Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-833	A. BUILDING: _____ B. WING _____	R 08/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE HOMES	926 EDISON ROAD RALEIGH, NC 27610

(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 and follow up survey was completed on 8/02/21. Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) 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. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.	V 109	V 109 / Recite / Must be corrected in 30 days Corrective Measures Staff and administrator have been trained on the assessment and habilitation process. That training included the development of admission summaries, treatment plans and supervision assessments. Staff will be trained on strategies and interventions that have been identified and are noted in the admission summary/assessment, prior to the client being officially admitted to the residence. All admission requests will be reviewed and endorsed by the facility director, administrator/QP/RN before client admission. This review will ensure all the necessary procedures described above are appropriately adhered. QP/Administrator/RN has also revisited facility policies and procedures and reoriented with the required intake assessment and documentation standards as specified in Resident Assessment Self Instructional Manual for Adult Care Homes. She has subsequently completed and documented the assessment of client #3 to include his diagnosis of PTSD and known triggers, psychosocial history, reason for incarceration and information on his aggressive behavior. Client #4 assessment is now completed and documented to include his history of wandering off, his COPD diagnosis and family history in accordance with Resident Assessment Self Instructional Manual for Adult Care Homes Clients #3 and #4 records have been updated accordingly with their intake assessment All current staff statewide background criminal records have been requested. Facility will ensure that future background checks will be statewide Facility director has also been informed and oriented in these requirements. He will have the oversight requirement to ensure these assessments are conducted to Resident Assessment Self Instructional Manual for Adult Care Homes standard before accepting a new client All staff has been informed on the no child visitor policy	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chuck Ammundy

TITLE: Facility Director

(X6) DATE: August 30, 2021

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V 109	Continued From page 1 (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 Qualified Professional (Co-licensee/QP/Administrator/Registered Nurse) (CL/QP/AD/RN) failed to demonstrate knowledge, skills and abilities required for the population served. The findings are: Review on 7/27/21 of the CL/QP/AD/RN's personnel records revealed: -Hired: 2011 -Credentials BS (Bachelor of Science in Nursing) -Active Nursing License I. Examples CL/QP/AD/RN did not have components required by rule for initial assessment when a treatment plan had not been developed for clients. Review between 7/27/21 and 7/29/21 of Client #3's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder Review between 7/27/21 and 7/29/21 of Client #4"s record revealed: - Admitted: 7/3/21	V 109	Correction Completion Date Thursday, August 19, 2021 Preventative Measures Facility director will ensure assessment and documentation plan is in place prior to accepting care and custody of any new client(s) Monitoring Responsibility Facility Director Monitoring Frequency Prior to admitting a new client	

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V 109	Continued From page 2 - Diagnoses: COPD, (Chronic Obstructive Pulmonary Disease), Schizophrenia, and Mild IDD (Intellectual Developmental Disability) Refer to V 111 regarding Clients' (#3 and #4) initial assessments. -Initial assessment information did not address presenting problems, diagnoses and social history of clients admitted since June 2021. -Client #3's assessment did not include information identified as diagnosis of (Post Traumatic Stress Disorder) PTSD and known triggers for the diagnosis. There was no documentation of psychosocial history, reason for previous incarceration or information about aggressive behavior. -Client #4's assessment did not include history of wandering off, no medical diagnosis of COPD, no social nor family history. -She documented Clients #3 and #4's diagnoses from FL-2 provided by previous residential provider. II. Examples CL/QP/AD/RN did not have documents in client records. Refer to V113 regarding client records. -Between 7/27/21 and 7/28/21, the CL/QP/AD/RN reported she was responsible for maintaining information in client's records. III. Examples CL/QP/AD/RN did not assure state wide criminal record checks were conducted on each staff. Refer to V133 regarding criminal records -Between 7/27/21 and 7/28/21, the CL/QP/AD/RN reported she was responsible for assuring criminal record checks were completed.	V 109		

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V 109	Continued From page 3 IV. Examples CL/QP/AD/RN did not assure the facility was operating within its licensure scope. Refer to V 289 regarding scope of program -The CL/QP/AD/RN authorized Staff #1 to allow her sick 4 year old child to stay at the group home overnight. Additionally, she authorized Staff #1's 4 year old child to visit the group home for no more than "a few hours." Interviews between 7/26/21 and 8/3/21 the CL/QP/AD/RN reported: -It was her responsibility to manage the day to day operations of the home. -Her management responsibilities included to compile information for the initial assessment of clients, assure documents were in the records, complete state level criminal record checks before staff were hired and assure the facility provided services to adults. Interview on 7/29/21 the Co-licensee/Director reported he was: -Aware the facility was cited for Competencies of Qualified Professionals -Concerned about the validity of the deficiency -Not sure how anyone could be concerned with the competency of a Registered Nurse with an active license This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND	V 111		

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V 111	Continued From page 4 TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete initial assessment for 2 of 4 clients (#3, #4). The findings are:	V 111	V 111 / Standard / Must be corrected in 60 days Corrective Measures Clients #3 and #4 intake assessment and treatment plans have been completed to reflect clients' needs Correction Completion Date Thursday, August 19, 2021 Preventative Measures Facility director will ensure that client assessment and treatment plans are in place according to client needs within 30days of admission to facility Monitoring Responsibility Facility Director Monitoring Frequency Within 30 days of admitting new client	

