STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-195	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER CONNECTIONS MIDLAND CT	3309 MIDLAND COURT GREENVILLE, NC 27833

(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 September 2, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited staff (#2) received diabetic training to meet the needs of a client. The findings are: Review on 8/24/21, 9/01/21 and 9/02/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - Physician's orders signed 6/15/21 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at suppertime. Review on 8/24/21 of staff #2's personnel record revealed: - Title of Direct Care Professional.	V 108		

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V 108	Continued From page 2 - Hire date of 5/24/19. - No documentation of training in diabetes management or diabetes care. During interview on 8/24/21 staff #2 stated: - She only worked on weekends if the AFL Provider needed to be away from the facility. - As a direct care staff she administered medications, assisted client #1 to check his blood sugar and assisted him to administer his insulin. - She was supposed to have diabetes training. - She could not remember if she had completed diabetes training. - She had not worked at the facility in approximately 2 months. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least	V 112		

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V 112	Continued From page 3 annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for 1 of 2 clients (#1). The findings are: Review on 8/24/21 and 9/01/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - "Risk/Support Needs Assessment" dated 12/08/20 included that client #1 could be easily victimized; "would let anyone into his home;" engaged in "risky behaviors" such as leaving his home in the middle of the night to go to the store to beg for cigarettes; wearing all black at night so that he could not be seen by traffic; history of delusions, paranoia, self-injurious behaviors, and suicidal ideation; "requires close supervision due	V 112		

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V 112	Continued From page 4	V 112		

to risk of wandering away."
- "Case Note Entered By [Qualified Professional (QP)] on 08/31/2021 03:13 PM . . . Service Date 06/30/2021 . . . " included "Team meeting was held to discuss . . . [client #1's] placement, having unsupervised time, and eating schedule. The team agreed that [client #1] could have up to 2 hours of unsupervised time. Prior to leaving for his unsupervised time, [client #1] agreed to check his glucose levels, take a snack and a bottle of water, and provide staff with his plans. [Client #1] will also receive a food card to use to start learning how to manage his funds on a monthly basis. The team will meet in a couple of months to assess [client #1's] progress."
- "Intake/Output" record 6/02/21 8:00 am - 8/31/21 12:30 pm included documentation of 133 meal refusals.
- Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; signed 6/15/21 for Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at suppertime.
- "Admin (Administration) History for [client #1] - Humalog 100 units/milliliter (ml) Kwikpen" 8/12/21 7:00 pm - 8/31/21 12:36 pm included documentation of 43 refusals of Humalog 100 units/ml.
- Medication Administration Records (MARs) June 2021 - August, 2021 included

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V 112	Continued From page 5 documentation of 121 blood sugar check refusals; documentation of blood sugar levels ranging from 54 at 6:00 pm 8/12/21 to too high for the glucometer instrument to register at 7:00 am 8/23/21, 7/12/21, and 7/19/21; documentation of 153 refusals of Humalog 100 units/ml. - "Consultation Form" dated 3/04/21 with signed Physician's order " . . . take Lantus even if he (client #1) does not eat breakfast;" the "Consultation Form" was also signed by the Direct Care Professional, the Residential Director, and the QP. - "SCS (Special Consultative Services) Nutritionist 01/1/21 - 12/31/21 (ISP Program)" included ". . . Goal/Service Individual will receive specialized consultative services in order to have a comprehensive nutritional assessment plan development, training and monitoring/revising throughout the plan year to promote compliance with a healthier diet." - "Residential Supports . . . 1/1/21-12/31/21 (ISP [Individual Support Plan] Program) . . . Start Date 1/01/2021 . . . " - No goal or strategies to address management of client #1's Type 1 Diabetes Mellitus with Hyperglycemia or his refusal to comply with blood sugar checks, and medication regimen. - No goal or strategies for unsupervised time, overnight eating, leaving his home during the night, or the appropriate use of his food card. - No strategies to address SCS Nutritionist's recommendatons or dietary considerations for Type 1 Diabetes Mellitus with Hyperglycemia. During interview on 8/26/21 client #1's Department of Social Services (DSS) Guardian Representative stated: - She attended the 6/30/21 treatment team meeting via telephone for approximately one hour.	V 112		

