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V 000	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on July 2, 2021. The complaint was substantiated (intake #NC00177583). 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 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105		

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V 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

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V 105	Continued From page 2 Based on record review and interviews, the facility failed to implement written policies for the delegation of management authority. The findings are: Review on 6/23/21 of the Licensee/Group Home Manager's (L/GHM) personnel record revealed: -Job descriptions for the Director, Supervised Living Home Manager and Paraprofessional signed as employee by L/GHM on 9/5/12. -Specific responsibilities for the Director included "Responsible for developing, coordinating, directing, and administering policies relating to all phases of public Relations..." There was no policy manual, when requested, available at facility for review during survey on 6/23/21-7/2/21. Interview on 6/29/21 the Qualified Professional (QP) stated: -The L/GHM was the only staff who worked at the facility. -She was the backup staff for the L/GHM. -She required a notice if needed for back up coverage. -She would not be available for 24 hours coverage like the L/GHM. -There was a designated sister facility for clients in the event of a disaster. They would follow the same protocol for any emergency. -She could not provide a copy of emergency coverage. She had to get the plan from the L/GHM. -She had discussed with L/GHM the need to hire another staff. Interview on 6/23/21 - 7/2/21 the L/GHM stated: -He was the only staff who worked at the facility. -The QP worked with other clients in another	V 105		

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V 105	Continued From page 3 county. -The QP was his only designee as back up staff. -The QP was not available on 6/23/21 to come to the facility during survey while he took clients to medical appointments. -Each client had unsupervised time in their treatment plan if he was not available. -There was no other plan in place if he had an emergency and the QP was unavailable. -The policy manual was at his office. -The QP was not available to participate in survey exit conference on 7/2/21. -He understood the need to have a delegation of management authority. Refer to V112 for additional information regarding unsupervised time.	V 105		
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	V 108		

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V 108	Continued From page 4 member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, 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 1 of 2 audited staff (Qualified Professional (QP)) had current training in Cardiopulmonary Resuscitation and First Aid (CPR/FA) . The findings are: Review on 6/24/21 of the QP's personnel record revealed: -Hire date 9/5/12. -Job Title:QP. -CPR/FA training was completed on 6/1/19 and expired 6/1/21. Review on 6/25/21 of a CPR/FA certificate for the QP revealed it was signed by the Licensee/Group Home Manager (L/GHM) as the Instructor, was "granted" on 5/25/2001, and expired 5/25/2023. Interview on 6/29/21 the QP stated: -She completed CPR/FA training almost 2 years ago.	V 108		

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V 108	Continued From page 5 -She had not completed any recent trainings. -She provided back up coverage if the L/GHM was not available. Interview on 6/24/21 and 6/25/21 the L/GHM stated: -The QP had current CPR/FA training. -The current CPR/FA certificate had not been in the QP's personnel record. -The QP provided back up coverage if he was not available. -There was no other staff for back up coverage.	V 108		
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.	V 112		

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This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to develop and implement goals and strategies based on client assessment for 4 of 4 clients (#1, #2, #3, #4). The findings are:

Finding #1
Review on 6/23/21 - 7/2/21 of client #1's record revealed:
-56 year old male admitted 10/1/12.
-Diagnoses included Schizophrenia, Paranoid Type, Chronic obstructive pulmonary disease (COPD), Bronchitis, Allergies and Tobacco Dependence.

Review on 6/23/21 - 7/2/21 of client #1's Person-Centered Plan (PCP) revealed:
-PCP completed on 6/15/2021.
-Signature page indicated the person responsible for the PCP was the Psychosocial Rehabilitation (PSR) Qualified Professional (QP).
-There were no goals or strategies identified for the residential facility.
-There were no goals or strategies to identify the need for restriction of cigarettes.
-There were no goals or strategies for budgeting or to identify how the Economic Stimulus Payments (Stimulus) and any client funds would be used.
-"How best to support [Client #1] 6-15-21 I got to start saving money because I always gamble my

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money away as soon as I get it and I'm just not winning like I should ([Client #1] struggles with budgeting his money and does not keep money for more than a day or two)... I need coffee and cigarettes as much as possible because I will get angry if I don't have it all the time..."
-"Long Range Outcome: ... [Client #1] wants to put emphasis on budgeting so that he can save some money to buy the things he likes..."
-Short term goals included, "... [Client #1] will also be able to utilize his unsupervised time up to 4 hours per day using time management skills 5 of 5 days per week per self-report, PSR Staff report, group home staff report."
-There was no basis for evaluation or assessment of outcome achievement documented for client #2's use of unsupervised time.

Review on 6/30/21 of client #1's grid sheets (progress notes) for April, May, and June 2021 revealed:
-The goals on the grid sheets were the same as goals in client #1's PCP, with 3 of 4 goals stated to be for PSR.
-The form did not document goal specific strategies to assist client #1 to meet his goals.

Interview on 6/24/21 client #1 stated:
-His doctor wanted him to smoke 3 cigarettes a day.
-Licensee/Group Home Manager (L/GHM) gave him 3 cigarettes in the morning and 3 in the afternoon.
-He paid $44 a month for a carton of cigarettes and it lasted for the month.
-He was allowed 2 hours a day of unsupervised time but he did not use it.
-The QP used to come to the home "a while ago."
-There had been no treatment team meeting with

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V 112	Continued From page 8 the QP but, "I like the idea." Finding #2 Review on 6/23/21 and 6/24/21 of client #2's record revealed: -58 year old male admitted 1/28/13. -Diagnoses included Major Depression, Anxiety, Glaucoma, Seizure Disorder, Hyperlipidemia. -Clinical Assessment dated 7/1/19 documented client #2 "... had a hard time remembering things and concentrating... did not know his address... requires 24 hour supervision... " -FL2 dated 3/21/21 documented client #2 was disoriented "Intermittently" and displayed inappropriate behavior, "Verbally Abusive." Review on 6/23/21 - 6/30/21 of client #2's PCP revealed: -PCP was completed on 6/15/21. -The PSR QP signed as the person responsible for the plan. - "...[Client #2] has issues with his money management and budgeting skills ..." -There were no goals or strategies for budgeting or to identify how the Stimulus money/client funds would be used. -Short term goals included, "... [Client #2] will also be able to utilize his unsupervised time up to 4 hours per day using time management skills 5 of 5 days per week per self-report, PSR Staff report, group home staff report." -For the unsupervised time goal, "Service Frequency" listed PSR, "Monday through Friday. 5 days a week. 6 hours a day." -There was no basis for evaluation or assessment of outcome achievement documented for client #2's use of unsupervised time. -There were no goals or strategies to identify the need for restriction of cigarettes for health	V 112		

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V 112	Continued From page 9 reasons. Review on 6/30/21 of client #2's grid sheets for April, May, and June 2021 revealed: -The goals on the grid sheets were the same as goals in client #2's PCP. -The form did not document goal specific strategies to assist client #2 to meet his goals. Interview on 6/24/21 client #2 stated: -He had lived at the facility for 9 - 10 years. -He had not participated in a treatment plan or goals; "I always go to him," (the L/GHM). -He could not identify the QP or anyone other than the L/GHM that came to the facility. -The L/GHM "locks up the cigarettes" so clients do not "smoke up all at once." -The L/GHM gave him 3 cigarettes a day and another 3 when he returned from the day program. -He thought the way the cigarettes were done worked well and he had no complaints. -He had "just a little" unsupervised time. -On weekends the clients could be alone without the L/GHM for 4 - 5 hours; "He can trust us." Finding #3: Review on 6/23/21 - 7/2/21 client #3's record revealed: -68 year old male admitted 12/1/12. -Diagnoses included Paranoid Schizophrenia, Dementia with Behavior disturbance, Borderline Intellectual Disorder and COPD. Review on 6/30/21 - 7/2/21 of client #3's PCP revealed: -PCP was revised on 1/25/21. -The PSR QP signed as the person responsible for the plan. -Short term goals included, "... [Client #3] will also	V 112		

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be able to utilize his unsupervised time up to 4 hours per day using time management skills 5 of 5 days per week per self-report, PSR Staff report, group home staff report."
-For the unsupervised time goal, "Service Frequency" listed PSR, "Monday through Friday. 5 days a week. 6 hours a day."
-There was no basis for evaluation or assessment of outcome achievement documented for client #3's use of unsupervised time.
-There were no goals or strategies to identify the need for restriction of cigarettes for health reasons.
-There were no goals/strategies for the facility.