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V 111	Continued From page 5	V 111		

A. Review between 7/27/21 and 7/29/21 of Client #3's record revealed:
- Admitted: 6/29/21
- Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder

Interview on 7/29/21 the Co-Licensee/Qualified Professional/Administrator/Registered Nurse (CL/QP/AD/RN) reported:
- Handwritten note provided on 7/29/21 for Client #3 and Client #4 were their Initial Assessments

Review on 7/29/21 of handwritten note for Client #3 dated 6/24/21 by the CL/QP/AD/RN revealed:
- No documentation of a diagnosis of Post Traumatic Stress Disorder (PTSD), pertinent family history nor identification of client's strengths

Interview on 7/28/21 Staff #1 reported the following about Client #3:
- He has PTSD and Schizophrenia
- Will wander off
- Must be supervised
- Unaware of previous history of aggressive behavior
- Not aware of triggers of PTSD
- Information about Client #3 was provided verbally by the CL/QP/AD/RN

B. Review between 7/27/21 and 7/29/21 of Client #4's record revealed:
- Admitted: 7/3/21
- Diagnoses: COPD, Schizophrenia and Mild IDD (Intellectual Developmental Disability)

Review on 6/29/21 of handwritten note for Client #4 dated 7/2/21 by the CL/QP/AD/RN revealed:
- No documentation of behavioral health

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V 111	Continued From page 6	V 111		

diagnosis, pertinent family history, identification of client's strengths, documentation of seizure diagnosis nor pertinent medical history.

Interview on 7/28/21 with Staff #1 reported the following about Client #4:
- Client #4 has seizures
- He did not have unsupervised community time
- "He was kicked out of his last program/residence for walking away from the facility,
begging for money and cigarettes"
- He had not eloped from the current facility since his admission
- Information about Client #4 was provided verbally by the CL/QP/AD/RN

Interview on 7/29/21 with the facility's Pharmacist revealed:
- Per his record, Client #4 did not have a diagnosis of COPD

Interviews between 7/27/21 and 7/29/21 the CL/QP/AD/RN reported:
- 7/27/21: She had an initial assessments for Client #3 and Client #4, but did not have them with her. Assessments were based off of referral information provided by the referring Social Worker (SW). Client #4 had seizures
- 7/29/21: She clarified that Client #4 did not have seizures. Client #4's COPD diagnosis was obtained from the previous facility's FL2 form
- She was responsible for the Initial Assessment
- She obtained all diagnoses for Client's #3-#4 from the FL2 provided by the previous licensee

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V 113	Continued From page 7	V 113		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information	V 113	V 113 / Standard / Must be corrected in 60 days Corrective Measures Clients #3 and #4 records have been updated accordingly with their intake assessments, and treatment plans Correction Completion Date Thursday, August 19, 2021 Preventative Measures Facility director will ensure that client assessment and treatment plans are in place according to client needs within 30days of admission to facility Monitoring Responsibility Facility Director Monitoring Frequency Within 30 days of admitting new client	

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V 113	Continued From page 8 relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain client records for 2 of 4 clients (#3, #4). The findings are: A. Review between 7/27/21 and 7/29/21 of Client #3's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder - No documentation of: the screening or initial assessment, services provided or progress toward outcomes Interview on 7/29/21 the Co-Licensee/Qualified Professional/Administrator/Registered Nurse (CL/QP/AD/RN) reported: - Handwritten note provided on 7/29/21 for Client #3 and Client #4 were their Initial Assessments - She wrote the handwritten notes dated 7/2/21 and 6/24/21 Record review on 7/29/21 of a handwritten note dated 6/24/21 about Client #3 revealed: - No pertinent family history - No identification of client's strengths B. Review between 7/27/21 and 7/29/21 of Client #4's record revealed:	V 113		

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V 113	Continued From page 9 - Admitted: 7/3/21 - Diagnoses: COPD, (Chronic Obstructive Pulmonary Disease), Schizophrenia, and Mild IDD (Intellectual Developmental Disability) - No documentation of: the screening or initial assessment, services provided or progress toward outcomes Review on 7/29/21 of handwritten note dated 7/2/21 about Client #4 revealed: - No documentation of behavioral health diagnosis, pertinent family history, and identification of client's strengths Interviews between 7/27/21 and 8/2/21 the CL/QP/AD/RN reported: - 7/27/21: she had an initial assessment for Clients #3 and #4, but did not have it with her. - Assessments were based off of referral information provided by the referring Social Worker (SW). - Assessment information was not located in Client #3 and #4's records as she was developing treatment plans	V 113		
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	V 118		

