STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601447	A. BUILDING: _____ B. WING _____	06/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERS HOME	4410 LAUREL TWIG COURT CHARLOTTE, NC 28215

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 6/9/21. The complaint was unsubstantiated (intake #NC176443). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a	V 107		

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V 107	Continued From page 1 decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain staff records for 2 of 3 staff (Staff #2 and Staff #3). The findings are: Request of personnel records on 4-22-21 revealed: -no personnel records for Staff #2 or Staff #3 were produced by the Human Resource Director. Interview on 4-21-21 and 4-30-21 with Staff #1 revealed: -Staff #1's Mother (Staff #2) moved into the home in March 2021; -Staff #1's Girlfriend (Staff #3) moved into the home in September 2020; -Staff #1 would leave Client #1 and Former Client (FC) #3 under the care and supervision of Staff #2 and/or Staff #3 while he would leave the home	V 107		

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V 107	Continued From page 2	V 107		

to run errands;
-"I leave [Client #1] with [Staff #2] or [Staff #3] for short times to run errands."

Interview on 4-21-21 with Staff #2 revealed:
-lived in the home with her son (Staff #1), the Alternative Family Living (AFL) provider;
-moved into the home in March 2021;
-provided care and supervision to Client #1 when Staff #1 would leave the home to run errands;
-Staff #3 also lived in the home;
-had not been employed by the Licensee.

Interview on 5-5-21 and 5-6-21 with Staff #3 revealed:
-lived in the home with her boyfriend (Staff #1) since October 2020;
-Staff #2 also lived in the home;
-provided care and supervision to Client #1 and FC #3 while Staff #1 left the home to run errands;
-had not been employed by the Licensee.

Interview on 4-22-21 with the Human Resource Director revealed:
-"was not aware anyone else was living in the home ...unless [Licensee/Director/Qualified Professional (QP)] knows the people;"
-Staff #2 and Staff #3 were not employed by the agency;
-had no training or personnel records for Staff #2 or Staff #3.

Interview on 5-10-21 with the Licensee/Director/QP revealed:
-was not aware that Staff #2 lived in the home;
-was aware that Staff #3 had lived in the home since December 2020;
-was not aware that Staff #1 had left Client #1 and FC#3 under the care and supervision of Staff #2 and/or Staff #3 while Staff #1 would leave the

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V 107	Continued From page 3 home to run errands; -had told Staff #1 that he is responsible for the care of the clients in the home; -had no personnel records for Staff #2 or Staff #3. This deficiency is cross referenced into 10A NCAC 27G .05601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 107		
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.	V 108		

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V 108	Continued From page 4 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR) and first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence affecting 2 of 3 staff (Staff#2 and Staff #3) and failed to ensure staff were trained to meet the mental health needs of the clients as specified in the treatment/habilitation plan affecting 3 of 3 staff (Staff #1, Staff #2, and Staff #3). The findings are: Interview on 4-21-21 and 4-30-21 with Staff #1 revealed: -Staff #2 moved into the home in March 2021; -Staff #3 moved into the home in September 2020; -Staff #1 would leave Client #1 and Former Client (FC) #3 under the care and supervision of Staff #2 and/or Staff #3 while he would leave the home to run errands; -"I leave [Client #1] with [Staff #2] or [Staff #3] for short times to run errands;" -knew Client #1 by working with him in the school setting; -had not received formal training on Client #1, Client #2, or FC#3's treatment plan or habilitation goals;	V 108		

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V 108	Continued From page 5 -had not received client specific training on Client #2 or FC#3 prior to the delivery of service. Interview on 4-21-21 with Staff #2 revealed: -she lived in the home with her son (Staff #1), the Alternative Family Living (AFL) provider; -moved into the home in March 2021; -provided care and supervision to Client #1 when Staff #1 would leave the home to run errands; -had not been employed by the Licensee; -had not received any client specific training from the Licensee prior to working with the clients in the home. Interview on 5-5-21 and 5-6-21 with Staff #3 revealed: -she had lived in the home with her boyfriend (Staff #1) since October 2020; -provided care and supervision to Client #1 and FC #3 while Staff #1 would leave the home to run errands; -had not been employed by the Licensee; -had not received any client specific training from the Licensee prior to working with the clients in the home. Interview on 4-22-21 with the Human Resource Director revealed: -"was not aware anyone else was living in the home ...unless [Licensee/Director/Qualified Professional (QP)] knows the people;" -Staff #2 and Staff #3 were not employed by the agency; -had no training or personnel records for Staff #2 or Staff #3. Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware that Staff #2 lived in the home; -aware that Staff #3 had lived in the home since	V 108		

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V 108	Continued From page 6 December 2020; -was not aware that Staff #1 had left Client #1 and FC#3 under the care and supervision of Staff #2 and/or Staff #3 while he would leave the home to run errands; -had told Staff #1 that he is responsible for the care of the clients in the home; -had no personnel records for Staff #2 or Staff #3. Request of personnel records on 4-22-21 revealed: -no personnel records for Staff #2 or Staff #3 were produced by the Human Resource Director. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by	V 110		

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V 110	Continued From page 7 exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interviews and records reviews, the Licensee/Director/Qualified Professional (QP) failed to provide supervision to the paraprofessional staff affecting 3 of 3 staff (Staff #1, Staff #2, and Staff #3). The findings are: Review on 4-21-21 of Client #1's record revealed: -admitted 5-28-20; -diagnoses of Severe Intellectual Disability, Intermittent Explosive Disorder, Seizures, Unspecified Mood Disorder, Obsessive Compulsive Disorder, PICA (eating inedible objects), Polydipsia; -non-verbal; -was better suited with 1:1 supports; -targeted behaviors involved: inappropriate toileting, aggression of property, aggression towards others by hitting, scratching, biting, and kicking, self-injurious behaviors of biting, wandering off, obsessive drinking,	V 110		

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screaming/loud hollering, and PICA seeking behaviors;
-behaviors were explosive, physically aggressive, and unpredictable;
-previous housemate had been the target of his attacks.

Review on 4-21-21 of Client #2's record revealed:
-received respite services in the Alternative Family Living (AFL) licensed home on the weekends of 3-26-21 through 3-28-21 and 4-9-21 through 4-10-21;
-diagnoses of Autistic Disorder, PICA, Moderate Intellectual Disability;
-non-verbal;
-required total support and assistance to ensure that he does not unknowingly participate in actions or activities that might endanger himself;
-required full assistance from familiar persons to communicate most of his essential needs;
-targeted behaviors consisted of agitation, PICA seeking behaviors, property destruction, physical aggression, and stripping of clothing;
-triggers of behaviors consisted of new people in his environment, loud/active settings, not understanding what is happening, not getting what he wants, or not leaving when he is ready to leave.

Review on 4-21-21 of Former Client (FC) #3's record revealed:
-admitted 10-8-20;
-discharged 1-7-21;
-diagnoses of Mild Intellectual Disability, Cerebral Palsy, Seizure Disorder, Quadriplegia, Dependent on motorized wheelchair;
-verbal, could communicate wants and needs.

