STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARPE AND WILLIAMS #8	937 GLENCOE STREET WINSTON SALEM, NC 27107

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 7/23/2021. The complaint was substantiated (intake #NC178909). 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 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

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V 110	Continued From page 1 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure paraprofessionals demonstrated knowledge, skills and abilities required by the population served affecting 1 of 1 Former Staff (FS #2). The findings are: Review on 7/14/2021 of FS #2's employee record revealed: - Date of Hire: 1/21/2021 - Date of Separation: 7/2/2021 - Documentation of orientation training, including emergency procedures, on 1/21/2021. Review on 7/15/2021 of Client #5's record revealed: - Date of admission: 10/12/2013 - Diagnoses: Schizoaffective Disorder; Mood Disorder NOS (not otherwise specified); Post Traumatic Stress Disorder; Epilepsy; and Scoliosis Review on 7/16/2021 of an email sent by the Qualified Professional (QP) to the Director on 7/2/2021 revealed: - "On 07/01/2021 at 9:40pm the [local emergency management services (EMS)] responded to [the facility address], due to [Client #5] having a seizure. Once EMS arrive, they noticed that there was not a staff present at the home. EMS proceeded to call the [local] police department. The police responded and arrived to the home	V 110		

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V 110	Continued From page 2	V 110		

around 10:00pm. [The QP] was notified around 9:40pm and arrived at the home at 10:20pm (Arriving from [a different city]). EMS was already gone once the QP arrived. They assessed [Client #5] before leaving and he was okay and did not need to go to the hospital. The police stayed on the scene until [the QP] arrived. Once she arrived the police did a report on the staff that left the consumers unattended, [FS #2]. Once the police left the home the staff, [FS #2] arrived back to the home around 11:00pm. Once she arrived back to the home she was immediately terminated."

Review on 7/23/2021 of a copy of an IRIS report form provided by the QP revealed:
- An 11-page IRIS report form that listed a submission date of 7/2/2021.
- The form was partially filled out with multiple fields blank.
- "The cause of the incident was due to client neglect by staff on duty (FS #2)."
- "Incident Prevention: Terminate staff member immediately and continue to abide by set policy and procedure."
- No information was present that described the details of the incident.

Interview attempt on 7/14/2021 with Client #4 revealed:
- He shook his head "no" to every questioned and could not provide any details regarding the 7/1/2021 incident.

Interview on 7/14/2021 with Client #5 revealed:
- On 7/1/2021, the staff working that evening (FS #2) had left client alone at the facility.
- When FS #2 returned, she was fired.
- He could not remember the details of the incident.

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V 110	Continued From page 3 Attempts were made on 7/13/2021 and 7/23/2021 to contact the Police Officer involved with the 7/1/2021 incident, but no response to messages requesting a return phone call was received by the time of exit. Interview on 7/23/2021 with FS #2 revealed: - On 7/1/2021, she had to leave the facility because of an emergency. - She could not remember details of the emergency other than "it was something with my niece ... She had to be rushed to the hospital." - Her niece had been at the facility at the time of the emergency. - She did not respond to any other questions from the Surveyor, and the call was terminated. - She did not respond to attempts by the Surveyor to reach her again. Interviews on 7/15/2021 and 7/16/2021 with the QP revealed: - On 7/1/2021, FS #2 told her that her sister had visited FS #2 at the facility with the sister's one-year-old daughter in order to take food to FS #2. - FS #2's niece had a seizure while at the facility. - FS #2 left the facility with her sister in order to take her niece to a local hospital. - FS #2 had not contacted any facility management staff to inform them that she was leaving. - After FS #2 left the facility, Client #5 had a seizure. - Client #4 called EMS for Client #5. - She had gotten a call from local Police to inform her of the incident. - She had gone to the facility and worked the rest of FS #2's shift. - When FS #2 returned to the facility, she was terminated immediately.	V 110		

