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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 000	INITIAL COMMENTS An annual survey was completed on September 24, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	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 reviews and interviews, the facility failed to ensure two of three audited staff (staff #1 and staff #3) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are: a. Review on 9/24/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 7/21/21. - Staff #1 was hired as a Paraprofessional. - Staff #1 had no documentation of training to meet the mental health and developmental disability needs of the clients. b. Review on 9/24/21 of the facility's personnel files revealed: - Staff #3 had a hire date of 5/27/21. - Staff #3 was hired as a Paraprofessional. - Staff #3 had no documentation of training to meet the mental health and developmental disability needs of the clients. Interview with the Director on 9/24/21 confirmed: -Staff #1 and staff #3 had no documentation of training to meet the mental health and developmental disability needs of the clients. Interview with Executive Director/Licensee on 9/24/21 revealed: -He thought the client specific trainings were completed for staff #1 and staff #3. -He thought those trainings were possibly	V 108		

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V 108	Continued From page 2 misplaced in their personal folders. -He confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for staff #1 and staff #3.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and interviews one of three audited staff (staff #1) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are: Observation of the den area on 9/24/21 between 11:00 am and 2:00 pm revealed: -Staff #1 was seen sleeping in front of clients #3, #4 and #5 on three separate occasions. -Staff #2 and staff #4 were also sitting in the den area. Review on 9/24/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 7/21/21. - Staff #1 was hired as a Paraprofessional. Interview with the Qualified Professional on 9/24/21 revealed: -He wrote staff #1 up about a week ago because he was here at the group home sleeping. -There were no clients at the group home at the time. -Staff are still was not supposed to be sleeping during the day at the group home. Interview with the Director on 9/24/21 revealed: -An issue with staff #1 sleeping at the home just came to her attention. -The Qualified Professional just wrote staff #1 up last week because he was seen on camera sleeping at the group home.	V 110		

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V 110	Continued From page 4 Interviews with the Executive Director/Licensee on 9/23/21 and 9/24/21 revealed: -Staff are not allowed to sleep at the group home during the day. -There are normally two staff working during 3rd shift and one of those are allowed to sleep. -He was aware of the incidents with staff #1 sleeping at the group home during the day.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 5	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure two of three clients (#1 and #3) had strategies to address his needs and behaviors. The findings are:

a. Review on 9/23/21 of client #1's record revealed:
-Admission date of 11/18/20.
-Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Unspecified Gender Dysphoria, Personality Disorder, Persistent Aggressive Disorder and Schizoaffective Disorder.
-Client #1's Person Centered Plan had no strategies to address his verbal and physical aggression.

Review of facility records on 9/23/21 revealed:

Incident reports for client #1 had the following
-8/11/21-Client #1 was "unruly" and rude towards staff. Client #1 grabbed staff by the shirt and proceeded to pull staff down to the ground and fight staff.
-7/29/21-Client #1 was "unruly" and rude towards staff while out in the community at the mall.
-7/18/21-Client #1 was very "unruly" and disrespectful to nurse and staff. Client #1 cursed at nurse and staff. Client #1 was very aggressive and destructive of facility property.
-7/14/21-Client #1 was very "unruly" towards staff. Client #1 was very aggressive towards staff and cursed at staff.
-7/3/21-Client #1 got into a conflict with another

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V 112	Continued From page 6 client. -7/1/21-Client #1 was "unruly" with staff. Client #1 cursed at staff and ran off. -6/6/21-Client #1 was throwing objects around in the common area of the facility. Client #1 was throwing furniture around in his room. Interview with the Qualified Professional on 9/23/21 revealed: -He just recently became the Qualified Professional for the group home. -He never seen client #1 being aggressive with others. -He had heard staff talking about client #1 being aggressive. -He confirmed client #1 had no strategies to address his verbal and physical aggression. Interview with the Director on 9/24/21 revealed: -They were in process of revising the PCP for client #1. -She knew client #1 needed strategies to address his verbal and physical aggression. -She never seen client #1 being aggressive towards others. -She was aware client #1 was having those behaviors, staff brought it to her attention. -She confirmed client #1 had no strategies to address his verbal and physical aggression. b. Review on 9/23/21 of client #3's record revealed: -Admission date of 2/17/21. -Diagnoses of Intellectual Disability, Autism, Schizophrenia, Fetal Alcohol Syndrome and Sensory and Auditory Disorder. -PCP dated 6/13/21 had no strategies to address biting others. Review of facility records on 9/23/21 revealed:	V 112		