Review on 6/30/21 of client #3's grid sheets for April, May, and June 2021 revealed:
-The goals on the grid sheets were the same as goals in client #3's PCP.
-The form did not document goal specific strategies to assist client #3 to meet his goals.

Interview on 6/24/21 client #3 stated:
-He lived at the facility for 11 years.
-He had 4 hours of unsupervised time but was not allowed to stay home alone.
-He had not seen the QP in "a while" or talked to her on the phone.

Finding #4
Review on 6/23/21 and 6/24/21 of client #4's record revealed:
-57 year old female admitted 11/18/12.
-Diagnoses included Schizophrenia, Anemia, Hypertension, Hyperlipidemia, and GERD (gastroesophageal reflux disease).

Review on 6/23/21 - 6/30/21 of client #4's PCP revealed:

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V 112	Continued From page 11 -PCP had been completed on 7/7/2020 and Reviewed/revised 11/23/20 and 2/26/21. -The PSR QP signed as the person responsible for the plan. -Long Range Outcome: "... [Client #4] wants to continue working on her independent living by focusing on her budgeting skills..." -Where am I in the process of achieving this outcome? "... she has someone else handling all of her finances but she would like to be able to do this on her own..." -There were no goals or strategies for budgeting or to identify how the Stimulus money/client funds would be used. -There were no goals/strategies for the facility. -There were no goals for unsupervised time. Review on 6/30/21 of client #4's grid sheets for April, May, and June 2021 revealed: -The goals on the grid sheets were the same as goals in client #4's PCP. -The form did not document goal specific strategies to assist client #4 to meet her goals. Interview on 6/24/21 and 6/30/21 client #4 stated: -On 6/24/21 client #4 stated she did not have unsupervised time. -On 6/30/21 client #4 stated she walked around the block in her neighborhood 3 days a week alone. -Sometimes another client would walk with her, and sometimes she walked alone. -She walked about ½ mile. -She enjoyed walking in her neighborhood and would like to have some head phones to listen to music, but they were too expensive. She had looked for some at yard sales, thrift stores, and pawn shops. Interview on 6/30/21 the PSR QP stated:	V 112		

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V 112	Continued From page 12 -She had to "re-do" the PCPs for client #1 and client #2 recently because it was "time." -The PCPs were done annually and revised every 3 months then every 6 months; the "re-do" was a PCP Review. -There were no changes in the PCPs for client #1 and #2, everything was "pretty much" the same and goals remained the same. -The teachers at PSR, PSR QP, the PSR QP's Boss, were the treatment team that Reviewed PCPs. -The PSR would "collaborate" with the L/GHM to develop goals for PSR and the home/facility. -She did not know the facility QP; however, she had only been the PSR QP since November 2020. -The L/GHM provided feedback on what was working and not working in the PCPs. Interview on 6/29/21 the QP stated: -She was the QP for the facility but took a "hiatus" during COVID (coronavirus disease) and had done things remotely. -One of her job responsibilities included assisting in the development of the PCPs. -There had not been any strategies for the facility because when they communicated with the PSR program "some things fall through the crack." It had been difficult since being remote. -She believed the PSR would change the PCPs after they had been reviewed. -She and L/GHM had sought another PSR program because of a PSR program "big turn around" with personnel changes. -She discussed with L/GHM reviewing PCPs quarterly. -A goal for smoking had previously been in the treatment plans (clients #1, #2, #3) and she had spoken with the L/GHM about an ongoing goal. -Clients (clients #1, #2, #3) paid $35 a month for	V 112		

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cigarettes and each received a carton of cigarettes.
-The cigarettes were kept by the L/GHM because there was an issue with clients smoking in the house.
-The L/GHM gave the clients (clients #1, #2, #3) 3 or 4 cigarettes in the morning to take to PSR and they had smoke breaks.
-The L/GHM worked out a "reward system" for the cigarettes.

Interview on 6/23/21 - 7/2/21 the L/GHM stated:
-The unsupervised time in the PCPs was a goal for the facility.
-The PSR completed the treatment plan for each client.
-All clients had received their Stimulus payments.
-He found "it to be chaotic" when clients knew their was a lump sum of money available.
-He disbursed client funds in small increments of $100 or $200.
-Clients received a $100 each month in addition to their $66 from their Stimulus money.
-Client #1, #2, and #3 paid $35 each a month for cigarettes.
-He purchased 3 cartons of cigarettes and each client received a carton.
-The three clients had not had the carton of cigarettes in their possession.
-He kept the cigarettes for each client and gave them 3 cigarettes at a time.
-If the client wanted additional cigarettes he gave them more, but it "may be attached to a reward."
-The clients had health issues and their doctors advocated for them to stop smoking.
-He had the "reward system" in place because of client health issues.
-The cigarette system was a "word of mouth agreement" between the L/GHM and clients #1, #2, and #3.

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V 112	Continued From page 14 -He understood the need for facility goals and strategies to be on each client's treatment plan.	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 15 This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure: (a) 2 of 2 staff (Licensee/Group Home Manager (L/GHM), Qualified Professional (QP)) demonstrated competency in medication administration; (b) medications were administered as ordered by the physician and MARs kept current affecting 3 of 3 audited clients (#1, #2, #4). The findings are: Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal (V119). Based on record reviews, observations, and interviews, the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion, or document medication disposal, for 3 of 3 audited clients (#1, #2, #4). The findings are: Finding #1: Review on 6/23/21 and 6/24/21 of client #2's record revealed: -58 year old male admitted 1/28/13. -Diagnoses included Major Depression, Anxiety, Glaucoma, Seizure Disorder and Hyperlipidemia. Review on 6/23/21 and 6/24/21 of client #2's medication orders revealed: -FL2 orders dated 3/21/21 and signed by client #2's primary care provider included the following: -Acetaminophen 500 mg (milligrams) twice daily. (Pain relief) -Brimonidine Tartrate 0.2% eye drops, 1 drop into left eye twice daily (Glaucoma) -Fluticasone nasal spray, 50 mcg (micrograms), 2 sprays in each nostril daily. (Allergy symptoms)	V 118		

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V 118	Continued From page 16 -Famotidine 20 mg twice daily. (Excess stomach acid, heartburn) -Levetiracetam 500 mg, 2 tablets twice daily. (Seizures) -Timolol Solution 0.5%, 1 drop in left eye twice daily. (Glaucoma) -Loratidine 10 mg at bedtime. (Allergy symptoms) -Phenytoin 100 mg, 3 capsules at bedtime. (Seizures) -Simvastatin 20 mg at bedtime. (Cholesterol) -Travorprost Eye Drops 0.004%, 1 drop into left eye at bedtime. (Glaucoma) -Refresh Optive Advanced eye drops, use as directed. (Dry eyes) -Prescriptions by client #2's psychiatrist dated 5/14/21 included: -Buspirone 15 mg, 1/2 tablet twice daily. (Depression) -Lorazepam 1 mg, twice daily. (Seizure control, anxiety) -Mirtazapine 15 mg before bedtime. (Depression) -Lorazepam 1 mg twice daily as needed for panic. -Citalopram 40 mg daily. (Depression) Review on 6/23/21 (prior to 3 pm) of client #2's MARs for April, May, and June 2021 revealed: -The L/GHM documented each medication administered by drawing a continuous squiggle line from the first to the last dose each month. -The L/GHM documented the following medication prior to the scheduled dosing times: -Acetaminophen 500 mg, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) Brimonidine Tartrate 0.2% eye drops, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) -Tartrate 0.2% eye drops, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm)	V 118		