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V 112	Continued From page 6 - The team's approval for client #1 to have unsupervised time was an attempt to afford him some "autonomy." - She agreed to client #1's unsupervised time despite his history of non-compliance with his diabetes treatment regimen and history of risky behaviors. - She believed that client #1 did not comprehend his need for supervision because he had lived independently and had been married prior to his current AFL placement. - The team was "trying to meet him in the middle." - She was concerned for client #1's safety because "if he refuses his blood sugar checks or medications there could be a terrible outcome." - She acknowledged that the team "can't stop his behavior." - She was aware client #1 stayed up at night and ate and had asked the Alternative Famly Living (AFL) staff to leave healthy snacks out and available for client #1. - "He is difficult to manage. He thinks he knows more than we do. He wants his independence and is resistive to treatment. He will say the devil made him do things." - She had not spoken with client #1 recently. During interview on 8/24/21 staff #1 stated client #1 had "down time" (unsupervised time) but he did not know how much. During interview on 8/24/21 staff #2 stated: - Client #1 had 2 hours of unsupervised time. - She only worked on weekends when the AFL Provider needed to be away from the facility. - She had not worked at the facility in about 2 months. During interview on 8/24/21 the AFL Provider stated:	V 112		

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V 112	Continued From page 7 - Client #1 had 2 hours of unsupervised time in the community and home each day; the unsupervised time was not included in client #1's treatment plan. - The treatment team discussed unsupervised time for client #1 "about a month ago." - Client #1's Care Coordinator completed the assessment for unsupervised time, but there was not a copy of the assessment in client #1's record. - Client #1 had unsupervised time for "no more than a month." - The team's agreement for client #1 to have unsupervised time was "more of a verbal type thing." - The team agreed that they wanted client #1 to "be more independent because he's so high functioning." - Client #1 often refused to have his blood sugar checked and to take his insulin as ordered. - Client #1 did not refuse his Lantus. - Client #1 had high blood sugar all his life and felt "funny" if his blood sugar was low. - Client #1 slept during the day and stayed up during the night. - The QP was responsible for writing the residential goals, the Care Coordinator finalized and approved the goals, and residential staff executed the goals. - Staff #1 and staff #2 only worked on the weekends if he needed to be away from the facility. During interview on 8/25/21 the Residential Director stated client #1 was "very high functioning" and "got his down time sometime in the last three months or so." During interview on 8/25/21 the QP stated: - She began providing QP services at the facility a	V 112		

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V 112	Continued From page 8 couple of months ago. - Treatment plans for the individuals at the facility were already in place when she assumed the QP responsibilities. - Client #1's team developed short range goals for each service the client received. - The QP "formulated the plan from long range goals and team's input;" short term goals were based on long range goals. - Other responsibilities of the QP included ensuring coordination of care and making sure staff carried out recommendations made by the clients' Physicians. - Client #1 "demanded" unsupervised time, so his team agreed for him to have up to 2 hours per day. - Client #1 "had a system to follow to make sure he's safe." - Client #1's "system" included checking client #1's blood sugar, keeping his glucometer with him, taking a bottle of water and a snack with him and letting staff know where he was going. - Client #1 also agreed to let the AFL staff know when he got up in the night and when he ate; - "He was supposed to take Humalog when he ate something and not cook in the middle of the night. But he hasn't followed through with any of that." - Client #1 had 3 scheduled meals each day. - "In [client #1's] mind he eats one meal a day, but he eats one meal during the day because he hasn't been eating breakfast or lunch; he gets up in middle of night and eats and is not taking anything (insulin as ordered) for that." - "We've been working on that. We want a third shift person that could stay up and manage [client #1] through the night." - "[Client #1] has had friends come over to bring him money - it happened last week, at midnight; [AFL staff] happened to get up and heard a	V 112		

