. -When FC #4 eloped at the beginning of 2021, she reached out to the Qualified Professional for the day program FC #4 attended. -She wanted the day program Qualified Professional to add strategies for elopement to the 12/4/20 PCP. -She thought the strategies were added to FC #4's PCP, she made the request several months ago. -She confirmed FC #4 had no strategies to address his elopement. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		

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V 114	Continued From page 15	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 5-20-21 of the facility's fire drill log revealed the following: 6-15-20 at 4:15 pm completed by staff #1 7-20-20 No time given and completed by staff #1 8-14-20 No time given and completed by staff #1 9-16-20 No time given and completed by staff #1 9-12-20 No time given and completed by staff #1 10-25-20 No time given and completed by staff #1 11-10-20 No time given and completed by staff #1 12-17-20 No time given and completed by staff #1</p>	V 114	<p>QP will conduct inservice training for all staff members concerning fire and disaster drills</p>	<p>Implementation date: 6/12/21</p>

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V 114	<p>Continued From page 16</p> <p>1-22-21 at 4:15 pm and no staff signature 2-10-21 at 6:10 pm and completed by former staff #4 3-13-21 at 1:52 pm and no staff signature 4-12-21 at 10:22 am and completed by former staff #4</p> <p>-Staff failed to consistently indicate time fire drills were conducted. -During the 2nd, 3rd and 4th quarter of 2020 there were no fire drills conducted by the weekend relief staff. -During the 1st quarter of 2021 there was no way to determine which staff completed the fire drills on 1/22 and 3/13.</p> <p>Review on 5-20-21 of the facility's disaster drill log revealed the following:</p> <p>6-15-20 at 4:05 pm and completed by staff #1 7-20-20 at 2:15 pm and completed by staff #1 8-14-20 at 3:15pm and completed by staff #1 9-16-20 at 12 pm and completed by staff #1 9-12-20 at 6:40 am and completed by staff #1 10-25-20 at 2:30 pm and completed by staff #1 11-10-20 at 2:00 pm and completed by staff #1 12-17-20 No time given and completed by staff #1 1-22-21 at 4:15 pm and no staff signature 2-10-21 at 3:15 pm and completed by former staff #4 3-12-21 at 11:25 am and no staff signature 4-12-21 at 4:10 pm and completed by former staff #4</p> <p>-During the 2nd, 3rd and 4th quarter of 2020 there were no disaster drills conducted by the weekend relief staff. -During the 1st quarter of 2021 there was no way to determine which staff completed the disaster</p>	V 114	<p>QP will conduct inservice training on proper documenting of fire and disaster drills (time, weekend staff, staff signature)</p> <p>QP will conduct inservice training for weekend staff on proper documenting of fire and disaster drills.</p>	<p>implementation date: 6/11/21</p> <p>implementation date: 6/11/21</p>
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V 114	Continued From page 17 drill on 1/22 and 3/12. Interview with client #1 on 5/20/21 revealed: -She moved into the group home January 2021. -They had not done any fire and disaster drills since she lived at the group home. -Staff talked with them about the procedures they would follow during drills. Interview with client #2 on 5/21/21 revealed: -They did fire drills and disaster drills once a month. Interview on 5/20/21 with the Licensee/Qualified Professional revealed: -She confirmed facility staff failed to conduct fire and disaster drills under conditions that simulate emergencies as required.	V 114			
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121			

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V 121	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for two of three current clients (#2 and #3) and one of three former clients (FC #4) who received psychotropic drugs. The findings are:</p> <p>a. Review on 5/21/21 of client #2's record revealed: -Admission date of 1/13/18. -Diagnoses of Schizoaffective Disorder, Post Traumatic Stress Disorder, Bulimia Nervosa, Malnutrition, Iron Deficiency, Anemia and Hypopotassemia. -There was no evidence of a six month psychotropic medication review for client #2.</p> <p>Review of physician orders for client #2 on 5/20/21 revealed: -Order dated 12/21/20 for Trazodone HCL 150 milligram (mg), one tablet at bedtime and Benzotropine MES 0.5 mg, one tablet twice a day. -Order dated 11/14/20 for Haloperidol 10 mg, one tablet two times a day. -Order dated 9/14/20 for Invega Trinza 819 mg, inject 2.63 milliliter (ml) into the muscle every three months.</p> <p>Review of the Medication Administration Record's (MAR's) for client #2 on 5/19/21 revealed: -May 2021-Client #2 was administered the above medications on 5/1 thru 5/18. -April 2021-Client #2 was administered the above medications 4/1 thru 4/30.</p> <p>b. Review on 5/19/21 of client #3's record revealed: -Admission date of 6/1/20.</p>	V 121	<p>QP will ensure drug reviews are obtained from Pharmacist or Physician prior to switching Pharmacies.</p>	<p>implementation date: 6/7/21</p>
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V 121	<p>Continued From page 20</p> <p>psychotropic medication review for FC #4.</p> <p>Review of physician orders for FC #4 on 5/20/21 revealed: -Order dated 3/11/21 for Olanzapine 5 mg, one tablet daily. -Order dated 11/19/20 for Trazodone HCL 100 mg, two tablets at bedtime. -Order dated 10/13/20 for Benzotropine MES mg, one capsule two times daily as needed. -Order dated 9/15/20 for Caplyta 42 mg, one capsule daily. -Order dated 8/19/20 for Haloperidol 5 mg, one tablet in the morning and the evening.</p> <p>Review of the MAR on 5/20/21 for FC #4 revealed: -April 2021- FC #4 was administered the above medication 4/1 thru 4/25.</p> <p>Interview on 5/20/21 with the Licensee/Qualified Professional revealed: -She switched pharmacies at the beginning of December 2020. -The old pharmacy was supposed to complete the psychotropic medication review towards the end of December 2020. -The current pharmacy had not completed the psychotropic medication review for the clients in her group home. -She confirmed the six months psychotropic drug review was not completed for client #2, client #3 and FC #4.</p>	V 121		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 366		