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V 110	Continued From page 4 - Facility clients had unsupervised time in their treatment plans and were capable of being left unsupervised at the facility. Interviews on 7/15/2021, 7/16/2021 and 7/23/2021 with the Director revealed: - All documentation required for investigations of allegations against facility staff had been submitted to IRIS on the day of the 7/1/2021 incident. - She had received a call from HCPR to notify her that HCPR was not going to investigate the allegation against FS #2. - She had not received a letter from HCPR confirming that they would not be investigating the allegation against FS #2. - FS #2 had been terminated on the day of the incident.	V 110		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently	V 120		

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V 120	Continued From page 5 registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to ensure medications were stored separately for internal and external use affecting 1 of 5 clients (#1). The findings are: Review on 7/15/2021 of Client #1's record revealed: - Admission date: 7/10/2018 - Diagnoses: Schizophrenia; and Diabetes Mellitus - Physicians orders for the following medications: - Metoprolol succinate ER 25 mg (milligrams), 1 tablet QD (every day), dated 10/8/2020. - Haloperidol 10 mg, 2 tablets QHS (every night at bedtime), dated 7/7/2020. - Gabapentin 400 mg, 1 tablet BID (twice daily), dated 9/9/2019. - Benztropine 1 mg, 1 tablet QHS, dated 8/5/2020. - Lisinopril 10 mg, 1 tablet BID, dated 9/11/2020. - Fish oil 1,000 mg, 1 capsule BID, dated 7/10/2018. - PEG3350 (polyethylene glycol/Miralax) powder, mix 1 packet with 8 ounces water and drink QHS, dated 10/4/2018. - Latanoprost 0.005% ophthalmic solution, instill one drop in both eyes every evening, dated 2/16/2021. Observation of Client #1's medications at	V 120		

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V 120	Continued From page 6 approximately 10:27am on 7/14/2021 revealed: - There were 7 loose pills stored in a zipper-type bag that also contained Client #1's glucometer test strips. - The loose pills were identical in appearance to metoprolol (x1), haloperidol (x2), gabapentin (x1), benztropine (x1), lisinopril (x1) and fish oil (x1). - 2 bottles of PEG3350 powder were stored in a zipper-type bag with Latanoprost ophthalmic solution. Interview on 7/14/2021 with Staff #1 revealed: - She did not know that there were loose pills stored with Client #1's glucometer. - She was not aware of any problems with medication storage. Interview on 7/23/2021 with the Qualified Professional (QP) revealed: - She did not know about loose pills having been stored with Client #1's glucometer or that internal and external medications were stored in the same bag. - When pills were loose, facility staff were supposed to call her, discard the loose pills, and place the bubble pack that the pills came from into a bag. - She would then call the Pharmacy to notify them of the loose pills. Interview on 7/23/2021 with the Director revealed: - She did not know that medications had been stored incorrectly. - She did not check the medication carts herself. - The facility had a staff person that was supposed to check medication carts to ensure medications were stored correctly.	V 120		

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V 131	Continued From page 7	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 interviews, the facility failed to access the HCPR prior to hire affecting 1 of 1 former staff (FS #2). The findings are: Review on 7/14/2021 of Former Staff #2's employee file revealed: - Hire date: 1/21/2021 - Date of separation: 7/2/2021 - Documentation that the HCPR was not accessed until 6/29/2021. Interview on 7/14/2021 with the Human Resources Director (HRD) revealed: - A sister facility had been cited for failure to access the HCPR earlier in 2021. - After that citation, he made sure that facility staff at each of the Licensee's facilities had their background checks completed. Interview on 7/23/2021 with the Director revealed: - The HRD completed background check for	V 131		

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V 131	Continued From page 8 facility staff.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the Department (HCPR) was notified of allegations against facility staff, provide evidence that the allegation was investigated, and report the finding of the investigation to the Department within five working days of making the initial report affecting 1 of 1 Former Staff (FS #2). The findings are:

(Refer to Tag V110 for additional background information.)

Review on 7/14/2021 of FS #2's employee record revealed:
- Date of Hire: 1/21/2021
- Date of Separation: 7/2/2021
- Documentation of orientation training, including emergency procedures on 1/21/2021.
- No documentation of an investigation related to neglect of clients.