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V 118	Continued From page 17 -Famotidine 20 mg, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) -Levetiracetam 500 mg, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) -Buspirone 7.5 mg, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) -Lorazepam 1 mg, twice daily: 6/23/21 (8 pm) - 6/25/21 (8 pm) -Timolol Solution 0.5%, 6/23/21 (8 pm) -Loratidine 10 mg, 6/23/21 (8 pm) -Phenytoin 300 mg, 6/23/21 (8 pm) -Simvastatin 20 mg, 6/23/21 (8 pm) -Travorprost Eye Drops 0.004%, 6/23/21 (8 pm) -Mirtazapine 15 mg, 6/23/21 (8 pm) -Fluticasone nasal spray. 6/24/21-6/25/21 (8 am) -April and June 2021 MARs: 2 continuous squiggle lines extended beside the MAR order, Lorazepam 1 mg twice daily as needed for panic, from 4/1/21 - 4/30/21 and 6/1/21 - 6/23/21. There were no dosing times documented. Review on 6/30/21 of client #2's Medical Consultation Form completed by the Optometrist on 6/30/21 revealed: -New order for Travorprost eye drops to be administered at bedtime. -All other eye drops had been discontinued until client #2's next exam, when he would have his eye pressure tested and a visual field examination done. Observation on 6/24/21 between 11 am - 2 pm of client #2's medications on hand revealed: -Eye drops: -Brimonidine Tartrate 0.2% eye drops, 10 ml (milliliter) bottle, dispensed 3/29/17, expired 12/2018. A small amount of solution remained inside the bottle.	V 118		

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V 118	Continued From page 18 -Travorprost Eye Drops 0.004%, 2.5 ml bottle, dispensed 5/12/16, expired 6/2017. The bottle was empty. -Timolol Solution 0.5%, 2 empty 10 ml bottles. Bottle #1 had been dispensed 2/5/18 and expired 3/2019. Bottle #2 had been dispensed 3/29/17 and expired 10/2019. -Refresh Optive Advanced eye drops, 15 ml bottle, dispensed 12/28/15, expired 9/2017. Solution remained in the bottle. -Client #2's oral medications were dispensed in blister packs with a 28 day supply. Client #2's blister packs in current use were stored in client #2's bin. -Client #2 had extra blister packs of medication on hand that were stored in the overflow box with other clients' extra blister packs not in use. -Blister packs dispensed prior to June 2021 in use, with overflow blister packs dispensed prior to June 2021 included: -Citalopram 40 mg daily, dispense date 9/7/20. Overflow: 4 full blister packs dated 7/13/20, 8/10/20, 3/22/21, and 6/14/21. -Famotidine 20 mg twice daily, dispense date 5/17/21. Overflow: 3 full blister packs dated 5/17/21, and 2 cards dated 6/14/21. -Buspirone 15 mg, 1/2 tablet twice daily, dispense date 2/24/20. Overflow: 5 full blister packs dated 3/23/20 (2 blister packs), 3/22/21, 4/19/21, and 5/17/21. -Levetiracetam 500 mg, 2 tablets twice daily, dispense date 11/30/20. Overflow; 3 full blister packs dated 10/5/20 (2 blister packs), and 8/10/20. Interview on 6/24/21 and 6/30/21 and observation on 6/30/21 between 12:30pm - 1:30pm client #2 stated: -The L/GHM always gave him his medications. -Clients were given their medications in the	V 118		

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kitchen.
-He did not see the L/GHM write down the medications he took (client #2) before he (L/GHM) gave medications to the next client.
-When the medications were delivered to the home, he would see the L/GHM write the time the medications were to be given on the blister pack.
-The L/GHM would write "night" on his (client #2's) night time medication blister packs.
-The L/GHM did not make mistakes with his medications.
-He had seen his eye doctor on 6/30/21.
-The doctor told him he had a "bad eye" and as observed he pointed to his left eye.

Interview on 7/1/21 the Optometrist for client #2 stated:
-He saw client #2 on 6/30/21. (Client #2's last visit was 5/12/16.)
-Because client #2 had not been receiving eye drops, he had to order a "beginning drop."
-Client #2 may need to have changes to his orders, but "at this point" there was no information to determine how client #2 was doing, and what changes he may need.
-"Most likely" client #2's visual field had declined, but without testing he could not be certain.
-With client #2, they were back to determining his "baseline" for treatment.

Finding #2
Review on 6/23/21 - 7/2/21 of client #1's record revealed:
-56 year old male admitted 10/1/12.
-Diagnoses included Schizophrenia, Paranoid Type, Chronic obstructive pulmonary disease (COPD), Bronchitis, Allergies and Tobacco Dependence.

Review on 6/23/21 - 7/2/21 of client #1's signed

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V 118	Continued From page 20 physician orders dated 11/23/20 revealed: -Temazepam 30 mg at bedtime. (Insomnia) -Lorazepam 0.5 mg twice daily. -Atorvastatin 80 mg daily. (Cholesterol) -Benztropine 2 mg twice daily. (Side effects of psychiatric drugs) -Risperidone 2 mg 1 tablet in morning and 3 tablets at bedtime. (Mental/mood disorders) -Stiolto Respimat 2.5 mcg inhale 2 puffs daily. (COPD) -Advair HFA (hydrofluoroalkane) inhale 1 puff twice daily. (COPD) -Nicotine 2 mg as needed. (Stop smoking aid) -Olopatadine Spray 0.6% 2 sprays in each nostril twice daily. (Allergies) -Acetaminophen 500 mg 3 times daily as needed. -Loratadine 10 mg at bedtime for allergies. -No discontinue order for the Advair inhaler. Review on 6/23/21 - 7/2/21 of client #1's April 2021 through June 23, 2021 MARs revealed: -A continuous squiggle line, with no breaks, to indicate staff administered medications for each month. -Advair HFA inhaler twice daily was not documented on the MAR for April, May or June 2021. -April 2021 -Blanks for Stiolto Respimat 2.5 mcg: 4/1/21 - 4/30/21, 8 am. -Medications documented as administered: -Acetaminophen 500 mg tablet: 4/2/21, 4/12/21, 4/22/21. -Nicotine 2 mg mint: 4/5/21. May 2021 -Blanks for the following: -Stiolto Respimat 2.5 mcg: 5/20/21 - 5/31/21, 8 am. -Olopatadine Spray 0.6%: 5/23/21 - 5/31/21, 8 am and 8 pm.	V 118		

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V 118	Continued From page 21 -Loratadine 10 mg: 5/23/21 - 5/31/21, 8 pm. -Medications documented as administered: -Nicotine 2 mg mint: 5/2/21, 5/11/21, 5/16/21, 5/19/21. June 2021 -Blanks for the following: -Atorvastatin 80 mg: 6/23/21, 8am. -Risperidone 2 mg: 6/23/21, 8 am. -Stiolto Respimat 2.5 mcg: 6/23/21, 8 am. -Olopatadine Spray 0.6%: 6/21/21 - 6/24/21 -Loratadine: 6/22/21, 8 pm -Medications documented as administered: -Temazepam 30 mg: 6/23/21, 8 pm. (prior to the scheduled dosing times) -Benztropine 2 mg: 6/23/21, 8 pm and 6/24/21, 8 am. -Lorazepam 0.5 mg: 6/23/21, 8 pm. -Acetaminophen 500 mg: 6/2/21 and 6/11/21. Observation on 6/23/21 at 2:05 pm of client #1's medications revealed: -Over the counter (OTC) Maximum Strength Ointment Triple Antibiotic and Pain Relief. (No order documented) -Fluticasone Spray 50 mcg filled on 6/19/17 the expiration date blacked out with marker. (No order documented) -Advair 230/21 Inhaler dispensed 11/7/19, no expiration date on label. -2 bottles of Nicotine 2 mg (lozenge) both expired February 2018; prescription label dated 9/20/16 and the expiration date had been blacked out with marker. -Olopatadine Spray prescription label had the dispense date peeled off and expiration date blacked out with a marker. -No Acetaminophen 500 mg tablets were available for review. Interview on 6/23/21 client #1 stated:	V 118		