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V 366	<p>Continued From page 21</p> <p>(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:</p> <p>(1) attending to the health and safety needs 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</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p>	V 366		

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V 366	<p>Continued From page 22</p> <p>(C) certifying the copy's completeness; and (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 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: (A) the LME responsible for the catchment</p>	V 366		

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V 366	<p>Continued From page 23</p> <p>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 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 interview, the facility failed to develop and implement a policy governing their response to Level II incidents as required. The findings are:</p> <p>a. Review on 5/19/21 of client #1's record revealed: -Admission date of 1/16/21. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Borderline Personality Disorder, Borderline Intellectual Functioning, Alcohol Use, Cocaine Use Disorder and Cannabis Use.</p> <p>b. Review on 5/20/21 of former client #4's (FC #4) record revealed: -Admission date of 7/30/20. -Diagnoses of Schizophrenia-Paranoid type, Mental Retardation, Chronic Obstructive Pulmonary Disease, Bronchitis, Obesity and Human Immunodeficiency Virus positive.</p>	V 366		

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V 366	<p>Continued From page 24</p> <p>-He was a registered sex offender. -Discharge date of 4/26/21.</p> <p>c. Review on 5/20/21 of FC #5's record revealed: -Admission date of 11/21/20. -Diagnoses of Autism Spectrum Disorder, Mild Intellectual Disability, Personality Disorder, Schizoaffective Disorder- Bipolar Type, Post Traumatic Stress Disorder, Borderline Personality Disorder and Bipolar I Disorder. -Discharge date of 3/9/21.</p> <p>d. Review on 5/21/21 of FC #6's record revealed: -Admission date of 12/15/20. -Diagnoses of Autism Spectrum Disorder, Mild Intellectual Disability and Schizoaffective Disorder- Bipolar Type, Attention Deficit Hyperactivity Disorder and Type II Diabetes. -Discharge date of 3/1/21.</p> <p>Review and interview of the redacted Computer Aided Dispatch (CAD) reports from the police department on 5/20/21 revealed:</p> <p>-4/15/21 "911 hang up, wants to talk to police because they won't give him cigarettes." Licensee/Qualified Professional thought FC #4 was the client associated with that call. -4/5/21 "Disturbance-one of the clients causing a disturbance." Licensee/Qualified Professional thought client #1 or FC #4 was the client associated with that call. -4/3/21 "Medical call in progress, psychiatric, abnormal behavior, suicide attempt." Licensee/Qualified Professional thought client #1 was the client associated with that call. -3/21/21 "Stated he is a sex offender and he does not like his living situation, he want [Name of Officer] to come pick him up, take him to jail or hospital." Licensee/Qualified Professional thought</p>	V 366		

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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376
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V 366	<p>Continued From page 25</p> <p>FC #4 was the client associated with that call. -3/19/21 "Medical call in progress, psychiatric, abnormal behavior, suicide attempt, said she didn't feel safe there and having racing thoughts." Licensee/Qualified Professional thought client #1 was the client associated with that call. -2/28/21 "Disturbance, client is violent, him and another client got into an argument." Licensee/Qualified Professional thought FC #4 or FC #5 could have been the client associated with that call. -2/24/21 "Missing person, psychiatric, abnormal behavior/suicide attempt." Licensee/Qualified Professional thought FC #4 was the client associated with that call. -2/18/21 "Threat/Contemplating suicide, male subject did not want to go to the hospital." Licensee/Qualified Professional thought FC #4 was the client associated with that call. -2/9/21 "Medical call in progress-stabbing, someone cut themselves." Licensee/Qualified Professional thought FC #5 was the client associated with that call. -1/31/21 "Runaway juvenile, 23 year old male with lacerations." Licensee/Qualified Professional thought FC #4 was the client associated with that call. -1/31/21 "Missing person, blonde short hair, 32 yr old took off, mad because she wanted to go to store and could not." Licensee/Qualified Professional said client #1 was the client associated with that call. -1/20/21 "Missing person." Licensee/Qualified Professional thought client #1, FC #4, FC #5 or FC #6 could have been the client associated with that call. -1/18/21 "Missing person." Licensee/Qualified Professional thought FC #5 or FC #6 could have been the client associated with that call.</p>	V 366		

