

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERBERT REID HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3307 TEAL DRIVE</b> <b>WILSON, NC 27893</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 6/30/21. The complaint was substantiated (intake #NC00177262) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three of four audited staff (Staff #5, Qualified Professional #1 (QP#1) and Qualified Professional #2(QP#2)) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are:</p> <p>Review on 6/3/21 of Staff #5's personnel record revealed: -Hire date 8/30/16. -CPR/First Aid training expired 1/8/21. -No documentation of current certification in CPR/First Aid.</p> <p>Review on 6/3/21 the Qualified Professional #1's (QP#1) personnel record revealed: -Hire date 7/1/17. -CPR/First Aid training expired 3/20/21. -No documentation of current certification in CPR/First Aid.</p> <p>Review on 6/3/21 of the Qualified Professional #2's (QP#2) personnel record revealed: -Hire Date 4/1/11. -CPR/First Aid training expired 3/20/21. -No documentation of current certification in CPR/First Aid.</p> <p>Interview on 6/3/21 the Qualified Professional #2 stated:</p>	V 108		

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V 108	Continued From page 2  -CPR/First Aid trainings could not be renewed due to the pandemic. -The trainer had been sick recently. -CPR/First aid training would be scheduled soon.	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 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.	V 110		

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V 110	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of four audited direct care staff (#5) failed to demonstrate knowledge skills and abilities required by the population served and one of one Qualified Professional's (QP) (QP#2) failed to supervise staff to ensure the delivery of required services. The findings are:</p> <p>Cross Reference: 10A NCAC27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (Tag V112). Based on interviews and record reviews, the facility failed to implement strategies to address client needs for 1 of 2 audited clients (#2).</p> <p>Review on 6/30/21 of the Plan of Protection dated 6/30/21 and written by the Qualified Professional #2 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Immediately provide training to staff on appropriately monitoring client while smoking to ensure another fire does not occur. Return clients cigarettes so that he can smoke as he chooses. Schedule team meeting with care coordinator to develop a long range goal for smoking." -"Describe your plans to make sure the above happens. Contact care coordinator revised ISP and is implemented. Staff has been trained on appropriate monitoring of client. Cigarettes have been returned to facility. Implementation will be monitored by Qualified Professional."</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>The facility had 2 male clients, between 68-69 years old, diagnosed with intellectual developmental disabilities, autistic, psychotic, schizoaffective, seizure and bipolar disorders, as well as, cardiac, diabetes, gastric and bowel diagnoses. A fire occurred at the facility on 5/14/21 while client #2 was outside smoking and unsupervised. Staff #5, the only staff on shift had left client #2 unsupervised outside on the deck while she returned inside the facility to assist another client. When staff #5 returned client #2 had set fire to a nearby mop. The fire had spread from the mop to under the deck of the facility. The local fire department had to be called to extinguish the fire. Client #2's treatment plan revealed staff would ensure client #2 did not burn paper while smoking and would discard cigarettes appropriately. The Qualified Professional failed to supervise staff and to ensure the treatment plan strategies were implemented at the facility. The facility staff did not implement strategies for client #2's supervision needs and the overall safety and well being for the clients in the facility. As a result of staff #5 leaving client #2 unsupervised while smoking which caused a fire and the Qualified Professional failing to supervise staff constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 110		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to implement strategies to address client needs for 1 of 2 audited clients (#2). The findings are:</p> <p>Review on 6/3/21 of client #2's record revealed: -68 year old male admitted 4/1/11. -Diagnoses included Moderate Intellectual Developmental Disability, Autism Spectrum Disorder, Other Specified Schizophrenia Spectrum, Psychotic Disorder, Hypertension, Seizure Disorder, Type II Diabetes, Gastroesophageal Reflux Disease (GERD),</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>Irritable Bowel Syndrome, Hyponatremia/Low Sodium.</p> <p>Review on 6/1/21 of client #2's Person-Centered Profile dated 12/1/20 revealed: "Short Range Goal: 3d. Daily, [Client #2] will keep the area where he smokes clean and be monitored... [client #2] sometimes leaves ashes on the porch and make sure there are no cigarettes lit in the can after smoking. Staff must also monitor [client #2] to ensure he is not burning paper while outside smoking... Steps for person supported/task analysis (continue steps as needed): 1. [client #2] will empty out cigarettes when directed by staff... 2. [client #2] will make sure that there are no lit cigarettes before emptying can... Staff's action... 2. Staff will direct [client #2] to ensure he puts out his cigarettes in the appropriate place...4. Staff will direct [client #2] to empty out smoked cigarettes and ensure that they are not lit to prevent potential fire hazard...Long Range Goal 5: [Client #2] will continue to receive support and supervision to stay healthy and safe in his home...Steps: [Client #2] needs 24/7 supervision to ensure his health and safety..."</p> <p>Interview attempt on 6/3/21 with client #2 revealed: -He was difficult to understand and spoke in a fast pace. -He stated he had given up smoking.</p> <p>Interview on 6/1/21 staff #2 stated: -She had worked at the facility for about a month. -Client #2 had not smoked that much. -Client #2 had not acted as if he missed smoking.</p> <p>Interview on 6/3/21 staff #5 stated: -She had worked at the facility since 2016.</p>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-She usually worked Thursdays and Fridays 8:00am - 4:00pm and had worked the shift alone on 5/14/21 when the fire occurred.</li> <li>-Client #2 had smoked and set the fire on 5/14/21.</li> <li>-She stepped inside the facility to check on client #1 while client #2 was unsupervised and smoking on the deck.</li> <li>-It took her less than 2 minutes to check on client #1 and when she returned to the deck client #2 had set the mop on fire.</li> <li>-She had been able to extinguish some of the fire, but the fire had spread under the deck of the facility and the local fire department. had to be called to extinguish the fire.</li> <li>-Client #2 is to be supervised while he smokes.</li> <li>-Client #2 had not smoked since the fire occurred on 5/14/21.</li> <li>-Client #2 had not asked to smoke since the fire occurred.</li> <li>-There had not been any cigarettes in the facility for client #1 since the fire.</li> </ul> <p>Interviews on 6/3/21 and 6/7/21 the Qualified Professional #2 stated:</p> <ul style="list-style-type: none"> <li>-Client #2 had not wanted to smoke since the facility fire.</li> <li>-Client #2 had not smoked since the fire occurred on 5/14/21.</li> <li>-Client #2's cigarettes were removed from him by the facility on 5/14/21.</li> <li>-Client #2 had not had any cigarettes at the facility since the fire on 5/14/21.</li> <li>-Client #2's treatment strategies had not been implemented by staff to prevent the fire on 5/14/21.</li> <li>-Staff #5 should have supervised client #2 continuously while he was smoking to ensure his safety.</li> </ul>	V 112		