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V 112	Continued From page 7 Incident reports for client #3 had the following -9/9/21-Client #3 bit a former staff. -8/24/21-Client #3 got into an altercation with client #1 and bit him. -7/3/21-Client #1 attacked another client and bit that client's arm. Interview with the Qualified Professional on 9/23/21 revealed: -He just recently became the Qualified Professional for the group home. -He knew client #3 had bitten several people in the group home. -Client #3 said he was biting people because he did not know how to fight. -He confirmed client #3 had no strategies to address biting others in his treatment plan. Interview with the Director on 9/24/21 revealed: -They were in process of revising the PCP for client #3. -She knew client #3 needed strategies to address biting other clients and/or staff. -Client #3 said he only bites because he can't fight. -She confirmed client #3 had no strategies to address biting others in his treatment plan. Interview with the Executive Director/Licensee on 9/23/21 revealed: -Client #3 could be very aggressive. Client #3 just recently attacked a former staff and bit him. -Client #3 had bitten two of the clients and at least 4 staff, three of the staff are no longer employed. -Client #3 told them he was biting people because he did not know how to fight. -He confirmed client #3 had no strategies to address biting others in his treatment plan.	V 112		

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V 118	Continued From page 8	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 9 This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure medications were available for administration and failed to keep the MAR current affecting one of three clients (#1). The findings are: 1. The following is evidence the facility failed to ensure medications were available for administration. Observation of the facility medication area at approximately 11:10 am revealed: -There was no evidence of Nystatin Cream 100,000 units topical cream in the medication box for client #1. Review on 9/24/21 of client #1's record revealed: -Admission date of 11/18/20. -Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Unspecified Gender Dysphoria, Personality Disorder, Persistent Aggressive Disorder and Schizoaffective Disorder. Review of physician's orders on 9/24/21 revealed: -Order dated 2/19/21 for Nystatin Cream 100,000 units topical cream, apply top to affected area twice daily. Review of a MAR's for client #1 on 9/24/21 revealed: -September 2021 had blank boxes on 9/1 thru 9/23 am/pm doses for the Nystatin Cream 100,000 units. -August 2021 had blank boxes on 8/1 thru 8/31 am/pm doses for the Nystatin Cream 100,000 units. -July 2021 had blank boxes on 7/1 thru 7/20 am/pm doses; 7/21 am dose and 7/22 thru 7/31	V 118		

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V 118	Continued From page 10 am/pm doses for the Nystatin Cream 100,000 units. 2. The following is evidence the facility failed to keep the MAR current. Review of a MAR's for client #1 on 9/24/21 revealed: -September 2021 had blank boxes on 9/1 thru 9/23 am/pm doses for the Nystatin Cream 100,000 units. -August 2021 had blank boxes on 8/1 thru 8/31 am/pm doses for the Nystatin Cream 100,000 units. -July 2021 had blank boxes on 7/1 thru 7/20 am/pm doses; 7/21 am dose and 7/22 thru 7/31 am/pm doses for the Nystatin Cream 100,000 units. -Staff never indicated a reason for the MAR grids being left blank. Interview with staff #4 on 9/24/21 revealed: -Client #1 was refusing to use the cream. -He thought the physician had discontinued the Nystatin Cream for client #1. -Staff had not been administering the Nystatin Cream to client #1. -He had not seen the Nystatin Cream in client #1's medication box. -He confirmed the medication for client #1 was not available for administration. -He confirmed staff failed to keep the MAR current for client #1. Interview with staff #2 on 9/24/21 revealed: -Client #1 was refusing to use the Nystatin Cream. -The Nystatin Cream had not been discontinued for client #1. -The Nystatin Cream ran out and had to be	V 118		

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V 118	Continued From page 11 reordered. -He confirmed the medication for client #1 was not available for administration. -He confirmed staff failed to keep the MAR current for client #1. Interview with the Director on 9/24/21 confirmed: -Staff failed to ensure the medication for client #1 was not available for administration. -Staff failed to keep the MAR current.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for two of three clients (#1 and #3) who received psychotropic drugs. The findings are: a. Review on 9/24/21 of client #1's record	V 121		

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revealed:
-Admission date of 11/18/20.
-Diagnoses of Moderate Intellectual Disability, Attention Deficit Hyperactivity Disorder, Unspecified Gender Dysphoria, Personality Disorder, Persistent Aggressive Disorder and Schizoaffective Disorder.