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V 118	Continued From page 10 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. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure staff demonstrated competency to administer medications as well as assure the MAR was current affecting 4 of 4 clients (#1-#4). The facility failed to assure medication was administered as prescribed and available to administer for 1 of 4 clients (#4). The facility failed to have physician's orders for 2 of 4 clients (#1, #3). In addition, 1 of 1 staff (#1) failed to demonstrate competency of medication administration training. The findings are:	V 118	V 118 / Type A1 / Must be corrected in 23 days Corrective Measures Staff #1 was suspended and removed from facility for a period of 2 weeks while facility conducted investigation with pharmacy on medication error MAR was reviewed for all clients for consistency with doctors' orders Pharmacy partner was engaged and informed on all clients medications to ensure all are on site as needed QP/RN facilitated 1hr training sessions for a period of 7 days with the HabTech/House Manager using the NC DHHS Medication Administration Training Course Manual (Instructor and Student) and ensured Hab-Tech demonstrated clinical training understanding. HabTech skills verification was also tested based on DHHS-DHSR document on Medication Study guide for unlicensed personnel in Adult Care Homes Client #4 doctor was informed of period when Vitamin D3 and Ditropan medication error occurred and remediation strategies for client discussed Correction Completion Date Wednesday, August 25, 2021 Preventative Measures The NC DHHS Medication Administration Training Course Manual will be used to facilitate continuing education requirement for live in staff with MAR responsibilities. Staff will receive biannual refreshers where clinical skills will be verified QP/RN will review client MARs weekly for consistency with doctors' orders QP/RN will review and discuss medication counts weekly with live in staff to ensure pharmacy is engaged and informed of refill requirements Monitoring Responsibility QP/RN Monitoring Frequency Weekly	

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V 118	Continued From page 11 Review on 7/27/21 of Client #1's record revealed: - Admitted: 6/22/15 - Diagnoses: Seizure Disorder, Insomnia, Schizophrenia, Hypercholesterolemia, COPD (Chronic Obstructive Pulmonary Disease), GERD (Gastroesophageal Reflux Disease) and Hypokalemia - July 2021 MAR listed medications that included the following: Haldol 5 mg (milligram) one tablet (tab) twice daily (antipsychotic) Lamictal 200 mg one tab twice a day (seizure disorder) Lamictal 200 mg two tabs twice a day Trazadone 150 mg one tab at night (antidepressant and sedative) Lipitor 20 mg one tab daily (for high cholesterol) Phenytoin 100 mg two tabs twice a day (seizure disorder) Albuterol HFA 90 mcg (microgram) two puffs at Noon and 6 PM and 2 puffs as needed (for Asthma) Dilantin 100 mg two tabs twice a day (seizure disorder) Review on 7/27/21 of Client #2's record revealed: - Admitted: 6/22/15 - Diagnoses: Paranoid Schizophrenia, Mild IDD (Intellectual Developmental Disability), GERD, HTN (Hypertension), Epilepsy and Diverticulitis of the colon - July 2021 MAR listed medications that included but not limited to the following: Depakote 500 mg two tabs twice day (seizure disorder) Keppra 500 mg one tab twice daily (seizure disorder) Zestril 40 mg one tab daily (high blood pressure)	V 118		

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V 118	Continued From page 12 Lipitor 40 mg one tab at night (high cholesterol) Terazosin 5 mg one tab at night (high blood pressure) Protonix 20 mg one tab at night (for acid reflux) Depakote 250 mg one tab at night (seizure disorder) Vimpat 100 mg one tab at night (seizure disorder) Acetaminophen 325 mg (pain relief) Multivitamin Stool softener 50 mg one tab as needed (constipation) Iron 65 mg one tab as needed (iron deficiency) Clozaril 50 mg three tabs at night (antipsychotic) "Isopt Atropine 1% eye drops instill 4 drops under the tongue twice daily for drooling" Review on 7/27/21 of Client #3's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder - July 2021 MAR listed medications that included but not limited to the following: Senna Lax 8.6 mg tab one tab twice a day (constipation) Haldol 10 mg one tab at night Zoloft 20 mg one tablet every morning (antipsychotic) Cerovite one tab daily (multivitamin) Zyprexa Zydis 20 mg one tab twice a day (Schizophrenia) Vitamin D3 50mcg one tab every morning (increase absorption of calcium) Haldol Decanoate 100 mg vial injections (Schizophrenia)	V 118		

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V 118	Continued From page 13 Review on 7/27/27 of Client #4's record revealed: - Admitted: 7/3/21 - Diagnoses: COPD, Mild IDD and Schizophrenia - July 2021 MAR listed medications that included but not limited to the following: Klonopin .5 mg one tab twice a day (seizure disorder) Aricept 5 mg one tab at night (Alzheimer's) Crestor 5 mg one tab daily (high cholesterol) Seroquel 200 mg one tab at night (antipsychotic) Prilosec 20 mg one daily (acid reflux) Trazadone 150 mg one tab at night Risperdal 4 mg one tab twice a day (antipsychotic) Wellbutrin XL 300 mg one tab daily (antidepressant) Levoccarnitine 320 mg one tab three time a day (carnitine deficiency) Depakote SOD 500 mg one tab twice a day Vitamin D3-2000 daily Ditropan 5 mg two tabs at night (overactive bladder) I. Examples of staff competency for medication administration- Review on 7/27/21 of Staff #1's personnel record revealed: - Hired: 7/1/21 - Medication Administration Training Certificate dated 6/2/21. A. Observation on 7/27/21 between 9:00 AM-10:30 AM of medication related activities and interview with Staff #1 revealed the following in	V 118		

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the kitchen:

