STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-159	A. BUILDING: _____ B. WING _____	R 07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS HOME	1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

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V 000	INITIAL COMMENTS An annual and follow up survey was completed July 29, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND 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.	V 111	27G 0205(A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN The assessment policy for new admissions will be reviewed to confirm to the Governing Body Policy prior to delivery of services for new consumers being considered for admissions. Staff will be re-trained on all elements of Rule V111 27G.0205 (A-B). DHSR - Mental Health SEP 08 2021 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eddie Carmen — TITLE: CEO/Owner — (X6) DATE: 8/31/21

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to complete an admission assessment prior to the delivery of services for 1 of 3 audited (#6). The findings are: Review on 7/28/21 of Client #6's record revealed: -43 year old male. -Admission date 2/2/15. -Diagnoses of Intellectual Developmental Disorder-Moderate; Schizophrenia; Obsessive Compulsive Disorder -No completed "Admission Assessment." During interviews on 7/29/21 Licensee stated she was aware of the requirement of an admission assessment prior to the delivery of services.	V 111		
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	V 112	10A NCAC 27G .0205 (C-D) ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN Facility Director/Owner failed to place the Treatment/Habilitation Plan (PCP) for client #6 his notebook. The plan (PCP) was completed and updated on 5/2021. It was placed in the notebook on 8/4/2021. QP will follow-up and schedule plan update and review annually.	

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V 112	Continued From page 2 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address needs for 1 of 3 audited clients (#6) and failed to assure the treatment plans were consented and reviewed at least annually. The findings are: Review on 7/28/21 of client #6's record revealed: -43 year old male. -Admission date 2/2/15. -Diagnoses of Intellectual Developmental Disorder-Moderate; Schizophrenia; Obsessive Compulsive Disorder -Person Centered Profile dated 5/11/16. -Person Centered Profile dated 5/13/20. -There was no current treatment/habilitation plan. Interview on 7/22/21 Client #6 stated:	V 112		

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V 112	Continued From page 3 -He had lived at he facility since 2007. -He took showers sometimes. -He had wanted to walk to the store. Interview on 7/22/21 Staff #1 stated: -He had worked at the facility for 3 years. -He helped the clients with their goals and increasing their skills. -Client #6 had not worked. -Client #6 had not been in the community without a staff. Interview on 7/29/21 Qualified Professional (QP) stated: -He had worked at the facility since it opened. -He had normally visited the facility 3 days a weekly on Mondays, Thursdays and Saturdays. -He had been responsible for the clients treatment plans and assessments and he determined clinical goals for the clients. -Client #6 should have had a current treatment plan at the facility. Interview on 7/29/21 the Licensee stated: -She would have to check with the QP about Client #6's current treatment plan.	V 112		
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;	V 113	10A NCAC 27G .0206 CLIENT RECORDS Staff will receive additional training on timely entry of documentation and all relevant information. Documentation for clients #1, #4 has been completed in a timely manner. Documentation for client #6 has not been completed. Staff training will be provided to refresh information about client #6's plan and documentation. QP and Facility Owner/ Director will provide training at least annually.	

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V 113	Continued From page 4 (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 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	V 113		

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V 113	Continued From page 5 failed o maintain documentation of progress toward outcomes for 3 of 3 audited clients (#1, #4, #6) The findings are: Review on 7/28/21 of Client #1's record revealed: -68 year old male admitted 4/11/07. -Diagnoses included Major Depressive Disorder, Intellectual Developmental Disability-Severe, Diabetes Mellitus, Diverticulitis, Tremor, Hyperlipidemia, Prostate Cancer. Person Centered Profile dated 2/5/18 included goals for completing household task, making purchases, socialization, safety skills, writing and reciting his information, safety in the community, attend appointments, follow employment attendance policy, follow policy for requesting time off work, social interactions at work -No documentation of progress towards goals. Review on 7/28/21 of Client #4's record revealed: -41 year old male admitted 8/1/13. -Diagnoses included Intellectual Developmental Disability-Mild and Schizophrenia. Person Centered Profile dated 6/15/21 included goals for participating in programs at local community college, hygiene and grooming task, completing chores, for schizophrenia symptoms, money management, social boundaries, safety skills. -No documentation of progress towards goals. Review on 7/28/21 of Client #6's record revealed: -43 year old male admitted 2/2/15. Diagnoses included Intellectual Developmental Disability-Moderate, Obsessive Compulsive Disorder, Schizophrenia Allergic Rhinitis and Cholesterolmya. Person Centered Profile dated 5/13/20 included goals to increase independent living skills, for personal hygiene, safety in the community, safety	V 113		