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V 112	Continued From page 8  This deficiency is crossed referenced into 10A NCAC 27G .0204 Competencies and Supervision or Paraprofessionals V110 for a Type A2 rule violation and must be corrected within 23 days.	V 112		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00	V 364		

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V 364	<p>Continued From page 9</p> <p>p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S.</p>	V 364		

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V 364	<p>Continued From page 10</p> <p>122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p>	V 364		

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V 364	<p>Continued From page 11</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a</p>	V 364		

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NAME OF PROVIDER OR SUPPLIER  <b>HERBERT REID HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3307 TEAL DRIVE</b> <b>WILSON, NC 27893</b>
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V 364	<p>Continued From page 12</p> <p>period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a written statement was placed in the client's record detailing the reason for restriction of the right to keep and use personal possessions affecting 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 6/3/21 of client #2's record revealed: -68 year old male admitted 4/1/11. -Diagnoses included Moderate Intellectual Developmental Disability, Autism Spectrum</p>	V 364		

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V 364	<p>Continued From page 13</p> <p>Disorder, Other Specified Schizophrenia Spectrum, Psychotic Disorder, Hypertension, Seizure Disorder, Type II Diabetes, Gastroesophageal Reflux Disease (GERD), Irritable Bowel Syndrome, Hyponatremia/Low Sodium.</p> <p>Review on 6/1/21 of client #2's Individual support plan dated 12/1/20 revealed: -"Things that may create stress. Situations where I'll need extra help?...Not being able to smoke... What you can do to help me prepare ahead?...Plenty of cigarettes...Short Range Goal: 3d. Daily, [Client #2] will keep the area where he smokes clean and be monitored... [client #2] sometimes leaves ashes on the porch and make sure there are no cigarettes lit in the can after smoking. Staff must also monitor [client #2] to ensure he is not burning paper while outside smoking...Staff's action...2. Staff will direct [client #2] to ensure he puts out his cigarettes in the appropriate place...4. Staff will direct [client #2] to empty out smoked cigarettes and ensure that they are not lit to prevent potential fire hazard..."</p> <p>-Individual support plan was not revised to include the restriction of the right to keep and use his personal cigarettes which were purchased with his money. -Client #2 had not been appointed a legal guardian.</p> <p>Interview attempt on 6/3/21 with client #2 revealed: -He was difficult to understand and spoke in a fast pace. -He stated he had given up smoking.</p> <p>Review on 6/4/21 of the facility safety committee emergency meeting minutes dated 5/14/21 revealed:</p>	V 364		