- Staff #1 punched medications from individual medication bubble packets for Clients #1-#4. Staff #1 placed the medications into a clear medicine cup.
- Client #4 was seated at the table.
- Staff #1 placed the clear medicine cups on the dining table in front of different chairs. Client #4 remained at the table.
- Staff #1 left the room for approximately 5-6 minutes. Client #4 remained seated at the kitchen table while Staff #1 was gone. Upon return, Staff #1 reported she left the kitchen to check Client #1's blood pressure. Staff #1 reported Client #1 was on the front porch.
- Approximately 9:26 AM, Staff #1 started to cook breakfast for the clients. Within 10 minutes of her return, Client #4 left the kitchen. Medications for clients #1-#4 remained on the dining table.
- Between 9:56 AM-10:30 AM, Clients #1-#4 came to the table for breakfast. Clients ate breakfast with medications in cups beside their plates. As Clients #1-#4 ate, staff left the kitchen area several times for more than 2-3 minute intervals. Staff#1 had her back turned towards Clients #1-#4 as she cleaned the dishes. Staff #1 could not see Clients #1-#4 take their medications in the cup as they ate breakfast. Client #4 was last to finish his meal and take his medication from the clear medicine cup.

Interview on 7/28/21 Staff #1 reported she:

- Administered medications incorrectly on 7/27/21 because she was "running behind."
- Was supposed to give clients' medications individually and monitor to make sure they took it.

Interview on 7/28/21 the Co-Licensee/Qualified

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V 118	Continued From page 15 Professional/Administrator/Registered Nurse (CL/QP/AD/RN) reported she taught: - Medication administration for the staff at the facility. - Staff to call client by name, check MAR, verify the correct dosage and hand medication to the client. Staff were to watch client take medication, swallow medication and sign off on the MAR as medications administered. B. Observation on 7/28/21 between 9:00 AM-9:30 AM revealed the following: - A small round white pill on the floor of the living room. - No staff or clients were in the living room. Interview on 7/28/21 Staff #1 reported: - Clients #3-#4 were in bed, Client #2 in upstairs shower and Client #1 was at the day program. - She thought the pill on the floor belonged to Client #1. - Client #1 was eating breakfast when his transportation arrived for the day program. His medications were given to him in his hand as he was leaving out the door. As Client #1 prefers to wear gloves, "a pill must've gotten stuck." Observation on 7/29/21 between 2:00 PM and 2:30 PM of Client #1's medications revealed: - No white round pills C. Missed Medication Record Review on 7/29/21 of Client #3's July 2021 MAR revealed: - Staff #1 initialed as administered medications on morning of 7/28/21	V 118		

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V 118	Continued From page 16 Interview on 7/28/21 between 9:00 AM-9:30 AM Client #3 reported: - He had not had breakfast or taken his morning medications Interview on 7/28/21 between 9:30 AM and 10:00 AM Staff #1 reported: - She had administered all medications except for Client #3 as he remained in bed - During this same time Client #3 "was telling [CL/QP/AD/RN] that he had not received his morning medications." Observation on 7/28/21 between 10:00 AM - 10:30 AM revealed: - Client #3 requested to speak with the CL/QP/AD/RN in private, however his conversation was audible. - Client #3 reported to the CL/QP/AD/RN that he had not had breakfast and the time "was 10 o'clock" Interview on 7/29/21 the CL/QP/AD/RN reported: - Client #3 told her he had not had breakfast, so she gave him his breakfast - Client #3 did not inform her that he did not have his morning medications - She did not administer Client #3's morning medications on 7/28/21 Interview on 7/29/21 Staff #1 reported: - She did not administer Client #3's morning medication on 7/28/21 - If she signed off on the MAR on 7/28/21 for Client #3's medications in the AM, "it was a mistake." II. Example medication not administered as prescribed-	V 118		

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V 118	Continued From page 17 Review on 7/27/21 of Client #4's record revealed: - "Adult Care Physician authorization list" signed and dated May 2021 by physician noted medications that included Depakote 500 mg one tab twice a day - Physician's order dated 7/23/21 Depakote 250 mg one tab twice a day Observation on 7/27/21 between 9:00 AM -11:00 AM of Client #4's medications revealed no Depakote. Observation on 7/27/21 at 12:51 PM of Client #4's medications and interview with the CL/QP/AD/RN revealed: - one packet dispensed 7/23/21 Depakote 250 mg - (5 total) packets of Depakote 500 mg with quantities of 60 dispensed 11/16/20, 12/11/20, 1/11/21 and two dispensed 6/9/21 - She found the bubble packets of Depakote in the back of the medication storage cabinet. Interview on 7/29/21 the facility's pharmacist reported: - Client #4 should receive a total of 750 mg of Depakote at both of his daily medication administration times Interviews between 07/27/21 and 7/29/21 the CL/QP/AD/RN reported: - Client #4's Depakote dispensed 7/23/21 had been placed with the Depakote 500 mg tablet provided by his former facility. - The previously dispensed Depakote packets were not discarded or returned to the pharmacist as she awaited the client's physician to access and verify if the medication was still needed.	V 118		