Review on 4-22-21 of Staff #1's personnel record revealed:

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V 110	Continued From page 9 -hired 7-16-18; -signed contract between Staff #1 and Licensee/Director/QP to start providing Alternative Family Living (AFL) services on 11-1-20; -received Core Competency training on 7-31-19 which covered training in technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, communication skills, and clinical skills. Request of personnel records on 4-22-21 revealed: -no personnel records for Staff #1's Mother (Staff #2) or Staff #1's Girlfriend (Staff #3) were produced by the Human Resource Director. Review on 4-22-21 of the Licensee/Director/QP's record revealed: -hire date of 8-11-10; -hired as the Licensee/Director/QP; -received training in First Aid and Cardiopulmonary Resuscitation on 5-6-19; -received training in Getting it Right (Alternatives to Restrictive Intervention) on 10-10-19; -received Medication Administration training on 9-12-20; -received Core Competency training on 8-7-17 which covered training in Service Specific Training, Person-Centered Planning/Goal Planning, Documentation Requirement, Prevention/Reporting of Abuse, Neglect, and Exploitation, Incident/Accident Reporting, Bloodborne Pathogens, and Competencies in the area of technical knowledge, culture awareness, analytical skills, decision making, interpersonal skills, communication skill, and clinical skills. Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -moved into the home and started providing	V 110		

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services to Client #1 in September 2020;
-allowed Staff #3 to move in the home with him in September 2020;
-allowed Staff #2 to move in the home with him in March 2021;
-"he (Client #1) will attack new people;"
-FC#3 moved into the home in December and stayed a couple of months while his family looked for placement closer to the family;
-"[Client #1] attacked [FC#3] plenty of time;"
-no paperwork, treatment plan or documentation was provided for FC#3 prior to his service delivery.
-had left the home on numerous occasions to run errands leaving Client #1 and FC#3 under the care and supervision of Staff #2 and Staff #3;
-had mistakenly left a case (36 count) of water bottles and Client #1 drank approximately 12 bottles of water in a day without staff's knowledge;
the Licensee/Director/QP asked him if he would provide Respite Services to Client #2 in the AFL licensed home;
-The Licensee/Director/QP arranged for Client #2's Respite Services and did not provide any paperwork, treatment plan, or documentation on Client #2 to Staff #1 prior to service delivery;
-provided Respite Services to Client #2 during the weekends of March 26-28 and April 9-10, 2021;
-Client #2 had episodes of challenging behaviors consisting of: showering every 15 minutes, increased agitation, attempting to leave the home through the front door, stripping his clothes, required re-direction when Client #2 entered the bathroom on Client #1 during the weekend of April 9-10, 2021; however, Staff #1 chose to go upstairs to shower around 7pm on the evening of April 10th leaving Client #1 and Client #2 unsupervised and returned downstairs to find Client #2 stuffing paper towels into his mouth.

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V 110	Continued From page 11 Interview on 4-21-21 with Staff #2 revealed: -she lived in the home with her son (Staff #1), the Alternative Family Living (AFL) provider; -moved into the home in March 2021; -provided supervision to Client #1 when Staff #1 would leave the home to run errands; -was not a staff member; -Staff #1 forgot to put away a case (36 count) of water and Client #1 drank all of them in one day; -FC#3 had lived in the home for a few months; -Client #2 had received respite services for a couple of weekends in the facility. Interview on 5-5-21 and 5-6-21 with Staff #3 revealed: -the Licensee/Director/QP knew that she moved into the home with her boyfriend, Staff #1, when he moved into the home in September 2020; -was not hired as a staff member; -FC#3 had lived in the home for a few months; -she had to run from Client during an episode of physical aggression, closing herself in a bedroom upstairs while Staff #1 was at the store; -had witnessed Client #1 attack FC#3; -Staff #1 had provided Respite Services in the home to Client #2 for a couple of weekends. Interview on 4-22-21 and 5-7-21 with QP#1 revealed: -was notified by the Licensee/Director/QP that she would have Client #2's case after Client #2 spent the first weekend with Staff #1; -she did not arrange for the Respite Services to be provided in the AFL licensed home; -she did not provide Staff #1 with any paperwork on Client #2 because the Licensee/Director/QP had already arranged for everything before the case was assigned to her; -she was not the assigned QP for Client #1;	V 110		

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V 110	Continued From page 12 -she was the QP for FC#3; -FC#3 never complained to her about anything in the home. Interview on 5-3-21, 5-5-21, and 5-11-21 with QP#2 revealed: -was the assigned QP for Client #1; -Client #1 had very unpredictable behaviors; -"you have to be on the lookout when he (Client #1) is around;" -was not aware that respite services were being provided in the home until Client #2's behavior resulted in an injury; -had questioned a co-worker about how the Licensee/Director/QP had Staff #1 providing 2 services at the same time. Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware that Staff #1 left Client #1 and FC#s under the care and supervision of Staff #2 and Staff #3 on numerous occasions to run errands for the home; -was not aware that Staff #1 had left a case of 36 bottles of water on the counter and Client #1 had access to and consumed at least 12 bottles of water in one day; -was not aware that Client #2 had a challenging weekend on 4-9-21 - 4-10-21 until he received a call on 4-11-21; -was not aware that Staff #1 made the decision to go upstairs and shower around 7pm on 4-10-21 leaving Client #1 and Client #2 unsupervised downstairs. Interview on 5-10-21 with the Licensee/Director/QP revealed: -Staff #1 moved into the home in January 2021 and started providing AFL services to Client #1 in February 2021; -was unaware that Staff #2 was living in the	V 110		

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V 110	Continued From page 13 facility; -was aware that Staff #3 lived in the facility with her boyfriend (Staff #1) but was unaware that she had provided supervision to the clients in the facility; -Client #1 required 1:1 in the community setting but in the residential setting he does fine with other people in the home; -Client #1's behaviors consisted of loud vocalizations, scratching, hitting, biting, kicking and digging his nails into others; -Client #1 generally strikes out at others when they are in his personal space; -described Client #1's behaviors as a "volcano exploding or the air that has to let out of a balloon;" -Client #1 aggressed towards Licensee/Director/QP about 8 months ago and he ran around the sofa several times to escape Client #1's aggression; -FC#3 was in the home for about 3-4 months; -Client #1 may aggress out of fear or become defensive if a new person enters the area; -had not been made aware of any aggressive episodes between Client #1 and FC#3; -he made the decision to provide Respite Services to Client #2 in the AFL setting, "thought it would be okay;" -was not aware that he couldn't provide Respite Services in a licensed AFL home; -did not provide Staff #1 with paperwork/documentation on Client #2 or FC#3. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 110		

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V 112	Continued From page 14	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies to meet the client's needs affecting 1 of 2 current clients (Client #1). The findings are:	V 112		

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V 112	Continued From page 15 Review on 4-21-21 of Client #1's record revealed: -admitted 5-28-20; -diagnoses of Severe Intellectual Disability, Intermittent Explosive Disorder, Seizures, Unspecified Mood Disorder, Obsessive Compulsive Disorder, PICA (eating inedible objects), Polydipsia; -previous housemate had been target of his attacks. Review on 4-21-21 of Client #1's Treatment Plan implemented on 9-1-20 revealed: -things he should not be eating are typically in liquid form; -demonstrated obsessive food seeking and obsessive behaviors; -food seeking and obsessive drinking behaviors are addressed in Client #1's behavior plan; -formal goals to address physical aggression are addressed in Client #1's behavior plan. Review on 4-21-21 of Client #1's Behavior Plan implemented on 3-6-21 revealed: -targeted behaviors involved: inappropriate toileting, aggression of property, aggression towards others by hitting, scratching, biting, and kicking, self-injurious behaviors of biting, wandering off, obsessive drinking, screaming/loud hollering, PICA seeking behaviors; -behaviors were explosive, physically aggressive, and unpredictable; -history of attacking previous housemate; -Formal Goal to address Client #1's PICA behavior and obsessive drinking by keeping the refrigerator and pantry locked and providing supervision to keep Client #1 away from all liquids due to him being unable to manage his food and liquid intake. Additional strategies included Client	V 112		