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V 118	Continued From page 22 -He had received his medications twice daily. -He took Tylenol regularly up to 4 times a day for his headaches. -He had only refused his medications "maybe" once a year. -When he used his nasal spray it would "block his breathing" at first, but then made his allergies feel better. -He took the Nicotine mint and liked them, but "was eating them." He last had one a couple months ago. Nicotine mint helped with his craving for cigarettes. Finding #3: Review on 6/23/21 - 6/24/21 of client #4's record revealed: -57 year old female admitted 11/18/12. -Diagnoses included Schizophrenia, Anemia, Hypertension, Hyperlipidemia, and GERD (gastroesophageal reflux disease). Review on 6/23/21 and 6/24/21 of client #4's medication orders revealed: -FL2 orders dated 3/10/21: -Docusate 100 mg daily. (Constipation) -Rosavastatin 10 mg daily. (Cholesterol) -Acetaminophen 500 mg, 2 tablets (1000mg) at bedtime. -Gabapentin 400 mg at bedtime. (Mood/anxiety) -Orders dated 5/14/21: -Bupropion XL (extended release) 150 mg every morning. -Benztropine 1 mg twice daily. -Trazodone 50 mg at bedtime as needed. (Antidepressant, sleep) Review on 6/23/21 (prior to 3 pm) of client #4's MARs for April, May, and June 2021 revealed: -The L/GHM documented medication	V 118		

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administration with a continuous squiggle line same as for clients #1 and #2 above.
-The L/GHM documented the following medications prior to the scheduled dosing times:
-8 am dose, 6/24/21: Rosavastatin 10 mg - 6/24/21.
-8 pm doses, 6/23/21: Benztropine 1 mg, Acetaminophen 500 mg, Gabapentin 400 mg.
-6/23/21 8 am doses had not been documented as follows:
-Bupropion XL 150 mg
-Docusate 100 mg
-"D/C Meds" (discontinue medications) was written across the April, May, and June 2021 MARs beside the order for Trazodone 50 mg at bedtime as needed.

Interview on 6/24/21 client #4 stated:
-She always received her medications.
-She took Seroquel at night, Tylenol, an acid reflux pill.
-She could not recall all of the names, but she took "a lot of pills."
-When it was time for medications, all of the clients went to the kitchen and the L/GHM would "pull 1 tub at a time."
-Everyone had their own "tub."
-L/GHM did not pre-pour their medications.

Finding #4:
Review on 6/24/21 of personnel records revealed:
-The L/GHM completed medication administration training on 2/2/16.
-The QP completed medication administration training on 2/7/15.

Interview on 6/24/21 the Pharmacist stated:
-Medication blister packs were filled with a 28 day supply to avoid any billing issues; the next fill date would be 28 days from the end date of the most

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current blister pack dispensed.
-Blister packs with a "start date" of 6/14/21 were dispensed 6/9/21.
-There was no reason there should be excess blister packs of medications on hand in the facility if the medications had been administered as ordered.
-He had instructed the L/GHM to start blister packs on the "start date."
-If there were changes in orders the pharmacy could dispense enough supply to meet the client's needs until the next fill date for that medication.
-There would be 12 eye drops in each milliliter (ml)of eye drop solution.
-Client #2's eye drops were last dispensed as follows:
-2/2018: Timolol Solution 0.5%, 1 drop in left eye twice daily.
-2016: Travorprost 0.004% 1 drop at bedtime.
-3/29/17: Brimonidine 0.2% 1 drop twice daily.
-Client #1's Olopatadine Spray was last dispensed on 8/9/2019.
-Client #1's Nicotine Lozenges were last dispensed on 4/14/2014.
-Client #4's most recent Trazodone order was dated 5/14/21, and read to administer 50 mg as needed at bedtime; the pharmacy had not received a discontinue order.
-When the pharmacy received a discontinue order for a medication, they would remove the medication from their list the same day.

Interview on 6/29/21 the QP stated:
-She was the QP for the facility but took a "hiatus" during COVID (coronavirus disease) and had done things remotely.
-She was last at the facility about 3 months ago.
-She reviewed medications and looked for them to be current and checked dosages, then crossed

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V 118	Continued From page 25 referenced with MARs. -She had expressed concern to the L/GHM about the amounts of overflow of medications. -She could not explain how client #2's eye medications were still being administered considering dispense dates and amount of solutions dispensed. -If the MARs had shown a medication was administered she had not questioned it. -She had considered the squiggle line to indicate medication was administered. -Client #1 took OTC Tylenol because the pharmacy ran out of the prescription and the doctor's office was not timely in getting a new prescription to the pharmacy. -It was "like pulling teeth" for client #1 to use his inhalers. Interview on 6/23/21 - 7/2/21 the L/GHM stated: -He had not refilled client #2's eye drops since the current bottles on hand had been received. -He could not explain how he continued to administer client #2's eye drops when the amounts of solution dispensed would not have been enough to administer beyond 1 or 2 months. (Timolol, 60 days; Travorprost, 30 days, Brimonidine, 60 days). -There were extra cards of Levetiracetam for client #2 because the pharmacy would send extra packs, sometimes with a single tablet per bubble rather than the 2 tablets per bubble. -None of the clients had extended hospitalizations that could explain the amount of overflow medications on hand. -No explanation was given for the excess blister packs of client medications on hand, or why he would be using a blister pack dispensed months earlier. -He did not realize he had documented medications on 6/23/21 before the dosing times	V 118		

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V 118	Continued From page 26 had occurred. -Client #1 had not used antibiotic ointment regularly. He "nicked" his finger and had used it. -All clients had received their medications the morning of 6/23/21. -Client #1 refused to take Stiolto Respimat. -Client #1 refused to take Loratadine one month and wanted to take it the next month. -Client #1 did not take the Nicotine mint often. -Client #1's Acetaminophen 500 mg tablets had not been filled in a long time. He used OTC Tylenol but did not have any and needed to purchase more. -Client #4's Trazadone was discontinued in February 2021 by the Emergency Department physician or her private physician during a follow up visit; however, the physician continued to write the order. He would follow up with the physician. Due to the failure to accurately document medication administration it could not be determined if clients received all of their medications as ordered by the physician. Review on 7/2/21 of the Plan of Protection dated 7/2/21 and signed by the L/GHM revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Facility has contacted [Pharmacy] to reconcile any medication error, and all refills and overflow pertaining to 10A NCAC 27G . 0209 Medication Requirements. Facility within 5 days to will facilitate medication Administration training to bring all staff into compliance. Facility will contact [Pharmacy] to schedule appropriate medication disposal. Facility has written up al overflow medications and called [Pharmacy] for pick up." -Describe your plans to make sure the above happens. Facility to will monitor closey all on site medication and document all given medication	V 118		

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appropriately as stated in Medication administration rule. Staff will ensure that all entries in the MAR log is legible and correct."

The facility had 1 female and 3 male clients between 56 and 68 years old, with both mental heath and chronic medical diagnoses. The L/GHM administered the medications and was supervised by the QP for medication administration and documentation.