Review on 7/15/2021 of Client #5's record revealed:
- Date of admission: 10/12/2013
- Diagnoses: Schizoaffective Disorder; Mood Disorder NOS (not otherwise specified); Post Traumatic Stress Disorder; Epilepsy; and

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V 132	Continued From page 10 Scoliosis Reviews on 7/13/2021, 7/15/2021 and 7/23/2021 of the North Carolina Incident Response Improvement System (IRIS) revealed: - There were no incident reports entered for the facility since 3/1/2021. Review on 7/14/2021 of documentation provided by the Qualified Professional (QP) revealed: - 3 pages of an IRIS report form for an incident at an unspecified time on 7/1/2021 for Client #5. - The form did not provide any description of what had occurred during the incident. - The section for reporting whether the incident involved and allegation against staff was answered "Yes," but did not provide details of the allegation or whether it was investigated. Review on 7/16/2021 of an email sent by the QP to the Director on 7/2/2021 revealed: - "On 07/01/2021 at 9:40pm the [local emergency medical services (EMS)] responded to [the facility's address], due to [Client #5] having a seizure. Once EMS arrive, they noticed that there was not a staff present at the home. EMS proceeded to call the [local] police department. The police responded and arrived to the home around 10:00pm. [The QP] was notified around 9:40pm and arrived at the home at 10:20pm (Arriving from [a different city]). EMS was already gone once the QP arrived. They assessed [Client #5] before leaving and he was okay and did not need to go to the hospital. The police stayed on the scene until [the QP] arrived. Once she arrived the police did a report on the staff that left the consumers unattended, [FS #2]. Once the police left the home the staff, [FS #2] arrived back to the home around 11:00pm. Once she arrived back to the home she was immediately terminated."	V 132		

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V 132	Continued From page 11 Review on 7/23/2021 of a copy of an IRIS report form provided by the QP revealed: - An 11-page IRIS report form that listed a submission date of 7/2/2021. - The form was partially filled out with multiple fields blank. - "The cause of the incident was due to client neglect by staff on duty (FS #2)." - "Incident Prevention: Terminate staff member immediately and continue to abide by set policy and procedure." - No information was present that described the details of the incident. - There was no documentation of the steps taken to investigate or respond to the incident by the facility. - There was no documentation that the HCPR was notified of the results on an investigation within 5 working days. Interviews on 7/15/2021 and 7/16/2021 with the QP revealed: - On 7/1/2021, FS #2 left the the facility without notifying anyone that she was leaving. - The facility's clients were alone at the facility. - During the time clients were unsupervised, EMS was called by Client #4 due to Client #5 having a seizure. - She had received a call from local Police to inform her that no staff was at the facility. - She went to the facility and worked the remainder of FS #2's shift. - FS #2 was terminated immediately when she returned to the facilty. - She had attempted to enter the incident report into IRIS 4 times but kept getting an error message. - She had sent an email to the Director with the incident information on 7/2/2021.	V 132		

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V 132	Continued From page 12 - The Director had entered the incident in IRIS. - The Director had the full incident report and investigation summary. Interview on 7/14/2021 with the Human Resources Director (HRD) revealed: - An investigation and HCPR report was completed for the incident on 7/1/2021. - An incident report was completed by the QP. - He did not have access to the incident report. - The Director had access to the investigation and HCPR reporting information. Interviews on 7/15/2021, 7/16/2021 and 7/23/2021 with the Director revealed: - All documentation required for investigations of allegations against facility staff had been submitted to IRIS on the day of the 7/1/2021 incident. - She had received a call from HCPR to notify her that HCPR was not going to investigate the allegation against FS #2. - She had not received a letter from HCPR confirming that they would not be investigating the allegation against FS #2. - Her understanding was that when incidents were entered into IRIS, IRIS automatically notified HCPR of allegations.	V 132		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this	V 133		

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V 133	Continued From page 13 Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability	V 133		

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V 133	Continued From page 14 of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole,	V 133		

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rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other

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V 133	Continued From page 16 Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the	V 133		

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V 133	Continued From page 17 following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 1 of 1 former staff (FS #2). The findings are:

Review on 7/14/2021 of Former Staff #2's employee file revealed:
- Hire date: 1/21/2021
- Date of separation: 7/2/2021
- Documentation that a criminal history record check was not requested until 6/29/2021.