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V 364	<p>Continued From page 14</p> <p>-Emergency meeting held on 5/14/21 and Committee members agreed that it was a health and safety issue with client #2's smoking resulting in a fire and therefore, client #2's smoking privileges were restricted.</p> <p>-Client #2's smoking restriction and duration of the restriction would be discussed during a human rights committee meeting on 5/17/21.</p> <p>Review on 6/4/21 of the facility's human rights committee's minutes dated 5/17/21 revealed:</p> <p>-The meeting was held to discuss the restriction of client #2's smoking cigarettes.</p> <p>-Committee members agreed client #2's cigarettes should be returned if client #2 asked for cigarettes.</p> <p>-Client #2 should be monitored closely by direct care staff while smoking and to ensure proper discarding of cigarettes.</p> <p>Interview on 6/1/21 staff #2 stated:</p> <p>-She had worked at the facility for about one month.</p> <p>-Staff #2 had worked alone with clients on the days clients did not have to go to the day program.</p> <p>-Client #2 had not smoked that much.</p> <p>-Client #2 had not seemed as if he missed the cigarettes.</p> <p>-Client #2 had not asked for a cigarette since the fire occurred on 5/14/21.</p> <p>Interview on 6/3/21 staff #5 stated:</p> <p>-She had worked at the facility since 2016.</p> <p>-She usually worked Thursdays and Fridays 8:00am -4:00pm and had worked the shift alone on 5/14/21 during the fire.</p> <p>-Client #2 had smoked and set the fire on 5/14/21.</p> <p>-She stepped inside the facility to check on client</p>	V 364		

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V 364	<p>Continued From page 15</p> <p>#1 while client #2 was unsupervised and smoking on the deck.</p> <p>-It took her less than 2 minutes to check on client #1 and when she returned to the deck client #2 had set the mop on fire.</p> <p>-She had been able to extinguish some of the fire, but the fire had spread under the deck of the facility and the local fire department had to be called to extinguish the fire.</p> <p>-It took her less than 2 minutes to check on client #1 and when she returned back outside with client #2 on the deck, the mop was on the ground on fire.</p> <p>-Client #2 is supposed to be monitored while he smokes.</p> <p>-Client #2 had not smoked since the fire occurred on 5/14/21.</p> <p>-Client #2 had not asked to smoke since the fire occurred.</p> <p>-There had not been any cigarettes in the facility for client #1 since the fire.</p> <p>Interviews on 6/3/21 and 6/7/21 the Qualified Professional #2 stated:</p> <p>-She had worked at the facility since 2011.</p> <p>-Client #2 purchased cigarettes by the carton with his own money.</p> <p>-Client #2 had not requested to smoke since the facility fire on 5/14/21</p> <p>-If client #2 requested a cigarette, she would immediately discuss his smoking responsibilities with him prior to giving him a cigarette.</p> <p>-If client#2 requested a cigarette, she would ensure staff was trained on supervising client #2 immediately prior to giving client #2 a cigarette.</p> <p>-Client #2 "ain't wanted to smoke since the fire."</p> <p>-Client #2's current strategies had not been implemented by staff to prevent the fire on 5/14/21.</p> <p>-Staff #5 should have monitored client #2</p>	V 364		
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V 364	Continued From page 16  continuously while he was smoking to ensure his safety.	V 364		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the	V 536		

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V 536	<p>Continued From page 17</p> <p>following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure all staff were trained on alternatives to restrictive interventions using the approved curriculum chosen by the facility affecting 3 of 4 staff audited (Staff #5, Qualified Professional #1 (QP #1) and Qualified Professional #2 (QP #2). The findings are:</p> <p>Interview on 6/03/21 staff #5 stated: -She had worked with facility for approximately 1 year. -National Crisis Intervention (NCI) Plus training expired 12/2/21. -No documentation provided of current certification in alternatives to restrictive interventions training.</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>Review on 6/3/21 the Qualified Professional #1's (QPI) personnel record revealed: -Hire date 7/1/17. -NCI Plus training expired 12/2/21. -No documentation provided of current certification in alternatives to restrictive interventions training.</p> <p>Review on 6/3/21 of the Qualified Professional #2's (QP II) personnel record revealed: -Hire Date 4/1/11. -NCI Plus training expired 12/1/21. -No documentation provided of current certification in alternatives to restrictive interventions training.</p> <p>Interview on 6/3/21 Staff #5 stated: -She had worked at the facility since 2006. -She had trained in NCI Plus.</p> <p>Interview on 6/3/21 the QP II stated: -NCI Plus trainings could not be renewed due to the pandemic. -The trainer had been sick recently. -NCI Plus training would be scheduled soon.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>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</p>	V 537		