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commotion; if he hadn't gotten up, he would never have known."
- A person, whom client #1 identified as a friend, came to the facility to give client #1 some money; client #1 went outside and got into his friend's car.
- Client #1's friend didn't enter the facility; the AFL staff went out to the car, client #1 was given money by the friend and came back into the facility without incident.
- Client #1 had been "refusing medications for a very, very long time; I'm not sure an extra staff will be an improvement on that but it's worth a try."
- Client #1 "takes his glucometer everywhere he goes, including into the community and to the day program so his blood sugar should be checked and medications administered accordingly."
- The frequency of client #1's nutritional therapy increased from once a month to twice a month.
- "It's worth the effort; he's been meeting with her (the Nutritionist) for at least all of this year (2021) and he hasn't done a single thing she has suggested."
- "He doesn't want to feel like he's being micro-managed or treated like a child; he had life experiences; he was married and had at least 1 child; he is struggling a lot with the changes in his life; he's not calling the Care Coordinator as often as he once was so that's good."
- Client #1 wanted to be more independent.
- Client #1's unsupervised time started 6/30/21.
- "We were trying to put structure to what he was already doing; he would walk to the store; he was banned from the [a chain discount store] due to a previous incident that occurred there."
- No revisions were made to short range goals as a result of the 6/30/21 team meeting
- She was not sure if the Care Coordinator made any revisions to the long range goals.
- Residential plans were updated if there was a

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V 112	Continued From page 10 significant change in the client's life. During interview on 9/02/21 the Clinical Director stated: - Client #1 was once married and had a child and had difficulty adjusting to the changes in his life. - When team meetings were held, the team focused on honoring client #1's rights. - Client #1 would verbalize that it was his choice to eat one meal per day. - She understood and agreed that it was incumbent on the Licensee to ensure client #1's safety. - Negative consequences of client #1's continued refusals of insulin and extremely high blood sugar readings were discussed with him. - "We've talked with him about all this." - She agreed that there were no goals or strategies to address management of client #1's Type 1 Diabetes Mellitus with Hyperglycemia; his refusal to comply with blood sugar checks and medication regimen, unsupervised time, overnight eating, leaving his home during the night, and the appropriate use of his food card; she also agreed there were no strategies to address nutritional counseling or dietary considerations for Type 1 Diabetes Mellitus with Hyperglycemia included in his treatment/habilitation plan. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	Continued From page 11 (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to ensure medications were administered as ordered by a physician for 1 of 2 clients (#1). The findings are:	V 118		

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V 118	Continued From page 12 Review on 8/24/21, 9/01/21 and 9/02/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at suppertime. - "Consultation Form" dated 8/03/21 with signed Physician's order to "Decrease Lantus (treats diabetes) to 25 units in AM . . . " Review on 8/24/21 of client #1's August 2021 MAR revealed: - Transcription for Humalog 100 units/ml Kwikpen according to sliding scale with documentation of medication administration beginning 8/12/21 7:00 pm. - No documentation Humalog 100 units/ml Kwikpen was administered 8/11/21 - 8/12/21, with no documented explanation for the omissions. - Transcription for blood sugar checks 4 times daily with documented blood sugar levels of 314 7:00 am 8/11/21, 379 7:00 am 8/12/21, and 187 8:00 pm 8/12/21.	V 118		