Interview on 7/14/2021 with the Human Resources Director (HRD) revealed:
- Earlier in 2021, a sister facility had been cited for failure to request criminal history record checks in the time frame required.
- After that citation, he made sure that facility staff at each of the Licensee's facilities had their background checks completed.

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V 133	Continued From page 18 Interview on 7/23/2021 with the Director revealed: - The HRD completed background check for facility staff.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:	V 367		

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V 367	Continued From page 19 (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client;	V 367		

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V 367	Continued From page 20 (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (local management entity/managed care organization) within 72 hours of learning of the incident. The findings are: (Refer to Tag V110 for additional background information.) Review on 7/14/2021 of FS #2's employee record revealed: - Date of Hire: 1/21/2021 - Date of Separation: 7/2/2021 - No documentation of an investigation into allegations of neglect against FS #2. Review on 7/15/2021 of Client #5's record revealed: - Date of admission: 10/12/2013 - Diagnoses: Schizoaffective Disorder; Mood Disorder NOS (not otherwise specified); Post Traumatic Stress Disorder; Epilepsy; and Scoliosis	V 367		

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V 367	Continued From page 21 Reviews on 7/13/2021, 7/15/2021 and 7/23/2021 of the North Carolina Incident Response Improvement System (IRIS) revealed: - There were no incident reports entered for the facility since 3/1/2021. - There was no documentation that the HCPR was notified of an allegation of neglect by FS #2 for an incident on 7/1/2021. Review on 7/14/2021 of documentation provided by the Qualified Professional (QP) revealed: - 3 pages of an IRIS report form for an incident at an unspecified time on 7/1/2021 for Client #5. - The form did not provide any description of what had occurred during the incident. - The section for reporting whether the incident involved and allegation against staff was answered "Yes," but did not provide details of the allegation or whether it was investigated. Review on 7/16/2021 of an email sent by the QP to the Director on 7/2/2021 revealed: - "On 07/01/2021 at 9:40pm the [local EMS] responded to [the facility's address], due to [Client #5] having a seizure. Once EMS arrive, they noticed that there was not a staff present at the home. EMS proceeded to call the [local] police department. The police responded and arrived to the home around 10:00pm. [The QP] was notified around 9:40pm and arrived at the home at 10:20pm (Arriving from [a different city]). EMS was already gone once the QP arrived. They assessed [Client #5] before leaving and he was okay and did not need to go to the hospital. The police stayed on the scene until [the QP] arrived. Once she arrived the police did a report on the staff that left the consumers unattended, [FS #2]. Once the police left the home the staff, [FS #2] arrived back to the home around 11:00pm. Once	V 367		

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V 367	Continued From page 22 she arrived back to the home she was immediately terminated." Review on 7/23/2021 of a copy of an IRIS report form provided by the QP revealed: - An 11-page IRIS report form that listed a submission date of 7/2/2021. - The form was partially filled out with multiple fields blank. - "The cause of the incident was due to client neglect by staff on duty (FS #2)." - "Incident Prevention: Terminate staff member immediately and continue to abide by set policy and procedure." - There was no documentation of the steps taken to investigate or respond to the incident by the facility. Interviews on 7/15/2021 and 7/16/2021 with the QP revealed: - On 7/1/2021, FS #2 had left the facility without informing management staff that she needed to leave. - While FS #2 was away from the facility, Client #5 had a seizure requiring EMS intervention. - She had attempted to enter the incident report into IRIS four times but kept getting an error message. - She had sent an email to the Director with the incident information on 7/2/2021. - The Director had entered the incident in IRIS. - The Director had the full incident report and investigation summary. Interview on 7/14/2021 with the Human Resources Director (HRD) revealed: - An incident report was completed by the QP for the incident on 7/1/2021. - He did not have access to the incident report.	V 367		