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V 537	<p>Continued From page 21</p> <p>procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p>	V 537		

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V 537	<p>Continued From page 22</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and</p>	V 537		

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V 537	<p>Continued From page 23</p> <p>measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p>	V 537		

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V 537	<p>Continued From page 24</p> <p>review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of four audited staff (Staff #5, Qualified Professional #1 (QP#1) and Qualified Professional #2 (QP#2) received training in seclusion, physical restraint and isolation time-out prior to providing services. The findings are:</p> <p>Interview on 6/03/21 staff #5 stated:.</p> <ul style="list-style-type: none"> <li>-She had worked with facility for approximately 1 year.</li> <li>-National Crisis Intervention (NCI) Plus training expired 12/2/21.</li> <li>-No documentation provided of current certification in seclusion, physical restraint and isolation time-out training.</li> </ul> <p>Review on 6/3/21 of the QP #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date 7/1/17.</li> <li>-NCI Plus training expired 12/2/21.</li> <li>-No documentation provided of current certification in seclusion, physical restraint and</li> </ul>	V 537		

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V 537	Continued From page 25 isolation time-out training.  Review on 6/3/21 of the QP #2's personnel record revealed: -Hire Date 4/1/11. -NCI Plus training expired 12/1/21. -No documentation provided of current certification in seclusion, physical restraint and isolation time-out training.  Interview on 6/3/21 Staff #5 stated: -She had worked at the facility since 2006. -She had trained in NCI Plus.  Interview on 6/3/21 the QP #2 stated: -NCI Plus trainings could not be renewed due to the pandemic. -The trainer had been sick recently. -NCI Plus training would be scheduled soon.	V 537		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds  10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money;	V 542		

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V 542	<p>Continued From page 26</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to (1) manage and maintain records of client personal funds as required (2) keep clients' personal funds separate from any operating funds; (3) provide quarterly accounting of clients' personal fund accounts, affecting 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 6/1/21 client #1's record revealed: -69 year old male admitted 4/11/11. -Diagnoses included Severe Intellectual Developmental Disability, Schizoaffective Disorder, Bipolar Depressive Type, Schizophrenia Paranoid Type, Hypothyroidism, Eczema, Seasonal Allergies, Myopia, Mild Stressors and</p>	V 542		

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V 542	<p>Continued From page 27</p> <p>History of Hypertension.</p> <ul style="list-style-type: none"> <li>-Ledger dated 10/5/20 - 5/6/21 of client #1's personal money noted the last entry on 5/6/21 as \$66.00 deposit, \$26.02 debt for medication and balance of \$26.02 with client #1's signature and witness signature.</li> <li>-Written balance at top of client #1's ledger noted as "Stimulus \$247.19, Stimulus \$1,400.00 with total of \$1,647.19."</li> <li>-No legal guardian appointed.</li> <li>-Upon review of receipts provided for client #1 revealed not all expenditures were accounted for.</li> </ul> <p>Finding #2:</p> <p>Review on 6/1/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-68 year old male admitted 4/1/11.</li> <li>-Diagnoses included Moderate Intellectual Developmental Disability, Autism Spectrum Disorder, Other Specified Schizophrenia Spectrum, Psychotic Disorder, Hypertension, Seizure Disorder, Type II Diabetes, Gastroesophageal Reflux Disease (GERD), Irritable Bowel Syndrome and Hyponatremia/Low Sodium.</li> </ul> <p>Ledger dated 10/5/20 - 5/6/2021 of client #2's personal money noted the last entry on 5/6/21 as \$66.00 cash deposit, \$0 debt and balance of \$66.00 with client #2's signature and witness signature.</p> <ul style="list-style-type: none"> <li>-Written balance at top of client #2's ledger noted as "Stimulus \$397.14, Stimulus \$1,400.00 with total of \$1,797.14."</li> <li>-No legal guardian appointed.</li> <li>-Upon review of receipts provided for client #2 revealed not all expenditures were accounted for.</li> </ul> <p>Review on 6/4/21 of facility business account statements from 12/1/20-6/3/21 revealed:</p>	V 542		