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V 118	Continued From page 18 III. Examples medications not in the facility- A. Review on 7/27/21 of Client #4's record revealed: - "Adult Care Physician authorization list" signed and dated May 2021 by physician noted medications that included: Vitamin D3 2000 mg one tab daily Ditropan 5 mg two tabs at night Observation on 7/27/21 between 9:00-11:00 AM of Client #4's medications revealed the following were not at the group home: - Vitamin D3 2000 mg - Ditropan 5 mg Interview on 7/29/21 the facility's pharmacist reported: - The previous group home obtained Vitamin D3 over the counter. This facility was dispensed Vitamin D3 on 7/27/21 - Ditropan 60 tablets were last dispensed 6/9/21 IV. Examples no physician's orders- A. Review on 7/27/21 of Client #3's record revealed: - FL2 dated 7/15/21 was written for Haldol 5 mg one tab at night - No change in the physician's order for Haldol - July 2021 MAR listed Haldol 10 mg one tab at night medication Interview on 7/29/21 the facility's pharmacist reported: - Physician's order dated 7/1/21 for Haldol 10 mg one at bedtime - Previous physician's order dated 6/28/21	V 118		

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V 118	Continued From page 19 for Haldol 5 mg one at bedtime - No other physician's order on file B. Review on 7/27/21 of Client #1's record revealed: - Physician's order dated 2/8/21 for Lamictal 200 mg one tab twice a day - July 2021 MAR listed medications that included the following as administered: Lamictal 200 mg one tab twice a day Lamictal 200 mg two tabs twice a day Interview on 7/29/21 the facility's pharmacist reported per his agency's notes: - Physician's order dated 3/1/21 Lamictal 200 mg one tab twice a day was on file. - Prior Physician's order dated 4/17/20 Lamictal 200 mg two tabs twice a day was on file. - The physician's order dated 3/1/21 for Lamictal would be the current order. - V. Examples MAR not current- A. Review on 7/27/21 of Client #4's July 2021 MAR listed initials to indicate the following medications were administered between 1st-26th : - Vitamin D3-2000 daily - Ditropan 5 mg two tabs at night - Depakote 500mg one tab twice a day Observation on 7/27/21 between 9:30 AM- 11:30 AM of Client #4's Depakote 500 mg bubble packets revealed unopened Observation on 7/27/21 at 12:51 PM of Client #4's Depakote medications revealed 6 unopened bubble packets dispensed between 11/16/20 and 7/23/21.	V 118		

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V 118	Continued From page 20 Interview on 7/27/21 Staff #1 reported: - Her initialing of Vitamin D3 and Ditropan on the MAR were in "error." The Vitamin D3 and Ditropan were not available in the facility to be administered - Her initials for Depakote 500 mg was "in error." Interview on 7/29/21 the CL/QP/AD/RN reported: - When medications were not at the facility, staff should circle their initials on the MAR. - She had not reviewed the MARs in a few days. Routinely, she normally reviewed the MAR or discussed medications daily with staff. C. Review on 7/27/21 of Clients #1-#4's July 2021 MARs revealed: - Staff #1's initials were not present for PM medications on 7/26/21 Interviews between 7/27/21 and 7/28/21 clients #1-#4 reported they had not missed a medication dosage. Interviews between 7/27/21 and 7/29/21 the CL/QP/AD/RN reported: - She monitored medications and the medication system at the home weekly - Her review included record reviews and discussions with staff Review on 07/29/21 of the facility's Plan of Protection (POP) dated 07/29/21 submitted by the CL/QP/AD/RN revealed the following: "What immediate action will the facility take to ensure the safety of the consumers in your care? - Hab Tech will be retrained on MAR and understanding of requirements - MAR will be reviewed for all clients for	V 118		

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V 118	Continued From page 21 consistency with doctors orders and to identify and correct any irregularities - Pharmacy Partner will be engaged to ensure medications are on site as required Describe your plans to make sure the above happens. - This will be done by the administrator and the Hab Tech and communicated to the director who stated he will ensure that all documented POP activities are completed by the due date." All Clients (#1-#4) in this home had diagnoses of Mental Illness and some Intellectual Developmental Disability. Staff #1 was hired July 1, 2021 full time and worked as a live-in. Prior to this survey, the facility had developed and implemented a system of program review for medication compliance which included review of records. The facility's internal monitoring system failed to identify issues such as staff leaving client's medication out for self administration, prescribed medications not available in the facility to be administered, no physician's orders maintained on file by the facility and assure MARs were accurate and current. The lack of medication administration oversight was neglectful that any client could consume a peer's medications without staff's knowledge. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD	V 133		

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V 133	Continued From page 22 CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a 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	V 133	V 133 / Standard / Must be corrected in 60 days Corrective Measures All current staff statewide background criminal records have been requested. Facility will ensure that future background checks will be statewide Correction Completion Date Thursday, August 19, 2021 Preventative Measures Facility will require that all staff providing live in services be subject to statewide background checks Monitoring Responsibility Administrator Monitoring Frequency Within 30 days of new staff assignment	

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V 133	Continued From page 23 Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared 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	V 133		

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conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(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

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V 133	Continued From page 25 disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious 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	V 133		

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	MHL092-833	A. BUILDING: _____ B. WING _____	R 08/02/2021

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V 133	Continued From page 26 an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to request a statewide criminal history record checks within five days of a conditional employment offer for 1 of 1 current staff (#1) and 1 of 1 former staff (FS #2). The findings are: Review on 7/27/21 of Staff #1's personnel records revealed: - Hired: July 1, 2021 - County Criminal Record check completed 7/27/21 - No evidence of statewide criminal record check	V 133		