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V 367	Continued From page 23 Interviews on 7/15/2021, 7/16/2021 and 7/23/2021 with the Director revealed: - All documentation required for investigations of allegations against facility staff had been submitted to IRIS on the day of the 7/1/2021 incident. - She had received a code to confirm submission of the report when she entered it into IRIS. - She did not know who to contact at the LME/MCO about the incident not being present in IRIS.	V 367		
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, record review and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner and free of offensive odors. The findings are: Observations of the facility and its grounds on 7/13/2021 from approximately 1:30pm to 3:05pm revealed: - An odor of urine was present upon the front door initially being opened. and remained present throughout the facility. - A pack of chicken was thawing in a pan of water on the kitchen counter.	V 736		

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V 736	Continued From page 24 - The label on the chicken revealed: "Safe Handling Instructions: ... Keep refrigerated or frozen. Thaw in refrigerator or microwave ..." - A hole on the kitchen drywall was approximately 1 inch wide by 3+ feet long. - A strip of masking tape approximately 4-5 feet long partially covered the hole in the kitchen wall. - A handle was missing from one of the doors to the laundry alcove in the hallway - In Client #1's bedroom: - A cardboard box with a "Print cartridge" label was on the floor with clothing, mail, and a bag of sample sized toothpaste on top of it. - An unopened container of instant noodles was on the floor. - A paper bag with clothing inside was on the floor. - Grocery bags with cleaning supplies, and grocery items was on the floor. - A plastic crate was on the floor with toiletries, and snack items on top of it. - Bags with clothing, toilet paper and other unknown items were on the floor of the closet. - In clients #2 and #3's bedroom: - Client #2's bed slumped in the middle. - On the floor on Client #2's side of the room, there was an empty soda bottle and grocery bags with packs of ramen noodles. - Clothing was piled up on top of a plastic crate. - There were brown stains on the ceiling near a vent. - The vent intake on the ceiling was covered in dust. - Client #3's bed was covered with piles of unfolded clothing which spilled over onto the floor, and a plastic crate and cardboard box, both of which contained diapers and children's magazines. - On the floor on Client #3's side of the room were plastic crates containing clothing, empty soda	V 736		

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V 736	Continued From page 25 bottles, and loose compact discs (CD); a clear plastic, 3-drawer organizer which only contained 1 CD; a wicker nightstand with an empty soda bottle on top; an unfolded blanket; - A folding table was set up in the corner and had an open potato chip bag and a partially crumpled, dirty piece of aluminum foil on top. - 1 of 2 windows in the room had a window blind with missing and broken slats that were insufficient to obscure the view into the bedroom from the outside. - In the master bathroom accessible through Clients #2 and #3's bedroom: - A sign was posted on the door: "Do not flush." - A strong odor of urine was present and there was a wet spot on the floor near the toilet. - The shower had a dirty washcloth lying on the rim and mildew-like stains on the grout. - There were stains on the ceiling above the shower. - 2 of 3 light bulbs in the wall fixture were not working. - Floor tiles near the toilet were stained and had gaps in the grout. - Client #3 held the sides of the toilet and was able to move it side to side, demonstrating that it was loose from the floor. - A closet in the bathroom had a very strong odor of feces present, had 2 clothes hampers partially filled and piles of clothing and sheets on the floor. - In Client #4's bedroom: - A bed was the only furniture in the room. - An opened can of soda was on the shelf in the closet. - A variety bag with snack-size potato chips was on the closet floor. - Clothing and shoes were stored in a laundry basket on the closet floor. - In Client #5's bedroom: - Clothing was heaped in and overflowing a	V 736		