Client #2 had diagnoses of glaucoma, depression, and a seizure disorder. Client #2's glaucoma eye drop bottles on hand were dispensed between 5/12/16 to 2/5/18 in quantities that would have lasted 30 or 60 days if given as ordered. Without medication glaucoma causes permanent, progressive vision loss. Client #2 was receiving medications from blister packs dispensed in 2020, with multiple unused blister packs of the same medications dispensed between March of 2020 and June of 2021. According to the Pharmacist, if medications had been administered as ordered there would not have been excess blister packs on hand.

Client #1 had a diagnosis of COPD and had been prescribed 2 inhalers (Stiolto Respimat and Advair). The Stiolto Respimat had not been administered in April 2021, and the last 11 days in May 2021. Advair Inhaler, dispensed 11/7/19 (no expiration date), was on hand but not transcribed on the MARs. Omission of these medications compromised client #1's treatment to help him breathe more effectively, avoid flare ups, lung damage, and other COPD complications.

Clients #1, #2, and #4 each had a bin for their medications in current use. There were more than 168 loose, unidentified medications

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V 118	Continued From page 28 discarded inside the bins. The L/GHM stated these were medications he dropped during administration. There was no policy or procedure for documenting and discarding unused medications. The QP accepted the L/GHM's squiggle line as evidence the medications had been administered. The QP's failure to identify and follow up on documentation errors, medications disposed into the clients' bins, and expired medications in use, contributed to prolonged medication errors and incomplete treatment for clients #1, #2, and #4's mental health and medical conditions. These deficiencies constitute 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, and additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal	V 119		

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V 119	Continued From page 29 date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion, or document medication disposal, for 3 of 3 audited clients (#1, #2, #4). The findings are: Finding #1: Review on 6/23/21 and 6/24/21 of client #2's record revealed: -58 year old male admitted 1/28/13 -Diagnoses included Major Depression, Anxiety; Glaucoma, seizure disorder and Hyperlipidemia. Observation 6/23/21, 2:00 pm - 3:00 pm, of client #2's medication bin revealed more than 78 loose tablets of various shapes, sizes, and colors had collected in the top compartment and bottom of client #2's medication bin.	V 119		

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V 119	Continued From page 30 Finding #2 Review on 6/23/21 - 7/2/21 of client #1's record revealed: -56 year old male admitted 10/1/12. -Diagnoses included Schizophrenia, Paranoid Type, Chronic obstructive pulmonary disease (COPD), Bronchitis, Allergies and Tobacco Dependence. Observation on 6/23/21, 2:00 pm - 3:00 pm, of client #1's medication bin revealed more than 40 unlabeled tablet medications of different sizes and colors were at the bottom of client #1's medication storage bin. Finding #3: Review on 6/23/21 and 6/24/21 of client #4's record revealed: -57 year old female admitted 11/18/12. -Diagnoses included Schizophrenia, Anemia, Hypertension, Hyperlipidemia, and GERD (gastroesophageal reflux disease). Observation on 6/23/21, 2:00 pm - 3:00 pm, of client #4's medication bin revealed more than 50 loose tablets of various shapes, sizes, and colors had collected in the top compartment and bottom of client #4's medication bin. Observation on 6/23/21, 2:00 pm - 3:00 pm, of the facility medication "overflow" box revealed 60 full blister packs of medications, some for each client, in a large cardboard box. Interview on 6/24/21 the Pharmacist stated: -There was no reason there should be excess blister packs of medications on hand if the medications had been administered as ordered. -The blister packs were filled with a 28 day supply	V 119		

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V 119	Continued From page 31 to avoid any billing issues; the next fill date would be 28 days from the most current blister pack date. -Any blister pack with no medications removed could be returned for a client's credit. Interview on 6/29/21 the Qualified Professional stated: -The Licensee/Group Home Manager (L/GHM) had too much overflow medications and she was unsure why. -She had expressed concern to the L/GHM regarding the amounts of his overflow medications. -She reviewed medications and looked for them to be current and checked dosages, then crossed referenced with MARs. Interview on 6/23/21 - 7/2/21 the L/GHM stated: -The unlabeled loose tablets under the lid cover and in the bottom of the clients' medication bins were medications he had dropped. -When he administered medications it could be "very chaotic" and for various reasons he might drop the "pills." -The cardboard box contained "overflow medications." -There was no policy or procedure for disposing of medications. -None of the clients had extended hospitalizations that could explain the amounts of overflow medications on hand. -No explanation was given for the excess blister packs of client medications on hand, or why he would be using a blister pack dispensed months earlier. -(6/30/21) He had talked with the Pharmacy and 7/14/21 was a "re-set" date and all unused medications would be returned to the pharmacy.	V 119		

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V 119	Continued From page 32 This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 119		
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.	V 291		

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V 291	Continued From page 33 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to coordinate services with other qualified professionals responsible for treatment/habilitation for 4 of 4 clients (#1, #2, #3,#4). The findings are: Finding #1 Review on 6/23/21 and 6/24/21 of client #2's record revealed: -58 year old male admitted 1/28/13. -Diagnoses included Major Depression, Anxiety; Glaucoma, Seizure Disorder, Hyperlipidemia. -There was no documentation of client #2's last visit to his Optometrist. Review on 6/30/21 of client #2's Medical Consultation Form dated 6/30/21 revealed: -He had been seen on 6/30/21 by the Optometrist for a routine eye exam. -Client #2 was to return in 4 weeks for an eye pressure test and visual field examination. Interview and observation on 6/30/21 between 12:30pm - 1:30pm client #2 stated: -He had seen his eye doctor that morning. -The doctor told him he had a "bad eye" and pointed to his left eye. -The doctor told him he might need glasses. Finding #2 Review on 6/23/21 - 7/2/21 of client #3's record revealed: -68 year old male admitted 12/1/12. -Diagnoses included Paranoid Schizophrenia, Dementia with Behavior disturbance, Borderline Intellectual Disorder and COPD (Chronic obstructive pulmonary disease).	V 291		

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V 291	Continued From page 34 Review on 6/25/21 of a Medical Consultation Form for client #3 signed by the Dentist on 6/24/21 revealed: -Appointment for 6/24/21 at 1:15 pm. -Client #3 was seen for a dental x-ray. -Diagnosis/Findings were not legible. -"Treatment/Recommendations: Full upper/lower Arch Dentures." Review on 7/2/21 of a Medical Consultation Form for client #3 signed by the Optometrist on 7/1/21 revealed: -Appointment for 7/1/21 at 10:00 am. -Client #3 was seen for a routine eye exam. -"Diagnosis/Findings: Cataracts - Needs surgery." -Client #3 was referred to a local Ophthalmologist. Observation on 6/23/21 between 9:00 am - 10:00 am, client #3 pulled down his mask and showed the surveyor he did not have a bottom denture. Interview on 6/24/21 - 7/2/21 client #3 stated: -He had to get some "horse tranquilizers" because the pain in his legs was "killing" him. -He had some "green stuff" he rubbed on his legs but "it ran out". -He feared having his legs amputated. -He had trouble with his eye sight. -He needed to have surgery for his cataracts. -He knew about his cataracts about 4 months ago but the doctor lost his paperwork. -He would get new glasses after his surgery. -He had lost his bottom denture about a year ago. -The Licensee/Group Home Manager (L/GHM) planned to take him to the dentist. -His missing denture had not stopped him from eating. Interview on 6/28/21 the dental office manager	V 291		

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stated:
-Client #3 was seen on 6/24/21 to inquire about dentures.
-Medicaid would not cover the cost of dentures because it had not been 10 years since Medicaid paid.
-Client #3 was quoted $1,284.20 for a full set of dentures to honor the Medicaid rate.
-Client #3 was last seen in 2018.
-Client #3 did not have any upcoming scheduled appointments.