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V 112	Continued From page 16 #1 to be supervised and away from all liquids. Client #1 will drink anything that may be accessible and is unable to regulate amount of liquids in a safe manner, drinking should be scheduled as a part of of activities during the day. Sounds can be placed on his door in order to be able to keep up with him. -Formal Goal to address Client's aggressive behaviors towards others. Finding #1: Interview on 4-21-21 and 4-30-21 of Staff #1 revealed: -Client #1 had PICA behavior and unpredictable behaviors (physical aggression, hitting/striking out at others, yelling); -on one occasion, Staff #1 forgot and left a case of water on the counter and Client #1 drank at least 12 bottles of water in one day without staff's knowledge; Finding #2: Interview on 4-21-21 and 4-30-21 of Staff #1 revealed: -Client #1 had unpredictable aggressive behaviors; -Client #1's aggressive behaviors consisted of him grabbing others, squeezing and applying a lot of pressure, scratching, and hitting others; -"[Client #1] attacked [Former Client (FC)#3] when he was in his space;" -on one occasion, "[Client #1] grabbed [FC #3's] neck;" -"[Client #1] attacked [FC #3] plenty of times." This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Living Family - Scope V289 for a Type	V 112		

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V 112	Continued From page 17 A1 rule violation and must be corrected within 23 days.	V 112		
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 18	V 118		

This Rule is not met as evidenced by:
Based on interviews, record reviews, and observation, the facility failed to ensure MARs and physician orders were kept current affecting 2 of 2 current clients (Client #1 and Client #2) and 1 of 1 former client (FC#3) and staff failed to demonstrate competency in medication administration affecting 1 of 3 staff (Staff #1). The findings are:

Review on 4-21-21 of Client #1's record revealed:
-admitted 5-28-20;
-diagnoses of Severe Intellectual Disability, Intermittent Explosive disorder, Seizures, Unspecified Mood Disorder, Obsessive Compulsive Disorder, PICA (eating inedible objects), Polydipsia;
-no MARs for January 2021 through April 2021;
-the treatment plan revealed the following medications:
-divalproex sodium 500mg, 1 tablet in the AM, 2 tablets at bedtime;
-Lithium Carbonate 300mg BID (twice daily);
-alprazolam 1mg (milligram) in PM and PRN (as needed) for agitation;
-risperidone 1mg TID (three times daily);
-ziprasidone 60mg in the evening with meals;
-benztropine meslyte 1mg BID;
-no physician orders were located in the record for Client #1's medications.

Observation on 4-21-21 at 4:05pm of Client #1's medications revealed:
-divalproex sodium 500mg, 1 tablet in the AM, 2 tablets at bedtime dispensed on 3-24-21;
-Lithium Carbonate 300mg BID (twice daily) dispensed on 3-24-21;

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V 118	Continued From page 19 -alprazolam 1mg in PM and PRN (as needed) for agitation dispensed on 3-24-21; -risperidone 1mg TID (three times daily) dispensed on 3-24-21; -ziprasidone 60mg in the evening with meals dispensed on 3-24-21; -benztropine meslyte 1mg BID dispensed on 3-24-21. --Due to the failure to accurately document medication administration it could not be determined if client #1 received his medications as ordered by the physician Review on 4-21-21 of Client #2's record revealed: -Individual Support Plan dated 3-1-21 revealed Client #2 received Respite Services in the Alternative Family Living (AFL) licensed home on the weekends of 3-26-21 through 3-28-21 and 4-9-21 through 4-10-21; -Diagnoses of Autistic Disorder, PICA, Moderate Intellectual Disability; -no March 2021 MAR; -the treatment plan revealed the following medications: -Valium 10 mg, PRN; -risperidone 1mg daily; -risperidone 0.5mg PRN; -simvastatin 20mg daily; -Lisinopril Hydrochlorothiazide 10mg daily; -Ketoconazole 2% shampoo daily; -fluticasone propionate 0.05% daily; -Hydrocortisone 2.5% cream BID (twice daily); -Mupirocin 2% ointment BID; -Metformin daily; -no physician orders were located in the record for Client #2's medications. -No medications were on site for Client #2. -Due to the failure to accurately document	V 118		

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V 118	Continued From page 20	V 118		

medication administration it could not be determined if client #2 received his medications as ordered by the physician

Review on 4-21-21 of Former Client #3's record revealed:
-admitted 10-8-20;
-discharged 1-7-21;
-diagnoses of Mild Intellectual Disability, Cerebral Palsy, Seizure Disorder, Spastic Quadriplegia;
-no MARs for October 2020, November 2020, December 2020, and January 2021;
-the treatment plan revealed the following medications:
- -Valium 10 mg daily;
- -risperidone 1mg daily;
- -risperidone 0.5mg 1 tablet PRN (as needed);
- -simvastin 20mg daily;
- -Lisionpril 10mg daily;
- -Ketoconazole 2% shampoo daily;
- -fluticasone propionate 0.05% cream daily;
- -Metformin 1 tablet daily;
- -Vitamin D2 1 tablet daily;

-no physician orders were located in the record for Client #3's medications.
-No medications were on site for Client #3.
-Due to the failure to accurately document medication administration it could not be determined if client #3 received his medications as ordered by the physician.

Review on 4-22-21 of Staff #1's personnel record revealed:
-hired 7-16-18;
-signed contract to start providing AFL services on 11-1-20;
-received Medication Administration Training on 9-30-20.

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V 118	Continued From page 21 Interview on 4-21-21 with Staff #1 revealed: -hired as an AFL provider in August 2020; -had received Medication Administration Training; -"never done MARs before today;" -received a "crash course by [Licensee/Director/Qualified Professional (QP)] today on MARs;" -"don't know who the QP (QP #2) is;" -"never met the QP (QP #2);" -contacted the Licensee/Director/QP when things need to be done. Interview on 4-22-21 and 5-7-21 with QP#1 revealed: -"I did not set up the respite thing, that was [Licensee/Director/QP];" -was notified by the Licensee/Director/QP that she was the assigned QP for Client #2 after Client #2 received his first weekend of Respite Services with Staff #1; -was unaware of Client #2's medications and MAR; -thought the Licensee/Director/QP set up the MARs for Client #2 prior to the implementation of Respite Services. Interview on 5-3-21, 5-5-21, and 5-11-21 with QP#2 revealed: -visited the home in February 2021 and met with Staff #1 when AFL services started for Client #1; -had not returned to the home for monitoring since February 2021 due to COVID-19; -"there are MARs for [Client #1];" -"have looked at the MARs for [Client #1] but it has been February since I've looked at them;" -was not the QP for Client #2 or Former Client #3; -the Registered Nurse (RN) does the training for MARs and shows staff how to document and complete the MARs; -at the end of each month, the MARs should be	V 118		

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picked up and stored in the client files;
-it is not the QP's responsibility to transcribe the MARs at the beginning of each month;
-the staff person should transcribe the MARs at the beginning of each month;
-"[Staff #1] should have been completing the MARs and keeping them in a binder;"
-"I was not aware that there were no MARS in the home;"
-"when I gave him (Staff #1) the AFL book, there were blank MARs for him to complete;"
-"[Staff #1] had med administration and should have known how to transcribe medication onto the MAR because that is part of the training, it is not the QP's responsibility to transcribe the MARs."