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V 736	Continued From page 26 clothes hamper, - The mattress on the partially made bed had no fitted sheet present and was stained. - There were broken slats on a window blind. - The furniture in the living room included a recliner that had a broken seat and torn upholstery; and a couch with "pilled" upholstery. - Exterior: - A holly-type bush hung over the sidewalk to the front door requiring people to step off the sidewalk to get around it. - A mattress and metal bed frame were lying on the ground at the side of the house. - The white siding had mildew-type stains. Review on 7/16/2021 of the facility's local sanitation inspection report revealed: - The inspection was completed on 12/11/2020. - There were 5 total demerits in the areas of food protection, beds/linen/furniture, and walls and ceilings. - "Beds: Linen: Furniture- the mattress in bedroom #2 is soiled and the box spring is damaged. There are torn window blinds in several of the rooms and the kitchen that need to be repaired or replaced, the handle to the laundry closet needs to be repaired and the damage to the recliner in the living room needs to be repaired or the chair needs to be replaced ..." "Walls and Ceilings- Repair the damage to the wall in the kitchen and the rear hallway at the back door ..." Interview on 7/14/2021 with Client #1 revealed: - He had not paid any attention to damaged walls in the facility. - The toilet had been loose from the floor for "a long time." - He responded to questions about the odor of urine by saying, "ever 'cause a boy," then stopped	V 736		

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	MHL034-380	A. BUILDING: _____ B. WING _____	R 07/23/2021

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V 736	Continued From page 27	V 736		

talking and stared ahead blankly.
- Cleaning was done at the facility by clients.
- If clients did not clean up in the facility, the staff would "fuss" about it.

Interview on 7/14/2021 with Client #1 revealed:
- He had not paid any attention to holes in the kitchen wall.
- The toilet had been loose from the floor for "a long time."
- He responded to questions about the odor of urine by stating: "ever cause (because) a boy," then stared ahead without speaking any further on the topic.
- Cleaning was done at the facility by clients.
- If clients did not clean, the facility staff would "fuss."

Interview on 7/14/2021 with Client #2 revealed:
- He did not know how long the hole had been in the kitchen wall.
- He could not remember how long the toilet was loose from the floor.
- When repairs were needed at the facility, staff were supposed to arrange for maintenance staff to go out to do repairs.
- He had one basket for clean clothes and one for dirty clothes.
- Clients and staff cleaned the facility.

Interviews on 7/13/2021 and 7/14/2021 with Client #3 revealed:
- "My room doesn't usually look like this. I was in a rush and didn't clean it up. Don't count that against us. It doesn't usually look like this."
- He did not know when or how the window blind in his room was broken.
- The odor of urine was due to the toilet being "broken."
- If he ate in his room, the rule was that he had to

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V 736	Continued From page 28 clean up after himself. Interview on 7/14/2021 with Client #5 revealed: - He had not noticed the hole in the kitchen wall. - The toilet had been loose from the floor since he move in several months ago. - The toilet was "only getting worse because people tend to lean on it and trip on it. A couple of times, it's actually been knocked over on it's side ..." - The odor of urine was present "most of the time ... It's really strong. It affects my health because I have asthma and strong smells like that affect me more than others ..." Interview on 7/14/2021 with Staff #1 revealed: - Staff and clients cleaned the facility. - When she learned of repair needs at the facility, she notified the Qualified Professional (QP) through the electronic communication system the facility used. - She did not go into the bathroom used by clients and was not aware that the toilet was loose from the floor. - The toilet may have been loosed because some of the clients at the facility were large and could be "rough." - She may have gotten used to the odor of urine because she did not notice it. - The odor of urine could be present because Client #3 had urinary incontinence issues and wore adult diapers. Interviews on 7/13/2021 and 7/23/2021 with the QP revealed: - Client #3 had ongoing issues with urinary incontinence. - The urine odor was present because Client #3 would not discard his adult diapers correctly. - Bags were provided for Client #3 to place soiled	V 736		

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diapers in, but he would not use them.
- Facility staff had been working with Client #3 to keep his room mopped and put soiled diapers in the trash outside.
- The odor of urine was embedded in Client #3's clothes.
- Client #3's sheets were washed every day to help reduce odors.
- The toilet was supposed to have already been repaired.
- Some of the damages in the facility were caused by the clients not knowing their own strength.