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V 366	<p>Continued From page 26</p> <p>Review of facility records on 5/20/21 revealed: -Monthly Qualified Professional Clinical Overview Document dated 2/10/21-Client #1 eloped from the group home and went to the hospital. Client #1 called the Licensee/Qualified Professional in order to be picked up from the hospital.</p> <p>Review of facility records on 5/20/21 revealed: -There was no documentation of incident reports in Incident Reporting Improvement System (IRIS) completed by group home staff for any of the above issues. There was no documentation to determine the cause of the incident; developing and implementing corrective measures according to the provider specified timeframes not to exceed 45 days; developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days and assigning person(s) to be responsible for implementation of the corrections and preventive measures.</p> <p>Interviews with the Licensee/Qualified Professional on 5/19/21 and 5/20/21 revealed: -She did not know she was supposed to do incident reports for all of the incidents that occurred with the clients between January 2021 and April 2021. -She was not aware the incidents were supposed to be entered into the IRIS. -She would normally call the Local Management Entity (LME) and ask if the incident reports needed to be put in IRIS for various issues. -LME staff would tell her some of those incidents did not have to be put into IRIS. -She did not know if the police department was contacted and responded, an IRIS report had to be done. -She confirmed the facility failed to develop and implement a policy governing their response to</p>	V 366	<p><i>Qp will ensure IRIS is completed in appropriate and timely manner as stated in policy and procedures with proper documentation including corrective measures.</i></p>	
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V 366	Continued From page 27 Level II incidents as required. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 366		
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; (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	V 367		

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V 367	Continued From page 28 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. 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;	V 367		

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V 367	<p>Continued From page 29</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Refer to V-366 for specific details.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367	<p>QP will review LME incident reporting requirements to maintain competency.</p>	<p>implementing date: 5/21/21</p>
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be</p>	V 736		

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V 736	Continued From page 30 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 safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 5/19/21 at approximately 9:52 am at the group home revealed the following issues: -Laundry room- The walls were stained. The cabinet shelves were dusty, there were empty plastic bags and empty containers inside. -Kitchen area- There was a bowl full of flour with no lid. Sink drawer on right side of cabinet could not be opened. Sink drawer on left side of cabinet was filled with dust and wood particles. Cooking oil had spilled onto the shelf underneath the sink from container. The dishwasher was stained. The inside of all drawers and cabinets were dusty. -Dining room area- The padding was stained in three of the chairs at dining room table. There was a putty like substance on the wall. There were two holes in the wall about the size of an orange in wall entering into kitchen area. -Living room area- The pillows were stained on the couch and love seat. The arm rest on couch were stained. The desk in the corner close to patio door was wobbly. There were food crumbs and trash under the cushion of love seat. The right side of the couch had a large hole under the cushion. -Client #3's bedroom- The walls were stained.	V 736	Qp will assess environment to ensure a clean, attractive, orderly, free from odor, and safe space of living weekly. Qp will conduct inservice training to ensure facility staff is communicating home needs (stains, holes, laundry, furniture replacement, bathroom)	Implementation date: 7/21/21 Implementation date: 7/21/21

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V 736	<p>Continued From page 31</p> <p>The mattress on the empty bed smelled like urine. The comforter for client #3 was faded and torn. There was residue of tape on walls and the paint on the walls was peeling. There was a hole in the ceiling on wall closest to bathroom. The window screen was torn on outside of the window.</p> <p>-Bathroom in client #3's bedroom- The door panels on lower right corner was broken. The towel rack was hanging in the tub area. The tub area was dusty. The toilet lid was missing from the toilet. The carpet in the walk in closet was stained. There was a hole in wall above the shelf at entrance of closet. The walls were stained.</p> <p>-Bathroom area- The walls were stained and had a putty like substance. There were soiled wash cloths and socks in the medicine cabinet. There was only one of four light bulbs working in the light fixture above the sink.</p> <p>-Client #1's bedroom- There was a smell of strong body odor. The walls were stained. The carpet was stained. The left arm of the chair was broken. There was a shelf pushed up against wall in the closet.</p> <p>Interview on 5/19/21 with Licensee/Qualified Professional revealed:</p> <p>-There was a maintenance man coming out to do repairs to the group home.</p> <p>-She was aware of the issues of with group home, but due to COVID 19 she limited people entering the home.</p> <p>-She confirmed facility staff failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		