Interview on 5-10-21 with the Licensee/Director/QP revealed:
-Staff #1 received Medication Training prior to providing AFL services;
-Client #2 received medications and there should have been an MAR with Staff #1 because he was providing the respite services for Client #2;
-the RN conducts the Medication Administration trainings annually;
-"the QP sets up the MARS, sometimes the RN will do it;"
-"should have been MARs done for them (Client #1, Client #2, and FC#3);"
-it is the QP's responsibility to provide oversight of the MAR and make sure that they are completed;
-"I believe it was me that should have done the MAR and transcribed the meds for [Staff #1] to have that weekend. I would have transcribed the meds on the form and given to [Staff #1] to complete. I remember taking it to him and giving it to [Staff #1] for [Client #2]. I just assumed he had completed it;"
-denied giving Staff #1 a crash course on MARS

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V 118	Continued From page 23 on 4-21-21. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 118		
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 record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed before hire for 2 of 3 staff (Staff #2 and Staff #3). The findings are: Request of personnel records on 4-22-21 revealed: -no personnel records for Staff #2 or Staff #3 were produced by the Human Resource Director; -no HCPR checks were accessed prior to hire for Staff #2 and Staff #3.	V 131		

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V 131	Continued From page 24 Interview on 4-21-21 and 4-30-21 with Staff #1 revealed: -Staff #2 moved into the home in March 2021; -Staff #3 moved into the home in September 2020; -Staff #1 would leave the home to run errands, leaving Staff #2 and/or Staff #3 to supervise the client(s); -"I leave [Client #1] with [Staff #2] or [Staff #3] for short times to run errands;" -Staff #2 and Staff #3 were not employed by the Licensee. Interview on 4-21-21 with Staff #2 revealed: -she lived in the home with her son (Staff #1), the Alternative Family Living (AFL) provider; -moved into the home in March 2021; -provided supervision to Client #1 when Staff #1 would leave the home to run errands; -was not employed by the Licensee. Interview on 5-5-21 and 5-6-21 with Staff #3 revealed: -she had lived in the home with her boyfriend (Staff #1) since October 2020; -Staff #2 also lived in the home; -Staff #1's brother, sister, and son, along with Staff #3's brother and nephew had lived in the home during winter breaks from school and during the Holidays but did not live there permanently; -was not a staff member; -provided supervision to the Client(s) if Staff #1 left the home for short errands. Interview on 4-22-21 with the Human Resource Director revealed: -"was not aware anyone else was living in the home...unless [Licensee/Director/QP] knows the people;"	V 131		

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V 131	Continued From page 25 -"if other people are living there, we need Health Care Personnel checks on them;" -had no personnel records for Staff #2 or Staff #3. Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware that Staff #2 lived in the home; -had knowledge that Staff #2 had been visiting for about a month; -was aware that Staff #3 had lived in the home since December 2020; -was not aware that Staff #1 was leaving the clients under the supervision of Staff #2 or Staff #3 while he stepped away from the home to run errands; -had told Staff #1 that he is responsible for the care of the individuals in the home; -had no personnel records for Staff #2 or Staff #3; -had not completed HCPR checks on Staff #2 or Staff #3. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative to Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 131		
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	V 133		

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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 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

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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:
(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.

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V 133	Continued From page 28 (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 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	V 133		

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V 133	Continued From page 29 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. (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	V 133		

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V 133	Continued From page 30 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 reviews and interviews, the facility failed to request the required criminal history record for 2 of 3 staff (Staff #2 and Staff #3). The findings are: Request of personnel records on 4-22-21 revealed: -no personnel records for Staff #2 or Staff #3 were produced by the Human Resource Director; -no criminal background checks were completed for Staff #2 and Staff #3. Interview on 4-21-21 and 4-30-21 with Staff #1 revealed: -Staff #2 moved into the home in March 2021; -Staff #3 moved into the home in September 2020; -Staff #1 would leave the home to run errands, leaving Staff #2 and Staff #3 to supervise the client(s); -"I leave [Client #1] with [Staff #2] or [Staff #3] for short times to run errands."	V 133		

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V 133	Continued From page 31 -Interview on 4-21-21 with Staff #2 revealed: -she lived in the home with her son (Staff #1), the Alternative Family Living (AFL) provider; -moved into the home in March 2021; -provided supervision to Client #1 when Staff #1 would leave the home to run errands; -had not been employed by the Licensee. Interview on 5-5-21 and 5-6-21 with Staff #3 revealed: -she had lived in the home with her boyfriend (Staff #1) since October 2020; -Staff #2 also lived in the home; -watched the Client(s) if Staff #1 left the home for short errands; -had not been employed by the Licensee. Interview on 4-22-21 and 5-7-21 with Qualified Professional (QP) #1 revealed: -was not aware that other people were living in the home with Staff #1; -had not been in the home to set up services. Interview on 5-3-21, 5-5-21, and 5-11-21 with QP#2 revealed: -visited the home in February 2021 to assist with setting up AFL services for Client #1; -had not been in the home since February 2021; -was not aware of anyone else living in the home with Staff #1. Interview on 4-22-21 with the Human Resource Director revealed: -"was not aware anyone else was living in the home ...unless [Licensee/Director/QP] knows the people;" -had not completed background checks on Staff #2 or Staff #3. -had no personnel records for Staff #2 or Staff #3.	V 133		

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V 133	Continued From page 32 Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware that Staff #2 lived in the home; -Staff #2 had been visiting for about a month; -aware that Staff #3 had lived in the home since December 2020; -was not aware that Staff #1 was leaving the clients under the supervision of Staff #2 or Staff #3 while he stepped away from the home to run errands; -had told Staff #1 that he is responsible for the care of the individuals in the home; -had not completed background checks on Staff #2 or Staff #3 because they were not employed by the facility; -had no personnel records for Staff #2 or Staff #3. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the	V 289		

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same facility.
(c) Each supervised living facility shall be licensed to serve a specific population as designated below:
(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;
(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;
(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;
(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;
(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or
(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) -

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V 289	Continued From page 34 non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to ensure care, habilitation, and supervision designed to meet the needs of the individuals affecting 2 of 2 current clients (Client #1, Client #2) and 1 of 1 former client (FC) #3. The findings are: CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on record reviews and interviews, the facility failed to maintain staff records for 2 of 3 staff (Staff # 2 and Staff #3). CROSS REFERENCE: 10A NCAC 27G .0203 Personnel Requirements (V108) Based on record reviews and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR) first aid techniques by the Red Cross, the American Heart Association, or their equivalence for 2 of 3 staff (Staff # 2 and Staff #3) and failed to ensure staff were trained to meet the mental health needs of the clients as specified in the treatment/habilitation plan affecting 3 of 3 staff (Staff #1, Staff #2, and Staff #3). CROSS REFERENCE: 10A NCAC 27G .0203 Training/Supervision Professionals (V110) Based on interviews and records reviews, the	V 289		