Finding #3
Review on 6/23/21 - 7/2/21 of client #1's record revealed:
-56 year old male admitted 10/1/12.
-Diagnoses included Schizophrenia, Paranoid Type, COPD, Bronchitis, Allergies and Tobacco Dependence.

Review on 7/2/21 of a Medical Consultation Form for client #3 signed by the Optometrist on 7/1/21 revealed:
-Appointment for 7/1/21 at 10:00 am.
-Client #1 was seen for a routine eye exam.
-Client #1's new glasses prescription.
-Client #1's glasses "to be worn FT (Full Time)."

Interview on 6/24/21 client #1 stated:
-He had "dots" in his eyes.
-He did not know why he saw the "dots."
-He did not need to see a doctor for the "dots" in his eyes.

Finding #4
Review on 6/23/21 - 6/24/21 of client #4's record revealed:
-57 year old female admitted 11/18/12.
-Diagnoses included Schizophrenia, Anemia, Hypertension, Hyperlipidemia, and GERD

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(gastroesophageal reflux disease).
-FL2 order dated 3/10/21 for Anti-Embolism Knee Length, large regular stockings, apply in the morning and remove at bedtime.

Review on 6/23/21 and 6/24/21 of client #4's April, May, and June 2021 Medication Administration Records revealed the L/GHM documented the stockings were applied at 8 am and removed at 8 pm daily.

Interview on 6/30/21 client #4 stated:
-She did not have on her stockings.
-She was not required to wear the stockings to the day program or when she was walking around the block at her facility.
-She was required to wear the stockings on the weekends.

Interview on 6/28/21 and 7/2/21 the optometric clinic staff stated:
-Client #2 had been seen in the office 6/30/21.
-5/12/16 was client #2's last office visit prior to 6/30/21.
-After the 2016 visit, there had been no follow up appointments scheduled for client #2, until 6/30/21.
-Client #2 had a visual field test done on 5/12/16.
-There were no scheduled appointments for client #1 on 6/24/21.
-Client #1 was last seen on 5/12/16.
-Client #1 had an appointment scheduled for 7/1/21 at 10:30am.

Interview on 7/1/21 the Optometrist stated:
-He saw client #2 on 6/30/21.
-Because client #2 had not been receiving eye drops, he had to order a "beginning drop."
-Client #2 may need to have changes made to his eye drop orders; "at this point" there was no

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information to determine how client #2 was "doing."
-If eye drops did not work, client #2 could require a laser procedure.
-Client #2 needed to return to have his eye pressure checked and a visual field exam to determine how much his vision had changed.
-"Most likely" his visual field had declined, but without testing he could not be certain.
-"Typically" he would see clients with glaucoma every 90 days and a field exam done 2 times a year for beginning glaucoma.
-With client #2, they were back to determining his "baseline" for treatment.

Interview on 6/29/21 the Qualified Professional stated:
-There had been concerns about client #1's vision and him seeing dots.
-All clients had upcoming eye appointments in July.
-Client #1 had complained about seeing dots.
-Client #1's complaint had been "on and off" and she heard about it maybe every 3 months.
-Client #2 was afraid of going to the eye doctor.
-Client #2 was last seen by his eye doctor in 2015; the flashing light had triggered client #2 to have a seizure and created PTSD (post traumatic stress disorder) with visits to the doctor.
-Client #2 was diagnosed with glaucoma.
-She had been unsure if client #2's glaucoma had progressed, but there had not been any complaints from client #2.
-Client #3 complained about pain in his legs.
-Client #3 was seen by primary and emergency room physicians and was prescribed Lidocaine patches for his leg pain.
-Client #3 used his leg pain as a "fall back" or crutch if he was redirected.
-Client #3 had broken his dentures "a year or two

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V 291	Continued From page 38 ago." -She observed client #3's denture broken into 3 pieces before the pandemic. -The L/GHM stated he was "looking for ways to pay" for client #3's dentures. -Client #4 had worn support hose and there were no changes to the physician order. Interview on 6/23/21 - 7/2/21 the L/GHM stated: -Client #2's Optometrist managed his glaucoma. -He was not sure when client #2 last saw his Optometrist. -It was difficult to get client #2 to return to the Optometrist because the client feared testing would cause a seizure. -Client #2 required prompting to return to get further testing by his Optometrist. -Client #3 had a dental appointment for denture fitting on 6/24/21. -Client #3 lost his bottom denture in May 2021. -Client #3's last dental visit was April 2020. -Medicaid only paid for dentures every 10 years. -If client #3 had the funds available, the client would be responsible for replacing his dentures. -Client #3 lost his glasses during the pandemic "sometime around October 2020." -Client #3 complained about his vision. -Client #3 last saw his eye doctor in 2019 (prior to the 7/1/21 visit). -He learned client #3 needed surgery for cataracts at his appointment on 7/1/21. -On 7/1/21 client #3 was referred to another eye specialist for a "second opinion." -Client #3 often complained of leg pain. -Client #1 had an eye appointment on 6/24/21. -Client #1 missed his eye appointment on 6/24/21 because client #3's dental appointment took longer than expected. -Client #1 had seen spots for 2 months. -Client #1 attended an eye appointment on	V 291		

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V 291	Continued From page 39 7/1/21. -The doctor reported client #1 had good vision and the doctor was unsure why client #1 saw spots. -Client #1's primary physician had ordered a scan to be completed but he was unsure of the type of scan needed. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 291		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.	V 512		

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V 512	Continued From page 40 This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the Licensee/Group Home Manager (L/GHM) exploited and neglected 4 of 4 clients (#1, #2, #3, #4). The findings are: Cross Reference:10A NCAC 27G .5603 Supervised Living - Operations (Tag 291) Based on record reviews, observation and interviews, the facility failed to coordinate services with other qualified professionals responsible for treatment/habilitation for 4 of 4 clients (#1, #2, #3,#4). Cross Reference: 10A NCAC 27F .0105 Client Personal Funds (Tag V542) Based on record reviews and interviews, the facility failed: (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 4 of 4 clients (#1, #2, #3, #4). Review on 7/2/21 of the Plan of Protection dated 7/2/21 and written by the L/GHM revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Facility director will within 5 business days convene a team treatment meeting with all necessary parties to assure the client the right to deposit and withdraw money from his/her funds. Facility will regulate the receipt and distribution of funds in their personal fund account. Facility will provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account. Facility will	V 512		

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V 512	Continued From page 41 assure that the client personal funds will be kept separate from any operating funds of the facility. Facility will provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by client or legally responsible person upon account payment for treatment or habilitation services when authorized by client or legally responsible person upon or subsequent to admission of the client. Facility will provide for the issurrence of receipts to persons depositing or withdrawing funds." -"Describe your plans to make sure the above happens. Facility will schedule an interdisciplinary team meeting as appropriate, with the stimulus money or any funds recipients they serve, to draft addenda to their plans addressing the individual's preferences for using the money. This will be a on going plan or correction. Facility will review the QP (Qualified Professional) all medication/medical appointment as governed by client care plan. Facility has taken [client #2] to [Optometry clinic] and new meds had been giving. Facility is working closely with [local dental office] to approve [client #3] for his bottom dentures. Facility and client has agree to pay out of pocket if necessary to correct this issue. Facility had taken [client #3] to [Optometry clinic] for eye care, and has scheduled follow up care." The facility served 4 clients with various mental health and chronic medical diagnoses to include Schizophrenia, Major Depressive Disorder and Borderline Intellectual Disorder. All of the clients were their own guardian. Client #2 had not been seen by his Optometrist for his Glaucoma since 2016, until 6/30/21. The Optometrist expected client #2 had a decline in his visual field because of the lapse in his follow up and treatment, and had to re-establish his	V 512		