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V 118	Continued From page 13 - Transcription for Humulin N 100 units/ml Kwikpen according to sliding scale with documentation of medication administration beginning 8/13/21 7:00 pm. - No documentation Humulin N 100 units/ml Kwikpen was administered 8/03/21 - 8/08/21 or 8/10/21 - 8/12/21, with no documented explanation for the omissions. - Documentation of client #1's refusal of the Humulin N Kwikpen at 5:00 pm 8/09/21. - Transcription for Lantus 100 units/ml inject 34 units in the morning; take daily each morning regardless of breakfast intake unless glucose is less than 70; no documentation of blood glucose levels less than 70; the AFL provider's initials that 34 units Lantus were injected daily 8/4/21 - 8/20/21 and 8/23/21 - 8/24/21. - No transcription for Lantus 100 units/ml inject 25 units in the morning. Observation on 8/24/21 at approximately 11:00 am of client #1's medications on hand revealed: - Lantus 100 units/ml inject 34 units in the morning; ". . . take Lantus daily each morning regardless of breakfast intake" unless blood sugar level is less than 70, dispensed by the pharmacy 7/23/21. - No Lantus 100 units/ml inject 25 units in the morning. During interview on 8/24/21 client #1 stated: - He took his medications "just about" every day with staff assistance. - He went to the doctor the week prior to the survey. - Emergency Medical Services came to the facility once in the past because he "passed out because of my diabetes" but he chose not to go to the hospital.	V 118		

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V 118	Continued From page 14 During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated: - There was "some kind of discrepancy" with client #1's insurance when the Humulin N Kwikpen was ordered. - The Humulin N Kwikpen was not delivered to the facility until 8/10/21 or 8/11/21. - The pharmacy was supposed to take the Humulin N Kwikpen off the MAR since it was not available but mistakenly removed Humalog Kwikpen from the MAR. - It was not protocol to contact a medical provider when client #1's blood sugar was high; the pharmacist saw the blood sugar levels on the electronic MAR. - There was no order to seek medical attention for client #1 when his blood sugar level was high. - The first time client #1's blood sugar was too high to be registered by the glucometer, he called the Registered Nurse who told him to just administer client #1's insulin as ordered. - He was told to make sure client #1 had plenty of water available. - Client #1's blood sugar "did not stay high, it was high mainly in the mornings because [client #1] liked to stay up at night" and would eat during the night. - Client #1 told him he (client #1) had high blood sugar all his life and he felt "funny" if his blood sugar was low. During interview on 8/25/21 the Residential Director stated: - Some of his responsibilities included reviewing medications, making sure staff "sign off" on medications and following up on Physicians' Consultation forms. - If client #1 refused medications more than two consecutive days he called the nurse and asked for advice.	V 118		

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V 118	Continued From page 15 - "I just want to make sure he's safe. I talk to him about staying safe." - "He (client #1) is adamant about getting out of the system. . . we can't force him to do anything . . . he sabotages things; he knows what's going on; he eats so much at night that his blood sugar readings are so different." - He advised the AFL staff to set an alarm for every 3 hours to check on client #1 overnight. - Client #1's unsupervised time was not at night. - He could not force client #1 to comply with medications or blood sugar checks. During interview on 8/25/21 the Qualified Professional stated: - Her responsibilities included ensuring coordination of care and making sure staff carried out recommendations made by the Physicians. - Client #1's team met to discuss his eating in middle of night; client #1 agreed to let the AFL staff know when he got up and when he ate; ". . . he was supposed to take Humalog when he ate something and not cook in the middle of the night." - Client #1 has 3 scheduled meals ". . . in [client #1's] mind he eats 1 meal a day, but he eats1 meal during the day because he hasn't been eating breakfast or lunch; he gets up in middle of night and eats and is not taking anything for that." - She wanted a 3rd shift awake staff to "manage" client #1 during the night. - Client #1 had been refusing medications for "a very, very long time" and she was not sure an extra staff would be effective. - Client #1 "takes his glucometer everywhere he goes, including into the community and to the day program so his blood sugar should be checked, and medications administered accordingly." Due to the failure to accurately document	V 118		

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V 118	Continued From page 16 medication administration it could not be determined if the client received his medications as ordered by the physician. This deficiency has been cited 3 times since the original cite on March 28, 2018. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
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 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;	V 289		

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V 289	Continued From page 17 (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 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews, observations and	V 289		