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V 289	Continued From page 35 Licensee/Director/Qualified Professional (QP) failed to provide supervision to the paraprofessional staff affecting 3 of 3 staff (Staff #1, Staff #2, and Staff #3). CROSS REFERENCE: 10A NCAC 27G .0205 Assessment/Treatment/Habilitation Plan (V112) Based on record reviews and interviews, the facility failed to implement strategies to meet the client's needs affecting 1 of 2 current clients (Client #1). CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interviews, record reviews, and observation, the facility failed to ensure MARs and physician orders were kept current affecting 2 of 2 current clients (Client #1 and Client #2) and 1 of 1 former client (FC#3) and staff failed to demonstrate competency in medications administration affecting 1 of 3 staff (Staff #1). CROSS REFERENCE: General Statute 131E-256 Health Care Personnel Registry (V131) Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed before hire for 2 of 3 staff (Staff # 2 and Staff #3). CROSS REFERENCE: General Statute 122C-80 Criminal History Record Check (V133) Based on record reviews and interviews, the facility failed to request the required criminal history record for 2 of 3 staff (Staff # 2 and Staff #3). CROSS REFERENCE: 10A NCAC 27G .5602 Staff (V290) Based on record reviews and interviews, the facility failed to provide staff-client ratios to enable staff to respond to individualized client needs affecting 2 of 2 current clients (Client	V 289		

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V 289	Continued From page 36 #1 and Client #2) and 1 of 1 former client (FC) #3. CROSS REFERENCE: 10A NCAC 27G .5603 Operations (V291) Based on record reviews and interviews the facility failed to maintain service coordination affecting 2 of 2 current clients (Client #1 and Client #2). CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements (V367) Based on record reviews and interviews, the facility failed to report all Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 2 of 2 current clients (Client #1 and Client #2. CROSS REFERENCE: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on record reviews and interviews, the facility failed to ensure staff demonstrated competency in Alternatives to Restrictive Interventions affecting 1 of 3 staff (Staff #1) and failed to have staff trained in Alternatives to Restrictive Interventions affecting 2 of 3 staff (Staff #2 and Staff #3). CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-out (V537) Based on record reviews and interviews, the facility failed to ensure that all staff were trained on Seclusion, Physical Restraint, and Isolation Time-out for 1 of 1 Staff (Staff #1). CROSS REFERENCE: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on record reviews, interviews, and	V 289		

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observations, the facility failed to maintain the facility and grounds in a safe, clean, attractive, and orderly manner.

Review on 5-24-21 of a Plan of Protection dated 5-19-21 completed by the Clinical Director revealed the following document:

"What immediate action will the facility take to ensure the safety of the consumers in your care?

All the following items will be requested and followed through under the supervision and oversight of [Clinical Director], [Human Resources Director], and [Qualified Professional #2] with the [Licensed Provider].

1. Any person above the age of 16 living in the home will immediately sign a consent and provide documentation for a background check [company used by Licensee], or they will be requested to move out of the residence immediately. [Company used by Licensee] background checks cover the Health Care Registry and criminal background checks.
2. All staff that remain in the Home will be re-trained on the following information with the 24 hours:
MAR and medication administration by RN.
Client Specific Information that is critical for health and safety by QP.
Review of the BSP and [Licensed Provider]'s policy on restrictive interventions by QP.
Notebooks containing Client information is within access of all assigned staff.
Secure a service order from physician for the lock on refrigerator or remove the lock.
Immediately do a PICA sweep of the HOME and educate staff on concerns of PICA by QP.
3. All staff that remain in the Home will be

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re-trained on the following information within the next 48 hours:
Assessment, Individualized Service Plans, Treatment Goals, and other client specific information that is not critical for health and safety by QP.
Restrictive Interventions, Incident Reporting, Behavioral Management, and Crisis Management by behavioral Intervention instructor
4. No person can be left alone with direct supervision of the member without being a Alternative Family Living (AFL) staff with [Licensed Provider] and having complete all initial required training requirements such as (CPR, behavioral intervention techniques, (Bloodborne Pathogens) BBP, Med Administration, client specific training, etc.)
5. This home will not be used for any other service not approved under the license of DHSR.
6. The home will be clean, free of harsh odors, and swept for any obstacles that may cause harm to member with PICA concerns."

"Describe your plans to make sure the above happens.

Clinical Director, HR Director, and QP will meet at the end of 24 hours (5:00 next day) and end of 48 hours (5:00 pm 2nd day) on Zoom to assess the status of each requirement listed.
If each requirement is not met, Clinical Director will report these findings to Division of Health Service Regulation. For further guidance.
Facility Staff completed this form:
[Clinical Director] 5-19-21"

Client #1, Client #2, and Former Client (FC) #3 had diagnoses including Severe Intellectual Disability, Moderate Intellectual Disability, Mild Intellectual Disability, Autistic Disorder,

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V 289	Continued From page 39 Intermittent Explosive Disorder, Seizures, Obsessive Compulsive Disorder, PICA (eating inedible objects), and Cerebral Palsy. The client's histories included, but not limited to, an extensive history of explosive, unpredictable aggression, agitation, property destruction, physical aggression, and stripping of clothing. Client #1 required a locked pantry and refrigerator for health and safety due to PICA behaviors. Client #1 had access and drank approximately 12 bottles of water that had not been secured. The Licensee/Director/QP placed Client #2 in the AFL home for respite services, which the facility was not licensed for. Client #2 displayed unusual behaviors and was taken to the emergency room due to behaviors and respiratory issues that developed. X-rays revealed pieces of plastic in his stomach followed by surgery and unknown bruising was noted on his arms and hands. Staff #2 and Staff #3 were living in the home, providing care and supervision to the clients while Staff #1 would run errands. Staff #2 and Staff #3 had no personnel record and received no client specific training. The Licensee/Director/QP placed Client #2 and Former Client #3 in the home with providing training to Staff #1. Staff #1 used unapproved restrictive interventions on Client #1 and Client #2. Bruising was later found on client #2's arm. Client #1 had attacked FC#3 numerous times. There were no incident reports for 6 months for the facility. The lack of competency and failure of the Licensee/Director/QP to provide supervision and training to the paraprofessional staff 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	V 289		

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V 289	Continued From page 40 of compliance beyond the 23rd day.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary	V 290		

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V 290	Continued From page 41 diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide staff-client ratios to enable staff to respond to individualized client needs affecting 2 of 2 current clients (Client #1 and Client #2) and 1 of 1 former client (FC) #3. The findings are: Review on 4-21-21 of Client #1's record revealed: -admitted 5-28-20; -diagnoses of Severe Intellectual Disability, Intermittent Explosive disorder, Seizures, Unspecified Mood Disorder, Obsessive Compulsive Disorder, PICA (eating inedible objects), Polydipsia, non-verbal; -formal goals to strengthen daily living skills; -behaviors are explosive, unpredictable, with a history of highly aggressive behaviors towards property and others; -was better suited with 1:1 support; -target behaviors consisted of inappropriate toileting, aggression of property, jumping, kicking, hitting the floor, scratching, kicking, biting, and hitting others, self-injury of biting himself, wandering off, obsessive drinking, taking and drinking excessively out of staff's supervision, PICA seeking behaviors, and screaming/loud	V 290		

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V 290	Continued From page 42	V 290		

hollering;
-previous roommate had been the target of his attacks;
-required a structured and predictable daily schedule with limited extraneous stimuli.

Review on 4-21-21 of Client #2's record revealed:
-received Respite Services in the Alternative Family Living (AFL) licensed home on the weekends of 3-26-21 through 3-28-21 and 4-9-21 through 4-10-21;
-Diagnoses of Autistic Disorder, PICA, Moderate Intellectual Disability, non-verbal;
-PICA behavior consisted of eating straws, napkins, toilet paper and other small items;
-required a structured routine with intervention and learning activities to minimize boredom;
-required total support and assistance to ensure that he does not unknowingly participate in actions or activities that might endanger himself;
-required full assistance from familiar persons to communicate most of all essential needs;
-when in crisis would tap on something, make loud noises, stand in place for long periods of time, and demonstrate oppositional behaviors;
-target behaviors consisted of agitation, PICA behaviors, property destruction, physical aggression, stripping of clothing;
-behavioral triggers consisted of new people in his environment, loud/active settings, not understanding what is happening, not getting what he wants or leaving when he is ready to go, or having to do something that makes him feel uncomfortable;
-required consistent, close range supervision to keep him busy with preferred and structured activities.