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V 512	Continued From page 42 baseline in order to develop a current treatment plan. Client #3 had broken/lost his dentures over a year ago, and misplaced his eye glasses in October 2020, with no attempts by the L/GHM to replace either. Client #1 had concerns with spots in his vision but had not been seen by his Optometrist since 2016 until 7/1/21. Client #4's physician order to wear compression hose daily was not followed, but the L/GHM documented they were applied and removed daily as ordered. The L/GHM acknowledged each client's need for care with those medical providers; however, the clients were not seen for follow up care. The L/GHM was the payee for clients #2, #3, and #4 and received $3200 of Economic Stimulus funds for each client. The L/GHM deposited the clients' personal and Stimulus funds into the facility's operating accounts, and did not provide the clients with quarterly accounting as required. Client #1 was his own payee and received his Social Security (SSI) and Stimulus funds on a "Direct Express" card. The L/GHM used client #1's card to pay for facility expenses and allotted client #1 spending money the same as the clients he served as payee. Client #2 and #4 were not aware they had received Stimulus funds and expressed interest in items they would purchase if they had Stimulus money. Client #3 stated he could purchase dentures if he had Stimulus money. The L/GHM stated if clients knew there was a lump sum of money available for use it would become chaotic; therefore, he had distributed an additional $100 monthly since April 2020 to clients from their Stimulus funds. The L/GHM stated each client had a Stimulus fund balance of $2000, but there was no record to account for this. The Monthly Funds Management	V 512		

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V 512	Continued From page 43 Log, initialed by the clients each month, recorded a balance of $0 each month. The failures to follow up for client #2's Glaucoma treatment, replace client #3's glasses and dentures, follow up of client #1 vision complaints, and comply with client #4's orders for compression hose constitutes serious neglect. The failure to keep clients' personal funds separate from operating funds, to inform, and include the clients in the use of their personal and Stimulus funds, constitutes serious exploitation. This deficiency constitutes a Type A1 rule violation for serious neglect and serious exploitation and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
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:	V 542		

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V 542	Continued From page 44 (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (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; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. 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 4 of 4 clients (#1, #2, #3, #4). The findings are: Finding #1: Review on 6/23/21 - 7/2/21 of client #1's record revealed: -56 year old male admitted 10/1/12. -Diagnoses included Schizophrenia, Paranoid Type, Chronic obstructive pulmonary disease	V 542		

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V 542	Continued From page 45 (COPD), Bronchitis, Allergies and Tobacco Dependence. -Treatment Plan dated 6/15/2021 documented client #1 "wants to put emphasis on budgeting so that he can save some money to buy the things he likes..." Review on 6/24/21 of client #1's "Consent for Management of Funds" dated 10/1/13 read, "I, [client #1], hereby grant Upward Process Inc. permission to monitor funds of the above consumer. I understand that a balance sheet will be kept and checked daily. I further understand that a statement will be available upon request." Interview on 6/24/21 client #1 stated: -His doctor wanted him to smoke 3 cigarettes a day. -Licensee/Group Home Manager (L/GHM) gave him 3 cigarettes in the morning and 3 in the afternoon. -He paid $44 a month for a carton of cigarettes and it lasted for the month. -He received $1400 in Stimulus funds. -L/GHM gave him $400 to $500 about 5 times in January from his Stimulus money. Finding #2: Review on 6/23/21 - 6/30/21 of client #2's record revealed: -58 year old male admitted 1/28/13 -Diagnoses included Major Depression, Anxiety, Glaucoma, Seizure disorder and hyperlipidemia. -Treatment Plan dated 6/15/21 documented "... [Client #2] has issues with his money management and budgeting skills ..." Interview on 6/24/21 client #2 stated: -He had lived at the facility for 9-10 years. -He got $100 every month.	V 542		

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V 542	Continued From page 46 -He did not have to sign to get his money. -The money came from his "check." -"I trust him (L/GHM) with my money." -He had not received any Stimulus money. "I wish I did, I could buy more." -If he received Stimulus money he would buy, "more soap, razors, deodorant...I would buy everything I need." -The L/GHM locked up the cigarettes and gave him 6 cigarettes a day. -He currently had "about $100." -He did not know how it worked to pay for his medications. Finding #3: Review on 6/23/21 - 7/2/21 client #3 record revealed: -68 year old male admitted 12/1/12. -Diagnoses included Paranoid Schizophrenia, Dementia with Behavior disturbance, Borderline Intellectual Disorder and COPD. -Treatment plan dated 1/21/21 documented goal to be independent in budgeting and/or money management. Interview on 6/23/21 client #3 stated: -He received his Stimulus and got $100. -The L/GHM had not given him the Stimulus money yet. -He had to sign a piece of paper whenever he received money. -If he received Stimulus money he would buy cosmetics because he liked to be very clean, and he had lost his bottom denture. Finding #4: Review on 6/23/21 and 6/24/21 of client #4's record revealed: -57 year old female admitted 11/18/12. -Diagnoses included Schizophrenia, Anemia,	V 542		

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V 542	Continued From page 47 Hypertension, Hyperlipidemia, and GERD (gastroesophageal reflux disease). -Treatment Plan dated 2/26/21 documented "... [client #4] wants to continue working on her independent living by focusing on her budgeting skills so that she can save money..." Interview on 6/24/21 and 6/30/21 client #4 stated: -The L/GHM gave the clients $100 a month to buy "supplies." -If her money "runs out" she would get more from the L/GHM. -Clients could spend $25 - $30 every 2 weeks. -She had not received any Stimulus money. -She had not gone shopping for a bedroom suit, but had plans to do so. -The L/GHM would pay for the furniture. -If she moved she could take the furniture with her. -She spent her money on "special things" for herself, like hair products or perfume. -She paid $25 every month for her medications. -She enjoyed walking in her neighborhood and would like to have some head phones to listen to music, but they were too expensive. -She had looked for head phones at yard sales, thrift stores, and pawn shops. Review between 6/30/21 - 7/2/21 of the April and June 2021 facility bank statements revealed: -Facility bank statements and accounting of client personal funds for each client was requested by surveyors on 6/23/21, 6/24/21, and 6/25/21. -The statements were for the same account. -April 2021 Deposits included Supplemental Security Income (SSI) deposits for 3 clients, weekly Personal Care Service (PCS) deposits, 3 Special Assistance (SA) deposits, and 3 Stimulus payments ($1400 each). -June 2021 statement included a cash deposit on	V 542		

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V 542	Continued From page 48 6/28/21 for $7500. Review between 6/30/21 - 7/2/21 of facility "Monthly Funds Management Log" 1/3/2020 - 6/3/2021 for clients #1, #2, #3,and #4 revealed: -Each client had an annual log sheet with 1 transaction listed for each month documenting money "in", money "out," balance, "items" (expenditures), and client initials. -A balance of "0" was documented for every monthly entry, with the amount deposited "in" and the total amount "out" being the same. -Beginning 4/3/20, monthly "in" increased from $66 to $166, with an exception of December 2020, when $266 was documented ("Christmas") for each client. -Each client had a monthly $20 co-pay; clients #1, #2, and #3 had a monthly $35 for cigarettes. -Beginning 4/3/20, spending money for clients #1, #2, and #3 increased from $20 to $120 each month, with an exception of December 2020, when $220 was documented. -Beginning 4/3/20, spending money for client #4 increased from $120 to $141 in April 2020, and in December, $241. Interview on 6/29/21 the Qualified Professional (QP) stated: -She did not "oversee" client funds. -L/GHM was doing a client fund sheet on the 1st of every month. -She had not seen the client fund sheet but "guides" the L/GHM to make sure it was documented. -All clients had received their Stimulus funds. -Client #4 was supposed to get a bedroom set. -L/GHM gave clients $100 a month. -She did not get involved in "the financial part." -There were issues with one of the clients about their funds, but she could not recall who this was,	V 542		

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or the issues.
-If it (financial issues) was not attached to a behavior she was not a "part of it."