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V 113	Continued From page 6 practices, identifying money, money management skills, social interactions, attend appointments. -No documentation of progress towards goals. Review on 7/28/21 of client #6's record revealed: - 43 year old male. - Admission date of 02/02/15. - Diagnoses of Intellectual Developmental Disability-Moderate, Schizophrenia and Obsessive Compulsive Disorder. - Last Person-Centered Plan dated 05/11/16. - Goals Included: Increase Independent Living Skills and Hygiene. - No documentation of progress towards goals. Interview on 7/29/21 Qualified Professional (QP) stated: -He had worked at the facility since it opened. -He had normally visited the facility 3 days a weekly on Mondays, Thursdays and Saturdays. -He completed the clients treatment plans and assessments and determines clinical goals for the clients. -He would work with the Licensee to ensure goal progress was documented. Interview on 02/27/18 the Licensee stated: -There had been no progress notes for Client #'s 1, 4, and #6 since 2019. -She would ensure progress notes were completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS	V 114	10 NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES	

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V 114	Continued From page 7 AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 2/21/19 of the facility's fire and disaster drill documentation from June 2020-June 2021 revealed: - No documented fire drills for any shift from June 2020- July 2021. - No documented disaster drills for any shift from June 2020 -June 2021. Interview on 7/28/21 Client #4 stated it had been a while since he had participated in a fire or disaster drill. During interview on 7/29/21 Staff #4 stated: - He had worked at the facility about 3 years. - The last fire drill occurred prior to the pandemic in 2020.	V 114		

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V 114	Continued From page 8 During interview on 7/28/20 the Licensee/Director stated: - No fire and disaster drills had been done since the start of the pandemic in 2020. - No fire drills had been done since 4/27/20. - Disaster drills had not been done since 4/20/20. -The facility's shifts were: 10:00 pm - 11:00 am, and 3:00 pm - 10:00 pm Monday - Friday. - She understood the requirement for fire and disaster drills to be completed at least quarterly and across all shifts. - She would ensure fire and disaster drills were implemented in the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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	V 118	10A 27G .0209 (C) MEDICATION REQUIREMENTS QP and Facility Director/Owner will provide a refresher MAR training for all staff. All staff has had MAR training for 2021. QP will continue to monitor staff to emsure they are initialing the MAR documentation book each time meds are administered. Monitoring should be done weekly. Facility Director will contact the Doctor for clients #1,#4,#6 to remind them to send the D/C order to discontinue for medication the clients are no longer taking.	

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V 118	Continued From page 9 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 keep the MARs current affecting 3 of 3 audited clients (#1, #4, and #5). The findings are: Review on 2/21/19 of client #1's record revealed: - 68 year old male admitted to the facility 4/11/07. - Diagnoses Included: Major Depressive Disorder, recurrent, mild; Intellectual Developmental Disability, Severe; Diabetes Mellitus; Diverticulitis; Tremor; Hyperlipidemia; Prostate Cancer. Physician's orders signed 6/17/21 for the following: - Lasix (hypertension) 20 milligrams (mg), 1 tablet (tab) daily. -Vitamin D 2000 IU Tab (supplement), 1 tab daily. -Primidone (seizures) 50mg 1 tablet 2 times daily. -Aspirin (cardiovascular use) 81mg tab, 1 tab daily. -Atorvastatin (cholesterol) 80mg tab, 1 tab daily.	V 118		