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V 133	Continued From page 27 Review on 7/27/21 of FS #2's personnel records revealed: - Hired: April 15, 2020 - Last date of Employment: July 1, 2021 - County Criminal Record check completed 11/16/20 - No evidence of statewide criminal record check During interview on 7/27/21, the Co-Licensee/Qualified Professional/Administrator/Registered Nurse reported: - She was not aware the Criminal Record checks obtained at the local government office provided information only for the county the criminal check was conducted - For Staff #1, she had not completed a criminal check prior to 7/27/21 as an oversight	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be	V 289		

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V 289	Continued From page 28 licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304	V 289	V 289 / Recite / Must be corrected in 30 days Corrective Measures All staff has been informed on the no child visitation policy Administrator is aware that she should not authorize the stay or visitation of children to the facility Correction Completion Date Thursday, August 19, 2021 Preventative Measures Facility Director will reinforce policy in touchpoints with Administrator Monitoring Responsibility Administrator Monitoring Frequency Daily	

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V 289	Continued From page 29 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to operate within its licensure scope affecting 4 of 4 clients (#1-#4). The findings are:

Review on 7/27/21 of Client #1's record revealed:
- Admitted: 6/22/15
- Diagnoses: Seizure Disorder, Insomnia, Schizophrenia, Hypercholesterolemia, COPD (Chronic Obstructive Pulmonary Disease), GERD (Gastroesophageal Reflux Disease) and Hypokalemia

Review on 7/27/21 of Client #2's record revealed:
- Admitted: 6/22/15
- Diagnoses: Paranoid Schizophrenia, Intellectual Developmental Disability (IDD), GERD, Hypertension (HTN), Epilepsy, Diverticulitis of the colon

Review on 7/27/21 of Client #3's record revealed:
- Admitted: 6/29/21
- Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder

Review on 7/27/27 of Client #4's record revealed:
- Admitted: 7/3/21
- Diagnoses: COPD, Mild IDD and Schizophrenia

Review on 7/29/21 of the facility's public file

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V 289	Continued From page 30	V 289		

maintained by the Division of Health Service Regulation (DHSR) revealed:

- 2021 License approved to provide services-10A NCAC 27G. 5600A Supervised Living for
  Adults with Mental Illness.

Observation and interviews on 7/27/21 between 2:00 PM-5:30 PM revealed the following:

- Upon arrival, a young female child of an estimated age of 4 was observed in the family room area.
- Staff #1 was also present in the family room area and reported that the young female child was her daughter.

Interviews on 7/27/21 and 07/28/21, Staff #1 reported:

- The young female child was in the home because she was sick with a fever and Staff #1 was trying to break the fever
- The child's father was not comfortable taking care of her while the child had a fever
- The child had visited the group home for a few hours during the day
- The child stayed one night in the home due to her being sick
- The Co-licensee/Qualified Professional/Administrator/Registered Nurse (CL/QP/AD/RN) was aware of the child in the home and authorized her presence in the home

Interview on 7/27/21 Client #4 reported:

- Staff #1 picked up her child with the clients in the car and returned to the home with the child
- Her child stayed overnight in the home

Interviews between 7/27/21 and 7/29/21 the CL/QP/AD/RN reported:

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V 289	Continued From page 31 - She was aware of the child being in the home, and that the child had stayed overnight - She initially reported the child had stayed at the home between 1-2 hours and then stated the child stayed in the home between 1 hr to 1.5 hrs. - She authorized the child being in the home, but requested that the child be picked up on the afternoon of 7/27/21 as soon as possible Interview on 7/29/21 the Co-licensee/ Director reported: - He was not aware of a child staying in the home, or visiting the staff in the home - He described the home as a site for adults and not a facility for children	V 289		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.	V 540		

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V 540	Continued From page 32 (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide towels and wash cloths affecting 3 of 4 clients (#2-#4). The findings are: Review between 7/27/21 and 07/29/21 of the facility's client records revealed: Review on 7/27/21 of Client #2's record revealed: - Admitted: 6/22/15 - Diagnoses: Paranoid Schizophrenia, Intellectual Developmental Disability (IDD), GERD, Hypertension (HTN), Epilepsy, Diverticulitis of the colon Review on 7/27/21 of Client #3's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder Review on 7/27/27 of Client #4's record revealed: - Admitted: 7/3/21 - Diagnoses: COPD (Chronic Obstructive Pulmonary Disease), Mild IDD and Schizophrenia Observation on 7/27/21 between 2:00 PM and 5:30 PM of Client's #3-#4 bedrooms revealed: - Client #4 did not have any clean towels or wash cloths in his room	V 540	V 540 / Standard / Must be corrected in 60 days Corrective Measures Facility provides and will continue to provide clean towels, linen and personal effects for all clients. House managers have been coached on ensuring that clients are aware of access to these provisions without limitations Correction Completion Date Thursday, August 19, 2021 Preventative Measures Director will reinforce policy in touchpoints with Administrator Monitoring Responsibility Administrator Monitoring Frequency Weekly	