Interview on 6/23/21 - 7/2/21 the L/GHM stated:
-He was the payee for clients #2, #3, and #4.
-Client #1 was his own payee.
-Clients received $66 from their SSI funds each month; out of this each client paid a portion of their medication cost.
-These client funds were recorded on a log sheet.
-All funds from SSI, SA, and PCS were deposited into the same business account.
-All 4 clients received Stimulus funds.
-The Stimulus funds for clients #2, #3, and #4 were deposited into the business account use to receive direct deposits for SSI, SA, and PCS. The Stimulus funds were "shifted" and combined into a second business account.
-The Stimulus funds were documented in his office; not on the log with the monthly $66.
-Some of the Stimulus money had been spent, with examples given, clothing, extra curricular activities, food, and yard sales.
-Client #4 had Stimulus money spent to purchase a bedroom set. He had no receipt for the furniture.
-He found "it to be chaotic" when clients knew there was a "lump sum" of money, so he gave them small increments of $100 or $200.
-Clients received a $100 each month in addition to their $66.
-Client #1, #2, #3 paid the L/GHM $35 a month for cigarettes.
-Clients knew about Stimulus; he had "one-on-one" conversations with the clients.
-All clients had Stimulus funds remaining.
-He did not keep receipts for Stimulus money expenditures; he kept receipts for the $66.
-The clients received their Stimulus money in

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V 542	Continued From page 50 cash. -No clients had their own bank account. -He never gave a quarterly accounting of personal funds to the clients because there had never had a "surplus" before the Stimulus money. -The SA and SSI money was used for food, housing, etc. -The PCS was what he received to care for the clients. -Client #1 was his own payee and received his monthly SSI payments on an "Express Card" that was in the client's name. -Client #1's Stimulus money came on the card. -He did not deposit any of the money from client #1's card into facility's operating account. -He used client #1's card to pay for facility expenses such as the utility bill. -There was no contract in writing for what he was paid by the clients for residential services. -He thought it was $1180 per client, in addition to the PCS service amount; the same for all group homes. -In total each client had received Stimulus funds of $3200 each. -The log (Monthly Funds Management Log) did not reflect the Stimulus funds. -All 4 clients had a balance of $2000 left of their Stimulus money. -On 6/28/21 he deposited $7,500 into the business account used to receive payments for SSI, SA, and PCS. -This was money "owed to clients" this money had been moved from this account to his other account, then he moved the money back into this account on 6/28/21. -All money debited on the bank statements provided by the L/GHM were expenses for the facility. This deficiency is cross referenced into 10A	V 542		

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	MHL026-935	A. BUILDING: _____ B. WING _____	R 07/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UPWARD PROCESS	568 ALLEGHANY ROAD FAYETTEVILLE, NC 28304

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V 542	Continued From page 51 NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 542		
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 observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation between 9:15 am - 11:45 am on June 23, 2021 revealed: -The mailbox next to street was leaning to the side, paint peeling from the post, only 1 of 3 street address numbers remained on the post (#6). -Plants/weeds, some approximately 24 inches in height, were growing from the gutter above the garage, visible from the street. -Water was dripping above the front exterior door. -The foundation vents had torn wire mesh. -Paint on the front and back of the home was mis-matched and faded. -Paint was peeling from the surfaces of windows and shutters around the home's exterior, visible from the street. -Over grown vines extended over the back deck.	V 736		

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V 736	Continued From page 52 -The surface of the back wooden deck and steps were warped, loose, with nails protruding and sections of wood decking split and curled in an upward direction creating trip hazards. -The door leading from the carport into the kitchen was damaged around the door knob and door jam. -The microwave instruction label peeling away from the unit. -The surface of cabinets and microwave stained a brownish color. -The floor covering in dining room was mis-matched, with torn edges and small sections missing. -The sink to the left on entering the bathroom was separated from the wall. The wall surface surrounding the sink was uneven with incomplete wall repairs. -An unpainted board behind the toilet had nails protruding from the surface, at least by 1 inch. -The wall and floor around the toilet was stained a yellowish-brown color; door hinges rusted. -The wall and ceiling stained brown color above the shower, with a section of ceiling texture surface peeled away. -Black discoloration around the tub. -The window pane broken out of bathroom window, covered with brown paper. -The wooden surfaces along the bathroom interior window panes and facing covered in a black substance buildup. -The surface of both bathroom light fixtures was pitted with rust colored defects. -The bathroom door was missing paint along the edges near the door knob. -1 bathroom floor tile was loose at the threshold leading into the hall. -The painted surface of medication closet door was worn away with multiple holes above and below the existing pad lock.	V 736		

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V 736	Continued From page 53 Interview on 6/23/21 the Licensee/Group Home Manager (L/GHM) stated: -He had tried to get home repairs done, but the home owner had not responded to all of his requests. -The pandemic had made it more difficult to find repairman to come to the home. -The bathroom window was broken the prior week. He heard it break and the clients told him a bird flew into the window. He was trying to find someone to replace the window. -He had looked for another location for the facility but there was resistance from the county due to the proximity with other group homes located in the nearby community. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the facility's electrical, mechanical and water systems were maintained in a safe,	V 750		

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V 750	Continued From page 54 operating condition. The findings are: Observation between 9:15 am - 11:30 am on June 23, 2021 revealed: -A cable from the utility pole on the right corner of the property passed through a tree and attached to the home, approximately 8 feet from the ground. -Exterior light at the back sliding glass door was missing both light bulbs. -Chirping smoke detector could be heard from kitchen/dining room. -A second light strip was taped above the kitchen sink with clear plastic tape. -The light fixture above the dining area would not turn on. The switch located in the hall area was taped over by clear plastic tape. -The sink to the left on entering the bathroom, right facet knob was missing the top section. -The light fixture (3 bulb fixture) above the sink #1 missing 1 bulb. -A second sink's faucet was corroded and missing the tops of each knob. -The light (3 bulb fixture) above the sink #2 missing 1 bulb, and 1 bulb not working. -The ceiling fan light in back bedroom was not working with no bulbs in 3 of 4 light sockets. Interview on 6/24/21 client #4 stated she had heard the chirping sound for "about a week." At first she thought it was the stove timer. Interview on 6/24/21 client #2 stated he had been hearing the chirping sound for "a couple of days." Interview on 6/23/21 and 6/30/21 the Licensee/Group Home Manager (L/GHM) stated: -He had tried to get home repairs done, but the home owner had not responded to all of his requests.	V 750		

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V 750	Continued From page 55 -The pandemic had made it more difficult to find repairman to come to the home. -He put tape over the light switch for the overhead light in the dining area because the light was not working. -On 6/23/21 the L/GHM stated he was not aware of a low lying line between to utility pole and the home. He did not know what type of line this was or who to contact to find out. It could be electrical or a phone wire. -On 6/30/21 the L/GMH stated there had been a state construction site visit on 6/25/21 and it had been confirmed the line was not electrical.	V 750		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep staff sleeping area separate from the area in which therapeutic and habilitative activities are routinely conducted. The findings are: Observation on 6/23/21 between 11 am - 12 pm	V 784		

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V 784	Continued From page 56 revealed: -The home had 3 bedrooms, all occupied by clients. -There was no room separate from the clients' bedrooms, kitchen/dining room, or living room for staff to sleep. Interview on 6/24/21 client #4 stated -It had been 8 - 9 months since the Licensee/Group Home Manager (L/GHM) had taken any time off. -The L/GHM slept in a chair in the living room. -The L/GHM was not "asleep sleep;" he could hear and see what the clients did. Interview on 6/24/21 client #2 stated: -The L/GHM slept on the couch. -It had been a "long time" since the L/GHM had a day off. Interview on 6/24/21 the L/GHM stated: -He was the only staff. -He could "nap" while the clients were at the day program.	V 784		