Review on 4-21-21 of Former Client (FC) #3's record revealed:

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V 290	Continued From page 43 -admitted 10-8-20; -discharged 1-7-21; -diagnoses of Mild Intellectual Disability, Cerebral Palsy, Seizure Disorder, Spastic Quadriplegia; -verbal, could communicate wants and needs; -dependent on electric wheelchair for mobility. Interview on 4-20-21 with Client #2's Guardian revealed: -Client #2 was receiving Respite Services by Staff #1 every other weekend; -was unaware that Staff #1 was providing services to another at the same time his son was receiving services; -"had [Staff #1] made it known to me that this was an AFL home, my son would not have been there;" -"had I known that another client was going to be there, my son would not have been there;" -Client #2's plan states that he should receive 1:1 services. Interview on 4-28-21 with FC #3's Guardian revealed: -FC#3 lived in the home for 3 months; -"[FC#3] was afraid of the other client that lived there because he tried to attack him once and the workers intervened;" -FC#3 didn't complain much because he knew that the placement was short term; -FC#3 was interviewable and would be able to talk about the events that took place in the home. Interview on 5-4-21 with FC #3 revealed: -lived in the home for 3 months; -Client #1 bit him on his arms 3 times while he lived in the home. Staff #1 was upstairs each time the behavior occurred; -several times Staff #1 would try to separate Client #1 from FC#3 because Client #1 was trying	V 290		

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V 290	Continued From page 44 to attack him; -Client #1 never left bruises or scratches on FC#3 from the attacks; -"he (Client #1) grabbed me around my neck and almost pulled me out of my wheelchair." Staff #1 was not home when this occurred and had left Staff #3 to watch them. She was upstairs when the incident occurred and ran downstairs. She called Staff #1 to tell him and he came home and separated both of the clients in their rooms; -"if I needed help during the middle of the night, I would call out for [Staff #1] and he would come downstairs and help me use the bathroom;" -never had a problem with Client #1 aggressing towards him during the overnight hours. Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -"with [FC#3], he (Client #1) would hit and run, and [FC#3] was in a wheelchair; -on one occasion, "[Client#1] grabbed [FC#3's] neck", "[Client#1] attacked [FC#3] plenty of times;" -"[Client #1] will attack new people;" -"[Client #1] attached [FC#3] plenty of times;" -Staff #1 would intervene when Client #1 was in the bathroom when Client #2 would try to go into the bathroom; -Staff #1 separated Client #1 and #2 when Client #1 tried to grab Client #2's arm because Client #2 was trying to take Client #1's food; -had no knowledge of physical aggressive behaviors between Client #1 and Client #2; -left Client #1 and FC#3 under the care and supervision of Staff # 2 and Staff #3 on several occasions to run errands for the home; had mistakenly left a case (36 count) of water bottles and Client #1 drank approximately 12 bottles of water in a day without staff's knowledge;	V 290		

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V 290	Continued From page 45	V 290		

-the Licensee/Director/QP asked him if he would provide Respite Services to Client #2 in the AFL licensed home;
-the Licensee/Director/QP arranged for Client #2's Respite Services and did not provide any paperwork, treatment plan, or documentation on Client #2 to Staff #1 prior to service delivery;
-provided Respite Services to Client #2 during the weekends of March 26-28 and April 9-10, 2021;
-Client #2 had episodes of challenging behaviors consisting of: showering every 15 minutes, increased agitation, attempting to leave the home through the front door, stripping his clothes, required re-direction when Client #2 entered the bathroom on Client #1 during the weekend of April 9-10, 2021; however, Staff #1 chose to go upstairs to shower around 7pm on the evening of April 10th leaving Client #1 and Client #2 unsupervised and returned downstairs to find Client #2 stuffing paper towels into his mouth.

Interview on 4-21-21 with Staff #2 revealed:
-Staff #1 had forgotten and left a case of water on the countertop in the kitchen and Client #1 drank the case of waters (36) in one day;
-Client #1 would grab a bottle and go the back stairway, behind the kitchen to drink the bottles;
-Staff #1 did not notice Client #1's excessive drinking until later in the day.

Interview on 5-5-21 and 5-6-21 with Staff #3 revealed:
-Client #1 had aggressive behaviors;
-"[Client #1] attacked FC#3 a couple of times. I heard him say, "Hey [Client #1], stop;"
-Staff #1 went to the store and left Staff #3 to supervise Client and FC#3. She was upstairs when FC#3 called her downstairs and said that Client #1 had just attacked him. She ran downstairs and called Staff #1 to report the

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V 290	Continued From page 46 incident. Interview on 4-22-21 and 5-7-21 with Qualified Professional (QP) #1 revealed: -was the QP for Client#2 and FC#3; -was initially unaware that Client #2 was receiving Respite services in the AFL home with Staff #1; -became aware of the respite arrangements by Client #2's guardian after the Client #2 spent the first weekend with Staff #1; -FC #3 had never reported any complaints to her during his placement. Interview on 5-3-21, 5-5-21, and 5-11-21 with QP #2 revealed: -Client #1's behaviors are unpredictable, he is physically aggressive, scratches, punches, hits others; - "you have to be on the lookout when he (Client #1) is around;" -can't turn your back on Client #1 and need to be aware of the signs that he is getting agitated; -was not the QP for Client #2 or FC#3; -was not aware of Client #2 or FC#3's needs or behaviors; -had not been aware of Client #1's episode of excessively drinking a case of water bottles. Interview on 5-10-21 with the Licensee/Director/QP revealed: -Client#1's aggression towards others is displayed by digging his nails into your arms, grabbing, scratching, and biting others; -within the past year, the Licensee/Director/QP had to shut himself in the bathroom to escape Client#1's aggression; -within the past year, the Licensee/Director/QP had to run around the sofa several times to escape Client #1's aggression; -the Licensee/Director/QP had replaced 10 doors	V 290		

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V 290	Continued From page 47 within a 4-month span of time due to Client #1's aggressive behaviors; -was not aware that Client#1 had aggressed toward FC#3; -was not aware that Client #1 had access to a case of water and drank several bottles of water that had been left on the countertop in the kitchen; -had been made aware that Client #2 had difficulty during his second weekend of respite with Staff #1, resulting in restrictive interventions; -had no knowledge of physical aggressive behaviors between Client #1 and Client #2; -was not aware that Staff #1 had left Client #1 and FC#3 under the care and supervision of Staff # 2 and Staff #3 to run errands for the home. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be	V 291		

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provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.
(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to maintain service coordination affecting 2 of 2 clients (Client #1 and Client #2). The findings are:

Finding #1:

Review on 4-21-21 of Client #1's record revealed:
-admitted 5-28-20;
-diagnoses of Severe Intellectual Disability, Intermittent Explosive disorder, Seizures, Unspecified Mood Disorder, Obsessive Compulsive Disorder, PICA (eating inedible objects), Polydipsia.