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V 289	Continued From page 18 interviews, the facility failed to ensure care and habilitation designed to meet the needs of the individuals served affecting 1 of 2 clients (#1). The findings are: Cross reference 10A NCAC 27G .0202 Personnel Requirements (tag v108). Based on record review and interview the facility failed to ensure 1 of 3 staff (#2) received diabetic training to meet the needs of a client. Cross reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (tag v112). Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for 1 of 2 clients (#1). Cross reference 10A NCAC 27G .0209 Medication Requirements (tag v118). Based on record reviews and interviews the facility failed to ensure medications were administered as ordered by a physician for 1 of 2 clients (#1). Cross Reference 10A NCAC 27G .5603 Operations (tag v291). Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment affecting 1 of 2 clients (#1). During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated: - He lived at the facility. - Staff #1 and staff #2 worked on the weekends if he needed to be away from the facility. - He worked with client #1 during the week. - The Licensee paid the rent for the facility. - The facility was one of several properties the Licensee rented.	V 289		

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V 289	Continued From page 19 During interview on 8/25/21 the Residential Director stated the Licensee paid the rent for the facility. During interview on 9/01/21 the Chief Financial Officer stated: - The AFL Provider lived at the facility. - Other paid staff worked only when the AFL staff needed to be away. - The manner in which the facility was operated had not changed. - The way the facility was operated had never been cited as a deficiency before. - The facility was one of several properties the Licensee rented. - The facility met the definition of Supervised Living for Alternative Family Living. Review on 8/31/21 of the Plan of Protection dated 8/31/21 completed by the Quality Assurance/Chief Executive Officer, the Chief Financial Officer, and the Clinical Director revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care? There will always be a staff available that has the appropriate training for the person (diabetes training). Ensure short range goals (specialized consultation goal provided) reflect his issues related to diabetes (diet, management of diabetes, blood sugar trends, etc.). His current setting is a licensed AFL with sleep staff, the team will discuss a more appropriate placement for 24-hour supervision. Periodic bed checks nightly and document times he checks in Therap. If he does refuse medication, ensure documentation is noted on the MAR and continue to notify doctor of medication refusal." - "Describe your plans to make sure the above	V 289		

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V 289	Continued From page 20	V 289		

happens. QP will review documentation daily in Therap for periodic bed checks at night, when refusal of medication is noted, ensure MARS are documented daily. Collaboration notes to be completed as incidents occur. Ongoing meetings to discuss progress or lack of progress for his safety/care."

Client #1 had diagnoses which included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disability, Type 1 Diabetes Mellitus with Hyperglycemia, Stage 3 Chronic Kidney Disease, and Essential Hypertension. Client #1 had a known long-term history of medication non-compliance, non-compliance with physician's recommendations, and a history of risky behaviors such as leaving the facility in the middle of the night to walk to a store. He also refused to comply with dietary recommendations from his nutritionist, frequently eating only one meal per day and staying up at night and eating without consideration of his diabetes. Staff at the facility were asleep overnight. Client #1's blood glucose level was ordered to be checked four times daily and insulin administered according to a sliding scale. Client #1 refused to have his blood glucose level checked 121 times between June 2021 and August 2021. His blood glucose readings ranged from a low of 54 to so high the glucometer was unable to record a reading. June 15, 2021 - August 24, 2021, he refused administration of his Humulog and Humulin 135 times; he refused administration of his Lantus 13 times, his Metformin 15 times, and his Januvia 10 times. Client #1 was approved by his treatment team to have 2 hours of unsupervised time in the community and home despite his known noncompliance with treatment recommendations. None of these issues were included in his

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V 289	Continued From page 21 treatment plan and there was no coordination of care with client #1's Endocrinologist regarding seeking emergency medical care or treatment when his blood glucose levels were extremely high. Staff #2 had no documented training in diabetes care. The facility's failures to ensure client #1's medical and behavioral needs were addressed in his treatment plan; administration of his medications as ordered; and staff training in diabetes care constitute serious neglect. 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, and additional administrative penalty of $500 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least	V 291		