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V 540	Continued From page 33 - Client #3 had 2 towels and 2 wash cloths in his room Interview on 7/27/21 Client #4 reported: - His dirty towels and wash cloths were in trash bags in his closet, along with his clothes - He was provided with 2 towels and 2 wash cloths by the facility, which were now dirty, and he used his hand to wash his body as he is incontinent of his bladder and bathes multiple times per day - He was not aware of additional towels/cloths being available for his use, he was waiting for his towels/cloths to be laundered Interview on 7/28/29 Client #2 reported: - He had 2 towels and 2 wash cloths - Staff wash his towels/cloths on wash day Interview on 7/28/21 Staff #1 reported: - Client #4 has issues with his bladder and frequently wets himself - Client #4 was provided 2 towels and 2 wash cloths - Client #4 mixes all of his clean and dirty laundry together in the trash bags in his room - She was not aware that he needed clean towels/cloths Interview on 7/28/21 the Co-licensee/Qualified Professional/Administrator/Registered Nurse reported: - Client #4 has hygiene issues related to his bladder incontinence and wets himself - Clients are provided with 3 towels and 3 wash cloths and have access to additional linens Interview on 7/29/21 Co-Licensee/Director reported: - Was not aware of the number of towels	V 540		

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V 540	Continued From page 34 issued to each client - Reported the home had enough towels for each client and they can access additional towels if needed	V 540		
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 interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Observation and tour of the facility on 07/27/21 between 2:50 PM-5:30 PM and 7/28/21 between 9:00 AM-11:00 AM revealed the following: - Upstairs bedroom occupied by Client #4: Clothes both clean and dirty in 5 trash bags No clothes hangers in the closet - Upstairs bedroom occupied by Client #2: Portable Beside commode- frame with rusted areas on frame including legs. Seat with brown stains Shower chair- with back of chair titled to the side.	V 736		

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V 736	Continued From page 35 Blinds to window broken Ceiling fan blades covered in thick dust - Bathroom upstairs: Light fixture over head -No covering over light bulbs - Downstairs bedroom occupied by Client #1 and #3: Ceiling- ripped with a tear. Plaster hanging near the torn area Streaks noted on the wall Floor vent rusted and covered in thick layer of dust Flooring with a few rips in the material - Downstairs Bathroom: Ceiling- tears above the window and a rip on the wall. Paint peeling off the wall. Shower- molding around the shower modified to make a step. The step did not have no skid surface to reduce risk of falls. No railing to allow safe access when exiting the shower. Towel noted in front of the steps which if wet would increase risk of fall - Living room: Paint bubbled and peeled in area near the storage closet - Outside premises Green and yellow mildew noted on the front and sides of the home Roof on Storage building- wood rotted. Piece of wood hanging off the front of the roof. - Kitchen- No covering and missing bulb for overhead lighting	V 736	V 736 / Recite / Must be corrected in 30 days Corrective Measures Effective 7/28/2021; clothing hangers, for dirty and for clean hampers supplied for client #4 Effective 7/31/2021 new bedside commode was provided for client #2 Effective 8/2/2021 kitchen overhead lighting bulb and covering replaced Effective 8/4/2021 downstairs bedroom ceiling and wall repaired Effective 8/11/2021 the facility outside premises have been power washed Effective 8/21/2021 broken window blinds replaced; ceiling fan blades removed per construction request Effective 8/27/2021; Storage shed is locked to prevent clients from accessing space. Roof will be repaired Effective 8/30/2021 Shower chair has been replaced Railing to be installed in downstair bathroom to allow safe access when exiting the shower by Sept 1 Downstairs bathroom ceiling and wall repaired and painted by Sept 1 Paint bubbled and peeled in area near storage closet to be repaired by Sept. 1 Floor ac vents will be cleaned and repainted by Sept 1 Correction Completion Date Wednesday, September 1, 2021 Preventative Measures Administrator will make monthly inspections of facility grounds and report repair requests to director Monitoring Responsibility Director Monitoring Frequency Monthly	

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V 736	Continued From page 36 Observation on 7/28/21 between 9:00 AM and 10:00 AM revealed Client #2 was seen in the upstairs hallway carrying his shower chair from the bathroom to his bedroom. Interview on 7/27/21, Client #1 reported: - He was not sure how long ago but a liquid was sprayed to repair the ceiling in his bedroom. When the liquid was sprayed, it also got on the walls in the bedroom which left the streaks. - He was not sure what caused the rip in the ceiling. Interview on 7/28/21, the Co-licensee/Qualified Professional/Administrator/Registered Nurse reported: - Client #2 utilized the shower chair and the bedside commode daily. She had made unsuccessful efforts to clean the rust off the bedside commode in the past. - She had not observed the rip in the ceilings, bubbling of paint in the living room, streaks on wall in downstairs clients bedroom and issues with flooring - Due to COVID-19 (Coronavirus) she had not had the outside of the home pressure washed - In the past few months, she and the Co-licensee/Director had discussed demolishing the building outside with the torn roof. No definite time frame was set to demolishment of the building. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND	V 752		