Review on 4-21-21 of Client #1's treatment plan revealed:
-AFL services were initiated on 2-1-21 for Client #1;
-an addendum to the treatment plan dated

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V 291	Continued From page 49 3-29-21 typed by the Care Coordinator revealed that she had "just become aware that Licensee/Director/Qualified Professional (QP)] was not [Client #1's] Alternative Family Living (AFL) provider and was informed that [Staff #1] was providing AFL services to Client #1;" -the Care Coordinator called Staff #1 to confirm the information that she had just received; -the Care Coordinator called Client #1's legal guardian to inform her of the change in AFL providers. Interview on 5-13-21 with Client #1's Care Coordinator revealed: -she had been playing phone tag with the Licensee/Director/QP and had reached out to Client #1's QP by phone; -during her conversation with the QP, it was revealed that the Licensee/Director/QP was not providing AFL services to Client #1; -during her conversation with the QP, it was revealed that Staff #1 provided direct care to Client #1; -AFL services for Client #1 were started on 2-1-21; -the Licensee/Director/QP had worked with Client #1 until AFL services started 2-1-21 and that is when the Licensee/Director/QP switched service providers to Staff #1; -the Care Coordinator notified Client #1's guardian the day she became aware of the change; -the Care Coordinator typed an addendum to the treatment plan on the day she was notified of the change. Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -had been working with Client #1 for 7 to 8 years providing care through different types of services;	V 291		

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V 291	Continued From page 50 -had lived in the home with Client #1 since September 2020 providing services to him; -became the AFL provider for Client #1 when he started receiving AFL services on 2-1-21. Interview on 5-10-21 with the Licensee/Director/QP revealed: -thought he had notified Client #1's Care Coordinator of the change in AFL providers; -did not recall having a conversation with the Care Coordinator about the change in AFL providers; -had not notified the guardian of the change in AFL providers because he had limited conversation with the guardian due to her being in a nursing home. Finding #2: Review on 4-21-21 of Client #2's record revealed: -a revision to a treatment plan dated 3-1-21 with 600 hours of respite services effective 3-1-21; -received respite services in the AFL licensed home on the weekends of 3-26-21 through 3-28-21 and 4-9-21 through 4-10-21; -Diagnoses of Autistic Disorder, PICA, Moderate Intellectual Disability. Interview on 4-22-21 and 5-7-21 with QP#1 revealed: -was assigned the role of QP for Client #1 on 3-1-21; -the Licensee/Director/QP asked QP#1 to help him locate a respite provider for Client #2 but had difficulty finding someone that could do the Respite; -"I did not set up the respite thing, that was [Licensee/Director/QP];" -the Licensee/Director/QP set up Client #2's respite with Staff #1;	V 291		

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V 291	Continued From page 51 -QP#1 did not find out that Staff #1 was the respite staff until after the first weekend Client #2 received services from Staff #1; -QP#1 found out from Client #2's guardian/father that Client #2 spent the first weekend with Staff#1. Interview on 5-10-21 with the Licensee/Director/QP revealed: -the Licensee/Director/QP made the decision for Client #2 to receive respite services in the AFL providers home; -Client #2 received respite services 2 weekends in the AFL providers home; -preferred to provide respite services to Client #2 himself but he was unavailable for 2 weekends and had informed Client #2's guardian/father that Client #2 would be receiving services elsewhere; -"I arranged the respite and did the training with [Staff #1] but [QP#1] is the QP for him(Client#2);" -initiated and arranged the respite services for Client #2. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope 289 for a Type A1 rule violation and must be corrected within 23 days.	V 291		
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	V 367		

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V 367	Continued From page 52 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 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	V 367		

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V 367	Continued From page 53 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; (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.	V 367		

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V 367	Continued From page 54 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 2 of 2 clients (Client #1 and Client #2). The findings are: Review on 4-21-21 of the facility's incident reports dated from January 2021 - April 21, 2021 revealed: -no Level I incident reports were completed; -only 1 Level II incident report dated 4-10-21 for Client #2. Review on 4-20-21 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -upon search completed by client name, facility name, and county name, there were no incident reports completed through NC IRIS since the facility opened on May 28, 2020. Interview on 4-21-21 of the Team Leader/Qualified Professional (QP) #1 and QP#2's Supervisor revealed: -no Level I incident reports were submitted for the facility; -there is 1 Level II incident report for an incident that occurred with Client #2 on April 10, 2021 but she did not have it in the office; -she would request a copy of it for review. Review on 4-22-21 of the Level I Incident Report dated 4-10-21 for Client #2 revealed: -dated 4-10-21; -submitted 4-22-21; -bruising to right forearm and upper arm from a	V 367		

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V 367	Continued From page 55 restraint; -involved staff member was Staff #1; -"staff grabbed client's arm to keep him from going out of the door, client received bruising on his left forearm;" -an internal investigation was being conducted to determine the origin of the bruises; -"the QP will work with all assigned staff and retrain on completing documentation as it relates to incidents, notification of any bruises, cuts, etc. visible on client prior to providing services." Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -used physical restraints on Client #1 when he exhibited physical aggression; -had used physical restraints on Client #1 on 4-19-21 and 4-21-21; -would cross Client #1's arms in front of his body and hold his wrists while standing behind the client; -had not documented or reported the needs for the physical restraints used on Client #1; -had to use "force" when redirecting Client #2 from leaving the house on 4-10-21; -had not completed an incident report for any physical interventions; -had left a case of water on the kitchen countertop and Client #1 drank approximately 12 bottles of water in one day; -no incident report was completed on Client #1's abundance of liquids consumed in one day. Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware Staff #1 had performed physical restraints on Client #1; - "unless it is an emergency for health and safety, we do not do physical restrictive interventions;" -the Level II incident report completed on Client	V 367		

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V 367	Continued From page 56 #2 was completed to document the use of physical interventions by Staff #1 and the bruising which may have occurred from the intervention; -would recommend Staff #1 receive additional trainings. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the	V 536		

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V 536	Continued From page 57	V 536		

course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the 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

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V 536	Continued From page 58 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 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	V 536		

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V 536	Continued From page 59	V 536		

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 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 record reviews and interviews, the facility failed to ensure staff demonstrated competency in Alternatives to Restrictive Intervention affecting 1 of 3 staff (Staff #1) and failed to have staff trained in Alternatives to Restrictive Interventions affecting 2 of 3 staff (Staff #2 and Staff #3). The findings are:

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V 536	Continued From page 60 Review on 4-22-21 of Staff #1's Personnel Record revealed: -received Getting it Right Training (Alternative to Restrictive Interventions) on 5-27-20. No personnel records for Staff # 2 and Staff #3 were produced by the Human Resource Director upon request. Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -had lived in the home since September 2020; -Licensee/Director/Qualified Professional (QP) was aware that Staff #3 moved into the home when he moved in last September; -Staff #2 moved into the home in March 2021; -had received Alternatives to Restrictive Interventions (Getting it Right) through the licensee; -had only practiced physical restraints and hands on approaches to re-direct Client #1 and Client #2. Interview on 4-21-21 with Staff #2 revealed: -moved into the home to live with Staff #1 in March 2021; -Staff #2 had watched Client #1 for short periods of time while Staff #1 would go to the store; -had not been employed or trained by the Licensee. Interview on 5-5-21 and 5-6-21 with Staff #3 revealed: -had lived in the home with Staff #1 since October 2020; -the Licensee/Director/QP knew that she had lived in the home with Staff #1 since October 2020; -had provided supervision to Client #1 and	V 536		