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V 291	Continued From page 22 annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment affecting 1 of 2 clients (#1). The findings are: Review on 8/24/21 and 9/01/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, chronic kidney disease, stage 3, essential hypertension, hyperlipidemia, and myalgia. - "Intake/Output" record 6/02/21 8:00 am - 8/31/21 12:30 pm included documentation of 133 meal refusals. - "Admin (Administration) History for [client #1] - Humalog 100 units/ml Kwikpen" 8/12/21 7:00 pm - 8/31/21 12:36 pm included documentation of 43 refusals of Humalog 100units/ml (ordered 6/15/21 to be administered by sliding scale at mealtime). - "Consultation Form" dated 3/04/21 with signed Endocrinologist's order " . . . take Lantus even if	V 291		

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V 291	Continued From page 23 he does not eat breakfast;" the - "Consultation Form" was also signed by the Direct Care Professional, Residential Director, and Qualified Professional (QP). - No documentation of discussion with the Endocrinologist regarding client #1's frequent refusal of diabetes medications and blood sugar level checks or clarification of when to seek medical attention for client #1 for elevated blood sugar levels. - Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; signed 6/15/21 for Lantus (treats diabetes) 100 u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at suppertime. Review on 8/24/21 of client #1's Medication Administration Records (MARs) June 2021 - August 2021 revealed: - Documentation of 121 blood sugar check refusals. - Documentation of blood sugar levels ranging from 54 at 6:00 pm 8/12/21 to too high for the glucometer instrument to register at 7:00 am 8/23/21, 7/12/21, and 7/19/21. - Documentation of 152 refusals of Humalog. - Documentation of 9 refusals of Humulin N. - Documentation of 15 refusals of Metformin. -Documentation of 13 refusals of Lantus. - Documentation of 10 refusals of Januvia.	V 291		

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V 291	Continued From page 24 During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated: - The first time the glucometer registered an error reading because client #1's blood sugar was too high to read, he contacted the Licensee's Registered Nurse who instructed him to give client #1 insulin as ordered. - Neither client #1's primary care provider nor his Endocrinologist gave instructions to seek medical attention for high blood sugar levels. - He was told to make sure there was plenty of water available to client #1 when his blood sugar level was high. - Client #1's blood sugar "never stays high;" it was high in the mornings because client #1 stayed up and ate during the night. - Client #1 did not refuse to take his Lantus; Lantus was a long acting medication and helped to keep client #1's blood sugar level "consistent." - Client #1 had high blood sugar "all his life" and he "felt funny" when his blood sugar was low. During interview on 8/25/21 the QP stated some of her responsibilities included ensuring coordination of care and making sure staff carried out recommendations made by the Physicians. During interview on 9/02/21 the Clinical Director stated: - Client #1's August 3, 2021 Endocrinology appointment prompted a team meeting in August. - Client #1's team consisted of his Department of Social Services Guardian, Local Management Entity Care Coordinator, the QP, and the AFL staff. - The team discussed client #1's medical and behavioral needs. This deficiency is cross referenced into 10A	V 291		

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V 291	Continued From page 25 NCAC 27G .5601 Scope (v289) for a Type A1 rule violation and must be corrected within 23 days.	V 291		
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 observation and interviews the facility was not maintained in a clean, attractive manner. The findings are: Observation on 8/24/21 at approximately 1:20 pm of the facility revealed: - Heavy dried food splatter on the ceiling of the microwave. - The laminate surface of the kitchen counter near the sink was scuffed and faded. - Heavy dark stains to the carpet throughout the facility. - Damage consistent with water damage to the hall bathroom wall. During interview on 8/24/21 the Alternative Family Living staff stated he and the clients worked together to keep the facility clean. During interview on 9/01/21 the Quality Assurance/Chief Executive Officer stated the stains in the carpet had been cleaned but kept	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-195	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER CONNECTIONS MIDLAND CT	3309 MIDLAND COURT GREENVILLE, NC 27833

(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 736	Continued From page 26 coming back. The only way to eliminate the stains was to replace the carpet.	V 736		