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V 542	<p>Continued From page 28</p> <ul style="list-style-type: none"> <li>-Monthly social security deposits for client #1.</li> <li>-Monthly social security deposits for client #2.</li> <li>-A deposit for client #1 on 4/7/21 in the amount of \$1400.00.</li> <li>-A deposit for client #2 on 4/7/21 in the amount of \$1400.00.</li> </ul> <p>Review on 6/4/21 of canceled facility business account checks from 12/1/20-6/3/21 revealed:</p> <ul style="list-style-type: none"> <li>-Checks were made out to "cash" with "client personal funds" written in the memo section monthly from 12/1/20-6/3/21.</li> </ul> <p>Interview on 6/1/21 client #1 stated:</p> <ul style="list-style-type: none"> <li>-He liked living there.</li> <li>-They gave him money.</li> <li>-He had shopped in stores with his money.</li> </ul> <p>Interview attempt on 6/3/21 revealed he was difficult to understand and spoke with a fast pace, however, he stated he had given up smoking.</p> <p>Interview on 6/1/21 staff #1 stated clients had usually had money to spend when needed.</p> <p>Interview on 6/3/21 the Qualified Professional #2 stated:</p> <ul style="list-style-type: none"> <li>-Each client received \$66.00 personal monthly.</li> <li>-Clients paid any medication cost that wasn't covered by their insurance out of their personal money.</li> <li>-Clients had not had their own individual bank accounts for the depositing and withdrawal of their personal money.</li> <li>-Clients' monies had been deposited into the facility business account that also pays expenses for the facility.</li> <li>-She had not known of the requirement for clients to have individual bank accounts separate from the facility business account.</li> </ul>	V 542		

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V 542	Continued From page 29  -She had wrote a monthly lump sum check out to "cash" to withdraw client personal monies from the business account to disperse to each client. -Clients received their \$66.00 in cash in their hands each month and they signed for it. -Clients had been responsible for their own personal money and the facility did not maintain all receipts for purchases made with the clients' personal monies. -Clients had been using their personal money to make small purchases in the community. -Client stimulus funds had been deposited into the facility business account and client funds were deposited into the facility business account for a long time. -Neither client #1 or client #2 received the first stimulus check. -Client #1 received a paper check for the second stimulus in the amount of \$600.00 that was deposited into the facility business account. -Client #2's received a paper check for the second stimulus was deposited into the facility business account. -Both clients last stimulus checks were direct deposited into the business account in April 2021. -She had not maintained all receipts for clients' monies spent. -She had been actively working with other agencies to secure a legal guardian for both clients prior to the pandemic and within the last month. -She would assist clients with obtaining separate accounts for deposits and withdrawals and develop a process for retaining receipts.	V 542		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

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V 736	<p>Continued From page 30</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations between 10:00am and 11:00am on June 3, 2021 revealed:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom wall had various sized black marks.</li> <li>-The 2nd -5th drawers of client #2's five drawer chest were off track.</li> <li>-Client #2's bedside table was missing both drawers.</li> <li>-Client #1's 6th drawer in his six drawer chest was broke.</li> <li>-Hall vent register had heavy dust build up.</li> <li>-Carpet in living and dining room was heavily stained/soiled throughout both rooms and had multiple black spots varying in size.</li> <li>-on the left outside wall of the facility, a window was missing a shutter off.</li> </ul> <p>Interview on 6/03/21 client #1 stated: -He had broken the drawer in the dresser.</p> <p>Interview on 6/7/21 the Qualified Professional #2 stated:</p> <ul style="list-style-type: none"> <li>-The marks on client #2's wall were caused by client #2's recliner.</li> <li>-Client #2 only used his bedside table to draw.</li> <li>-Facility normally had its carpet cleaned every</li> </ul>	V 736		

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V 736	Continued From page 31  couple of months and it had not been cleaned because of the pandemic. Carpet cleaning would be scheduled. -The shutter had fallen off. -She understood facility had to be maintained in a safe, clean, attractive and orderly manner.	V 736		
V 742	27G .0304(a) Privacy  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure privacy was provided for two of two audited clients (#1 and #2) during toileting or bathing. The findings are:  Observations of the facility between 5/28/21 -6/7/21 revealed: -Bathroom on left side of facility hallway did not have door knob with a lock to ensure privacy -Bathroom in master bedroom did not have a door knob with a lock to ensure privacy.  Interview on 6/3/21 client #1 stated: -He did not know if the bathroom door locked. -He did not care if the bathroom did not have a lock.  Interview attempt on 6/3/21 with client #2 revealed: -He was difficult to understand and spoke in a fast pace.	V 742		

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V 742	<p>Continued From page 32</p> <p>-He did not respond to questions regarding the bathroom door which did not have locks.</p> <p>Interview on 6/3/21 Qualified Professional #2 stated:</p> <p>-Sometimes clients had taken things from the bathroom and would hoard and hide them.</p> <p>-She would attempt to obtain door knobs which contain a lock.</p>	V 742		