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V 536	Continued From page 61 Former Client #3 while Staff #1 ran errands for the home; -had witnessed aggressive behaviors from Client #1 towards herself and Client #3 at different times while Staff #1 was away from the home; -Client #1 aggressed towards her and chased her upstairs during one occasion when she had been left alone to supervise Client #1; -had not been employed or trained by the Licensee. Interview on 4-22-21 with the Human Resources Director revealed: -was not aware that other people were living in the home and had provided supervision to the clients in the home; -was unable to locate personnel files for Staff #2 and Staff #3. Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware that Staff #2 lived in the home; -thought that Staff #2 was there visiting with him for the last month; -knew that Staff #3 lived in the home; -was not aware that Staff #1 was leaving Staff #2 and Staff #3 to care and supervise the clients while Staff #1 would leave the home to run errands; -did not have personnel files for Staff #2 or Staff #3; -Staff #2 and #3 had not received Alternative to Restrictive Interventions training. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 536		

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V 537	Continued From page 62	V 537		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to	V 537		

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V 537	Continued From page 63 Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the	V 537		

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V 537	Continued From page 64 need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once	V 537		

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V 537	Continued From page 65 annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (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. (l) 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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that all staff were trained on Seclusion, Physical Restraint, and Isolation Time-out for 1 of 1 Staff (Staff #1). The findings are: Finding #1: Review on 4-21-21 of facility Incident Reports revealed: -no incident reports for Client #1.	V 537		

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V 537	Continued From page 66 Review on 4-22-21 of Staff #1's Personnel Record revealed: -no training in personnel record for seclusion, physical restraint, and isolation time-out training. Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: - "he (Client #1) will attack new people;" - "when he (Client #1) scratches you, I just hold his arms down and he calms down;" -the last time Staff #1 restrained Client #1 was today (4-21-21) at the doctor's office when Client #1 exhibited behaviors; -Staff #1 restrained Client #1 on Monday, 4-19-21, when he tried to grab, scratch, and bite his day worker when he was being dropped off that morning at his house; - "I get behind him and wrap his arms in front of him to restrain him, I know it calms him down, seen it done at school (on Client #1);" -"the restraints are not documented anywhere." Finding #2: Review on 4-21-21 of the facility's Incident Reports revealed: -no level I incidents were completed for the facility. Review on 4-22-21 of Client #2's Level II Incident Report dated 4-10-21 revealed: -"staff (Staff #1) grabbed client's arm to keep him from going out the door, client received bruising on left forearm." Review on 5-7-21 of the facility's Internal Investigation dated 4-12-21 involving injuries to Client #2 revealed: -interview with Staff #1 revealed that Client #2	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601447	A. BUILDING: _____ B. WING _____	06/09/2021

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V 537	Continued From page 67 was trying to leave through the front door of the house and Staff #1 "tried to pull him back to see if I could guide him back" and then had to go around Client #2 and "had to put force and guided him (Client #2) back into the house." Review on 5-4-21 of pictures of Client #2's injuries which were taken by Client #2's father while he was in the hospital revealed: -three reddish purple bruises parallel with each other above the knuckles on the exterior of the left hand; -2 large dark purplish/blackened bruises (2-3 inches each) on the upper exterior of the left arm (one bruise towards the front of the upper arm and one bruise towards the back of the upper arm); -a large dark purplish/blackened bruise surrounding the left elbow, approximately 4-5 inches in diameter; -several scabbed scratch marks on the left forearm (2 scratches approximately 1-2 inches long, 1 scratch approximately 1 inch long); -a large dark purplish/black bruise, approximately 2-3 inches in diameter) on the exterior of the right forearm, near the wrist; -a large dark purplish/black bruise, approximately 2-3 inches in diameter on the top of the right hand (above his pointer and middle fingers). Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed: -Client #2 was focused on leaving the home and walked out the front door; -Client #2 was not accepting of redirection from Staff #1 while he was attempting to leave the house; - "I was pushing him back to the house as he was using all his force to leave."	V 537		

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V 537	Continued From page 68 Interview on 4-20-21 with Client #2's guardian revealed: -son did not have bruising to his arms or hands when he last saw him on Friday, April 9th; -when his son was dropped off at home on the evening of April 10th, he had bruising to his arms and hand; -he took pictures of the bruising. Interview on 5-3-21, 5-5-21, and 5-11-21 with QP #2 revealed: -the agency teaches "Getting is Right ... no therapeutic holds are taught;" -Client #1's behaviors are unpredictable, he is physically aggressive, scratches, punches, hits others; - "you have to be on the lookout when he (Client #1) is around;" -was not aware of any time that Client #1 needed to be restrained; -completed the Level II Incident Report for Client #2 because the Licensee/Director/QP asked her to complete it even though she was not the assigned QP for Client #2; -not aware of Client #2's behaviors; - "I don't even know who [Client #2] is." Interview on 5-10-21 with the Licensee/Director/QP revealed: -was not aware Staff #1 had performed physical restraints on Client #1; - "unless it is an emergency for health and safety, we do not do physical restrictive interventions." -would recommend Staff #1 receive additional trainings; -had rescheduled a Getting it Right training for Staff #1. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for	V 537		

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V 537	Continued From page 69 Alternative Family Living - Scope V289 for a Type A1 rule violation and must be corrected within 23 days.	V 537		
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 record reviews, interviews, and observations, the facility failed to maintain the facility and grounds in a safe, clean, attractive, and orderly manner. The findings are: Observation of the facility and facility grounds on 4-21-21 at approximately 10:00am revealed: -an overgrown lawn with grass and weeds to the mid-calf were visible; -tall weeds in the flowerbeds surrounding the front and left side of the house; -an uncovered electrical outlet in Client #1's bedroom; -a mound of dirt (circumference of approximately 6 inches) had been swept into the center of the living room floor in need of disposal; -exposed wiring to an exterior light at the top left of the backdoor leading into the house from the back yard; -a screen door leading from the backyard onto the screened in porch, on the hinges but broken	V 736		

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	MHL0601447	A. BUILDING: _____ B. WING _____	06/09/2021

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V 736	Continued From page 70	V 736		

into two sections in the center of the door;
-several torn screens on the back porch.

Interview on 4-21-21, 4-30-21, and 5-6-21 with Staff #1 revealed:
-the exterior light was missing, and wires had been exposed since he moved into the home in September 2020;
-Staff #1 had been completing some repairs and painting the interior home for the Licensee/Director/Qualified Professional (QP);
-Staff #1 did not know how the screen door broke, "[Client#1] broke it, I would assume;"
-"I'll be doing the yard work;"
-"never taken care of a yard ...it will be my first time taking care of a yard."

Interview on 4-21-21 with Staff #2 revealed:
-"[Licensee/Director/QP] has someone to come every week or 2, supposed to be this week to mow the lawn.
-Staff #1, was in the process of painting some of the rooms in the house.

Interview on 5-5-21 and 5-6-21 with Staff #3 revealed:
-Staff #1 was learning how to do yard work;
-they had always lived in an apartment and Staff #1 had never completed yard work in the past;
-Staff #1 cut the grass last week;
-"the front garden needs to be cleaned out some more before we put mulch down."

Interview on 5-10-21 with the Licensee/Director/QP revealed:
-"[Staff #1] is responsible for the yard work. I live in a homeowner's association and they send me letters when it is looking bad;"
-Staff #1 will be maintaining the yard work and has been working on some repairs and painting

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V 736	Continued From page 71 around the house. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Alternative Family Living - Scope 289 for a Type A1 rule violation and must be corrected within 23 days.	V 736		