Review of physician's orders on 9/24/21 revealed:
-Order dated 9/2/21 for Depakote 500 mg, three tablets at bedtime and Trazodone HCL 100 mg, one tablet at bedtime as needed.
-Order dated 1/20/21 for Atomoxetine 60 milligrams (mg), one capsule in the morning; Haloperidol 10 mg, one tablet twice daily and Guanfacine 1 mg, three tablets at bedtime.

Review of the Medication Administration Record (MAR) on 9/24/21 revealed:
-September 2021-Client #1 was administered the above medications 9/1 thru 9/23.

Review of facility records on 9/23/21 revealed:
-There was no evidence of a six month psychotropic drug review for client #1.

b. Review on 9/24/21 of client #3's record revealed:
-Admission date of 2/17/21.
-Diagnoses of Intellectual Disability, Autism, Schizophrenia, Fetal Alcohol Syndrome and Sensory and Auditory Disorder.

Review of physician's orders on 9/24/21 revealed:
-Order dated 8/4/21 for Trazodone 50 mg, one tablet at bedtime.
-Order dated 7/7/21 for Fluphenazine 10 mg, one tablet three times daily.
-Order dated 3/28/21 for Clonazepam 1 mg, one tablet two times daily; Divalproex 500 mg, one

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V 121	Continued From page 13 tablet twice daily; Gabapentin 400 mg, one capsule three times daily and Clonidine 0.1 mg, one tablets three times daily Review of the MAR on 9/24/21 revealed: -September 2021-Client #3 was administered the above medications 9/1 thru 9/23. Review of facility records on 9/23/21 revealed: -There was no evidence of a six month psychotropic drug review for client #3. Interview on 9/23/21 with the Executive Director/Licensee revealed: -The pharmacy is scheduled to do the psychotropic drug reviews at the end of September 2021. -The psychotropic drug reviews were not done for clients' #1 and #3. -They used to take the medications to the pharmacy, but now the pharmacy staff come to the home. -He confirmed the six months psychotropic drug review was not completed for client's #1 and #3.	V 121		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this 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	V 133		

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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 133	Continued From page 14 applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability 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	V 133		

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V 133	Continued From page 15 check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, 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.	V 133		

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V 133	Continued From page 16 The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other 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	V 133		

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

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V 133	Continued From page 18 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 reviews and interview, the facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting one of three current staff (#1). The findings are: a. Review on 9/24/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 7/21/21. - Staff #1 was hired as a Paraprofessional. -A document named North Carolina Department of Public Safety Offender Public Information check with no specific date. -There was no documentation of a criminal history record check completed for staff #1. b. Review on 9/24/21 of the facility's personnel files revealed: - Staff #3 had a hire date of 5/27/21. - Staff #3 was hired as a Paraprofessional. -A document named North Carolina Department of Public Safety Offender Public Information check with no specific date. -There was no documentation of a criminal	V 133		

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V 133	Continued From page 19 history record check completed for staff #3. Interview on 9/24/21 with the Director revealed: -She had been using the North Carolina Department of Public Safety Offender Public Information for the criminal history check. -She confirmed staff #1 and staff #3 had no documentation of a criminal history record check completed prior to employment.	V 133		
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 interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 9/23/21 at approximately 10:30 am at facility revealed the following issues: -Den area- The blinds were broken. The door inside of the door near the knob was cracked. -Bathroom #1- Walls were stained. The cabinet top had yellowish stains. -Client #3's bedroom-The linoleum flooring was cracked. There was a musty odor. -Client #1's bedroom-The linoleum flooring was cracked. His dresser drawers were off the track.	V 736		

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V 736	Continued From page 20 The night stand was cracked. -Client #2's bedroom- There was a musty odor. His closet door was stained. -Client's #4 and #5 bedroom-The linoleum flooring was cracked. The blinds were broken. The walls were stained. Interview with the Executive Director/Licensee on 9/23/21 revealed: -He was aware of the majority of the maintenance issues with the group home. -Someone was supposed to come out to the home and complete some of the repairs, however that person never showed up. -He confirmed facility staff failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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 and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are:	V 752		

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V 752	Continued From page 21 Observation of the facility on 9/23/21 at approximately 10:30 AM revealed : -The bathroom #1's sink water temperature was 122 degrees Fahrenheit. -The bathroom #2's sink water temperature was 122 degrees Fahrenheit. Interview with the Executive Director/Licensee on 9/23/21 revealed: -He did not realize the water temperature in the bathrooms was 122 degrees. -Staff are required to adjust the water temperature for all of the clients in the home. -He confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		