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	MHL092-956	A. BUILDING: _____ B. WING _____	R 06/16/2021

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 06/16/21. The complaint was substantiated (intake #NC00176786). Deficiencies were cited. This facility is licensed for the following service category:10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.	V 000		
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	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure medications were available to administer and failed to ensure MAR's were current affecting three of three audited clients (#2, #3 and #5). The findings are: a.Review on 06/15/21 client #2's record revealed: -Admitted: 08/04/17 -Diagnoses: Schizoaffective disorder, Type 2 diabetes, Hyperlipidemia, Hypercalcemia Review on 06/15/21 physician orders for client #2 revealed: - 04/24/18 Tylenol 325 mg (milligram) take 2 tablets by mouth every four hours as needed (temporarily relieves minor aches and pains) - 12/18/20 Bisacodyl EC 5 mg, take 1 tablet by mouth every day as needed for constipation (Laxative, it can treat constipation) - 12/18/20 Guafenesin DM (dextromethorphan) Syrup, take 10ml (milliliter) by mouth every six hours as needed (to relieve chest congestion) - 10/08/20 Senna Laxative tablet, take 1 tablet by mouth at bedtime as needed (Laxative, used to treat constipation) Review on 06/15/21 of MAR for client #2 revealed: - Tylenol 325 mg, Bisacodyl EC 5 mg, Guafenesin DM Syrup, listed on the April 2021, May 2021,	V 118		

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V 118	Continued From page 2 June 2021, MAR's - Each of these medications have a line drawn through them, with no notation of to why a line drawn through Observation on 06/15/21 at 10:30am of client #2's medications revealed: -No Tylenol 325 mg, Bisacodyl EC 5 mg, Guafenesin DM Syrup medications present b. Review on 06/15/21 client #3's record revealed: - Admitted: 11/22/17 - Diagnoses: Schizoaffective disorder, Bipolar type, Hypothyroidism, Vitamin D deficiency Review on 06/15/21 of physician orders for client #3 revealed: - 12/17/20 Bisacodyl Enteric Coated (EC) 5 mg, take 1 tablet by mouth every day as needed for constipation (Laxative, it can treat constipation) Review on 06/15/21 of MAR for client #3 revealed: - Bisacodyl EC 5 mg listed on the April 2021, May 2021, June 2021, MAR's - Medications have a line drawn through, with no notation of to why a line drawn through Observation on 06/15/21 at 11:30am of clients #3's medications revealed: -No Bisacodyl EC 5 mg medication present for administration c. Review on 06/15/21 client #5's record revealed: -Admitted: 04/03/18 -Diagnoses: Schizoaffective disorder, Hyperlipidemia Review on 06/15/21 physician orders for client #5	V 118		

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V 118	Continued From page 3 revealed: - 10/03/19 Tylenol 325 mg, take 2 tablets by mouth every four hours as needed (temporarily relieves minor aches and pains) - 08/25/20 Guafenesin DM Syrup, take 10ml by mouth every six hours as needed (to relieve chest congestion) Review on 06/15/21 of MAR for client #5 revealed: - Tylenol 325 mg, Guafenesin DM Syrup listed on the April 2021, May 2021, June 2021, MAR's - Medications have a line drawn through it, with no notation of to why a line drawn through Observation on 06/15/21 at 12:30pm of client #5's medications revealed: -No Tylenol 325mg, Guafensin DM Syrup medications present Interview on 06/15/21 the House Manager stated: -The MARs are printed by the pharmacy and sent to the group home -She had put a line through the prn (as needed) medications every month -The prn medications are not delivered to the group home -Clients had not used the prn medications for at least a year Interview on 06/15/21 the Qualified Professional stated: -She had not reviewed the MARs monthly -The pharmacy prints the MARs monthly and sends to the group home This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

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V 131	Continued From page 4	V 131		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to hiring one of three audited staff (#1). The findings are: Review on 06/16/21 of staff #1's personnel records revealed: -Hired 03/27/20 -Job description listed direct care worker -No evidence HCPR check had been completed Interview on 06/16/21, the House Manager stated: -She had forgotten to do the report -She was responsible for running the reports Interview on 06/15/21, the Qualified Professional stated: -She had nothing to do with hiring or personnel records	V 131		

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V 291	Continued From page 5	V 291		
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 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 review and interviews the facility failed to coordinate services for one of three audited clients (#3). The findings are:	V 291		

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V 291	Continued From page 6 Review on 06/15/21 of client #3's record revealed: -Admitted: 11/22/17 -Diagnoses: Schizoaffective Disorder, Bipolar Type, Hypothyroidism, Vitamin D deficiency -Dental visit on 03/27/21 revealed tooth #23 and #24 extracted and mold completed and in need of partial replacement, estimated cost $548.00 -Initial partial received 05/18/19 Interview on 06/11/21 the dental hygienist stated: -Medicaid pays for dentures/partials one time every ten years -Received initial denture/partial 05/18/19, Medicaid paid for the initial partial -An estimate was sent to the group home for a replacement partial -No further contact from the group home about the partial since March 2021 Interview on 06/11/21 the House Manager stated: -The group home had received an estimate for a replacement partial for client #3 -The group home did not manage the client's money, the client has a trust which was managed by her lawyer -The group home had sent the bills or estimates to the lawyer's office and a check will be sent back to the group home to pay the bill or estimates. -Nothing had been received back regarding the dental estimate for the partial replacement - She had not followed up with lawyer's office about payment of the estimate Interview on 06/11/21 the Qualified Professional stated: -She doesn't recall anything about client #3's partial replacement -Dental and doctor appointments are taken care	V 291		

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V 291	Continued From page 7 of by the House Manager. -She would be informed by the House Manager when assistance was needed	V 291		
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.	V 536		

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

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V 536	Continued From page 9	V 536		

by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:

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V 536	Continued From page 10 (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 review and interview the facility failed to ensure one of three audited staff (#1) received training in alternatives to restrictive interventions. The findings are: Review on 06/16/21 of staff #1's record revealed: -Hired: 03/27/20 -Job description of direct care staff. -No evidence of Training in Alternatives to Restrictive Interventions Interview on 06/16/21 House Manager stated: -Forgot training had not be done -Would have staff #1 trained	V 536		

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V 536	Continued From page 11 Interview on 06/15/21 the Qualified Professional stated: -She had nothing to do with hiring, training or personnel records	V 536		