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V 118	Continued From page 10 -Calcium (supplement) 600 +D 400IU, 1 tab daily. -Ditropan XL (bladder control) 10mg tab, 1 tab daily. -Metformin HCL ER (diabetes) 500mg, 2 tabs in the morning. -Pataday (eye allergies) 0.2%, 1 drop each eye once daily. -Penlac (fungal infections) 8% Solution, apply daily and remove on the 7th day. -Metformin HCL ER (diabetes) 500 mg tab, 1 tab every afternoon. Tamsulosin HCL (prostate issues) 0.4mg capsule (cap), 1 every evening. -Check FSBS 3 days per week. Review on 7/28/21 of client #1's June 2021 and July 2021 revealed tape across the following medications: -Pataday Eye Drops 0.2, 1 drop both eyes daily, 6/1/21-6/30/21 and 7/1/21-7/27/21. -Penlac 8% Solution- apply to toes daily, 6/1/21-6/30/21 and 7/1/21-7/27/21. Review on 7/28/21 of client #1's June 2021 MAR revealed the following blanks: -Lasix 20mg, 1 tab daily 6/4/21 at 8:00am Review on 7/28/21 of client #1's July 2021 MAR revealed the following blanks: -Aspirin 81mg, 1 tab daily, 7/15/21 and 7/27/21 at 8am. -Atorvastatin 80mg, 1 tab daily, 7/15/21 and 7/27/21 at 8:00am. -Calcium 600 +D 400IU, 1 tab daily, 7/15/21 and 7/27/21 at 8:00am. -Ditropan XL 10mg, 1 tab daily, 7/15/21 and 7/27/21 at 8:00am. -Lasix 20 mg tab, 1 daily, 7/15/21 and 7/27/21 at 8:00am. -Metformin HCL ER 500 mg, 2 tabs in the	V 118		

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V 118	Continued From page 11 morning, 7/15/21 and 7/27/21. -Vitamin D 2000 IU Tab, 1 tab daily, 7/15/21 and 7/27/21. -Primidone 50mg, 1 tab 2 times a day, 7/15/21 and 7/27/21 at 8:00am and 7/26/21 at 8:00pm -Metformin HCL ER 500mg, 1 tab every afternoon, 7/26/21 at 5:00pm -Tamsulosin HCL 0.4 mg cap, 1 every evening, 7/26/21 at 5:00pm. -Check FSBS 3 days per week, 7/18/21, 7/19/21, 7/22/21, 7/25/21-7/26/21 at 8:00am. During interview on 7/29/21 client #1 stated he took his medicine every day. Review on 7/28/21 of client #4's record revealed: - 40 year old male admitted to the facility 8/1/13. - Diagnoses included Intellectual/Developmental Disability Mild; Schizophrenia. Physician's order signed 5/11/21 revealed the following medications: -Artane (trembling) 5mg tabs, 1 daily. -Flonase nasal spray (allergies) .05%. 1 spray into nostrils daily. -Zoloft (depression) 50mg, 1 tab daily. -Depakote (mood disorder) 500mg tab, 1 tab 2 times daily. -Divalproex SOD DR (manic episode) 250mg, 1 tab twice daily. Review on 7/28/21 of client #4's July 2021 MAR revealed the following blanks: -Artane 5mg, 1 every morning 7/27/21 at 8:00am -Flonase Nasal .05%, 1 spray daily, 7/27/21 at 8:00am -Zoloft 50mg, 1 tab daily, at 8:00am. -Depakote 500mg tab,1 tab 2 times daily, 7/27/21 at 8:00am. -Divalproex SOD 250mg, 1 tab twice daily,	V 118		

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V 118	Continued From page 12 7/27/21 at 8:00am. Interview on 7/28/21 Client #4 stated staff gave him his medications daily. Review on 7/28/21 of client #6's record revealed: 43 year old male admitted 2/2/15. Diagnoses included: Intellectual Developmental Disability-Moderate; Schizophrenia, Obsessive Compulsive Disorder, Allergic Rhinitis and Hyper Cholesterolemya. Physicians Order signed 5/11/21 revealed the following medications: Cetirizine (antihistamine) HCL 10mg Tab, 1 daily. Pataday (eye allergies) 0.2% Eye Drops, 1 drop into both eyes once daily. Vitamin D (supplement) 1000IU Softgel, 1 cap daily. Depakote ER (mood disorders) 500mg tab, 1 tablet twice daily. Luvox (antidepressant) 100mg 1 tab twice daily. Risperdal (schizophrenia) 2mg, 1 tab 2 times a day. Review on 7/28/21 of client #6's July 2021 MAR revelaed the following blanks: Cetirizine HCL 10mg tab, 1 daily 7/27/21 at 8:00am. Pataday, 1 drop into both eyes daily, 7/27/21 at 8:00am. Vitamin D 1000IU, 1 cap daily, 7/27/21 at 8:00am. Depakote ER 500mg tab, 1 tab twice daily, 7/27/21 at 8:00am Luvox 100mg tab, 1 tab twice daily, 7/27/21 at 8:00am. Risperdal 2mg tab, 1 tab 2 times daily, 7/27/21. Interview on 7/29/21 Client #6 stated he received his medications every day.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-159	A. BUILDING: _____ B. WING _____	R 07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS HOME	1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