Interviews on 7/15/2021 and 7/23/2021 with the Director revealed:
- Client #3 was extremely incontinent of urine.
- Client #3's mattress had been replaced several times, his clothing was double-washed, and he was sometime defiant when cleaning was being attempted to address the urine odor.
- The facility used to have a third-party facilities management person who coordinated with contractors to do needed repairs at the facility.
- It seemed like repairs were not getting completed.
- The facilities management person was let go following a DHSR citation for similar location and grounds issues at a sister facility.
- Some of the mattresses in the facility had been replaced.
- The facility's score during the sanitation inspection that was completed in November of 2020 was sufficient for the facility to pass.

This deficiency has been cited 3 times since the original cite on 11/15/2019 and must be corrected within 30 days.

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V 760	Continued From page 30	V 760		
V 760	27G .0304(d) Indoor Space Requirements 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: This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide minimum furnishings and storage for personal items for client bedrooms. The findings are: Observations of the facility and its grounds on 7/13/2021 from approximately 1:30pm to 3:05pm revealed: - In Client #1's bedroom: - A cardboard box with a "Print cartridge" label was on the floor with clothing, mail, and a bag of sample sized toothpaste on top of it. - A paper bag with clothing inside was on the floor. - Bags with clothing, toilet paper and other unknown items were on the floor of the closet. - In Clients #2 and #3's bedroom: - On the floor on Client #2's side of the room, clothing was piled up on top of a plastic crate. - Client #3's bed was covered with piles of unfolded clothing which spilled over onto the floor, and a plastic crate and cardboard box, both of	V 760		

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which contained diapers and children's magazines.
- On the floor on Client #3's side of the room were plastic crates containing clothing, empty soda bottles, and loose compact discs (CD); a clear plastic, 3-drawer organizer which only contained 1 CD; a wicker nightstand with an empty soda bottle on top; an unfolded blanket;
- A closet in the master bathroom had 2 clothes hampers partially filled and piles of clothing and sheets on the floor.
- In Client #4's bedroom:
- A bed was the only furniture in the room.
- Clothing and shoes were stored in a laundry basket on the closet floor.
- In Client #5's bedroom:
- Clothing was heaped in and overflowing a clothes hamper,
- The mattress on the partially made bed had no fitted sheet present and was stained.
- A folding camp chair was the only furniture other than the bed in the room.
- Clear plastic totes had clothing and toiletries visible through the sides.

Interview on 7/14/2021 with Client #2 revealed:
- He had no response to questions about furnishings in his bedroom other than that his bed was comfortable.
- He sat in a chair rocking back and forth with his arms crossed, did not provide information without much prompting, and indicated that he did not wish to continue the interview.

Interviews on 7/13/2021 and 7/14/2021 with Client #3 revealed:
- "A lot of these rooms don't have dressers. It would help if I could have one."

Interview on 7/14/2021 with Client #5 revealed:

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V 760	Continued From page 32 - He had mentioned that he needed furniture when he first moved into the facility but was told that he would have to purchase furniture himself if he needed it. - He had to buy a wicker dresser for his room out of his own money. - " ... All the other houses I've been in, they have had proper furniture ..." Interview on 7/23/2021 with the Qualified Professional (QP) revealed: - Plastic drawers were provided to clients to use as storage for their personal items. - When the facility had been cited for this deficiency before, nothing was said about furniture. - Client #4 had just moved in recently, so the facility was waiting for his family to bring him furniture. Interview on 7/23/2021 with the Director revealed: - The facility had been providing plastic drawers for storage for each client. - When the facility was last cited for lack of storage for clients' belongings, nothing was said about needing furniture. - Client #4 had just moved in recently, so the facility was waiting for his family to bring in some furniture for him. This deficiency has been cited 3 times since the original cite on 11/15/2019 and must be corrected within 30 days.	V 760		