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V 752	Continued From page 37 EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation, record and interview, the facility failed to ensure the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are: Review on 7/27/21 of Client #1's record revealed: - Admission: 6/22/15 - Diagnoses: Seizure Disorder, Insomnia, Schizophrenia, Hypercholesterolemia, COPD (Chronic Obstructive Pulmonary Disease), GERD (Gastroesophageal Reflux Disease) and Hypokalemia Review on 7/27/21 of Client #2's record revealed: - Admission: 6/22/15 - Diagnoses: Paranoid Schizophrenia, Mild Intellectual Developmental Disability (IDD), GERD, Hypertension, Epilepsy and Diverticulitis of the colon Review on 7/27/21 of Client #3's record revealed: - Admitted: 6/29/21 - Diagnoses: Schizophrenia, Cannabis and Alcohol Use Disorder Review on 7/27/27 of Client #4's record revealed: - Admission- 7/3/21 - Diagnoses- COPD, Mild IDD and	V 752	V 752 / Type A2 / Must be corrected in 23 days Corrective Measures Water heater has been adjusted to low to ensure water temperature does not exceed 116 degrees Correction Completion Date Wednesday, July 28, 2021 Preventative Measures Staff will take and record hot water temperatures daily and report any reading out of the range of 100 - 116 degrees Monitoring Responsibility Administrator Monitoring Frequency Daily	

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(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 752	Continued From page 38 Schizophrenia Observation on 7/27/21 between 3:00 PM-4:50 PM in the kitchen sink, upstairs bathroom and downstairs bathroom sinks revealed water temperatures at 140 degrees Fahrenheit. Client #1 was about to take a shower. Interview on 7/27/21 Staff #1 reported she: - Started working full time at the facility July 1, 2021 - Had never been told to check the water temperature - No clients complained of the temperature of the water during bathing Interview between 7/27/21 and 7/29/21 the Co-licensee/Qualified Professional/Administrator/Registered Nurse (CL/QP/AD/RN) reported: - Prior to 7/27/21, staff were supposed to check the water temperature daily - Staff #1 was new and may not have been aware she needed to check the water temperature - She was not aware the water temperature was 140 degrees. - As a nurse, she was aware of the risk of scalding within 6 seconds at 140 degree water temperature - After 7/27/21, she purchased a water thermometer to check water temperatures Interview between 7/27/21 and 7/29/21, the Co-licensee/Director reported: - He visited the home on a quarterly basis - When the agency was made aware the water temperature was 140 degrees, the water heater was turned down to resolve the high temperature.	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-833	A. BUILDING: _____ B. WING _____	R 08/02/2021

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V 752	Continued From page 39	V 752		

- As the water temperature issue had been resolved during this survey, he was not sure why the facility was cited for the water temperature exceeding 140 degrees.

Note the CL/QP/AD/RN wrote a plan of protection (POP) on 7/27/21 when the violation of the hot water temperature was identified. Later in the survey on 7/29/21, she maintained the same plan as noted below.

Review on 7/29/21 of Plan of Protection (POP) dated 7/29/21 completed by the CL/QP/AD/RN revealed the following:

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

- called the plumber
- turned down the water heater to low,
- ran out all the hot water until the water temperature was 100 degrees
- stopped the clients from taking a shower until the water temperature was 100 degrees

Describe your plans to make sure the above happens.

- Call the plumber
- Buy a water thermometer to perform water checks
- Staff will perform water checks am and pm and document checks twice daily
- Informed staff of the importance of performing checks and documenting readings"

Four clients whose primary diagnosis of mental illness inclusive of Schizophrenia and Bipolar Disorder resided in the facility. Water temperatures were consistent at 140 degrees Fahrenheit at water sources utilized by clients. The facility did not have documentation of temperature checks being conducted. This made

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V 752	Continued From page 40 it difficult to determine how long the water temperature had been at 140 degrees. This deficiency constitutes a Type A2 rule violation as clients were placed at substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 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 752		
V 774	27G .0304(d)(7) Minimum Furnishings 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: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a bedside table, and storage for personal belongings affecting 4 of 4 clients (#1-#4). The findings are: Observation on 7/27/21 between 2:00 PM and 5:30 PM of Client's #1-#4 bedrooms revealed:	V 774		

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V 774	Continued From page 41 - Client #1 and Client #3 shared a bedroom: no bedside tables or dressers, Two 2-drawer metal office file cabinets were observed - Client #2: no bedside table - Client # 4: no bedside table, two 2-drawer metal office file cabinets were observed. One of the 2-drawer metal office file cabinets was rusted with the paint flaking off. No clothes hangers were present in the bedroom or Client #4's closet to hang clothes. Client #4's clothes were in 5 trash bags. Interview on 7/27/21 with Client #4 reported: - He did not have any clothes hangers because he had not been provided with clothes hangers - All of his clothes were in trash bags in his closet, including his dirty clothes with his clean clothes and his dirty towels and wash cloths Interview on 7/27/21 the Co-licensee/Qualified Professional/Administrator/Registered Nurse (CL/QP/AD/RN) reported: - Client #4 mixed his clean and dirty clothes together - Previous client in the home chose file cabinetry for storage and personal use	V 774	V 774 / Standard / Must be corrected in 60 days Corrective Measures Bedside table and personal storage space is provided for all clients in the facility and shall be maintained as part of minimum personal furnishing per client Correction Completion Date Saturday, August 21, 2021 Preventative Measures Administrator will make weekly inspections of facility indoors and report repair requests to director Monitoring Responsibility Director Monitoring Frequency Bi-weekly	