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V 118	Continued From page 11 morning, 7/15/21 and 7/27/21. -Vitamin D 2000 IU Tab, 1 tab daily, 7/15/21 and 7/27/21. -Primidone 50mg, 1 tab 2 times a day, 7/15/21 and 7/27/21 at 8:00am and 7/26/21 at 8:00pm -Metformin HCL ER 500mg, 1 tab every afternoon, 7/26/21 at 5:00pm -Tamsulosin HCL 0.4 mg cap, 1 every evening, 7/26/21 at 5:00pm. -Check FSBS 3 days per week, 7/18/21, 7/19/21, 7/22/21, 7/25/21-7/26/21 at 8:00am. During interview on 7/29/21 client #1 stated he took his medicine every day. Review on 7/28/21 of client #4's record revealed: - 40 year old male admitted to the facility 8/1/13. - Diagnoses included Intellectual/Developmental Disability Mild; Schizophrenia. Physician's order signed 5/11/21 revealed the following medications: -Artane (trembling) 5mg tabs, 1 daily. -Flonase nasal spray (allergies) .05%. 1 spray into nostrils daily. -Zoloft (depression) 50mg, 1 tab daily. -Depakote (mood disorder) 500mg tab, 1 tab 2 times daily. -Divalproex SOD DR (manic episode) 250mg, 1 tab twice daily. Review on 7/28/21 of client #4's July 2021 MAR revealed the following blanks: -Artane 5mg, 1 every morning 7/27/21 at 8:00am -Flonase Nasal .05%, 1 spray daily, 7/27/21 at 8:00am -Zoloft 50mg, 1 tab daily, at 8:00am. -Depakote 500mg tab,1 tab 2 times daily, 7/27/21 at 8:00am. -Divalproex SOD 250mg, 1 tab twice daily,	V 118		

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V 118	Continued From page 13 Interview on 7/29/21 Staff #3 stated: -The clients medications had always been available. -The clients had not refused medications. -It had been hard to administer eye drops to client #1 because client #1 kept blinking. -Clients received their medications every day. During interview on 2/21/19 the Owner/Director stated the clients received their medication every day. Client #1 had closed his eyes when receiving the eye drops and she had been waiting on the discontinue order from the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 1 of 3	V 131	G.S.131E=256 (D2) HCPR- PRIOR EMPLOYMENT VERIFICATION Facility Director/Owner stored the Health Care Personnel Registry for staff # 4 off site. The records have been returned to the office at Evans' home. 8/18/2021	

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V 133	Continued From page 16 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. 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	V 133		

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V 133	Continued From page 17 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 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	V 133		

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V 133	Continued From page 18 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 subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

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V 133	Continued From page 19 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request a state criminal background check within five business days of employment for 1 of 3 audited staff (#4). The findings are: Review on 7/29/21 of Staff #4's personnel record revealed: - Title: Habilitation Tech - Hire date 5/28/18. - No documentation of a criminal background check. During interview on 7/29/21 the Director stated: - A criminal background check for staff #4 had been done. - Staff #4's criminal background check may have been in another file at another location. Staff #4's background check was not provided for review.	V 133		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or	V 290	10A NCAC 27G .5602 STAFF QP will assess each client to determine their capability to have unsupervised time at home or in the community. The assessment and the treatment plan will be reviewed as needed, at least annually to determine if the client continues to be capable of remaining in the home or community without supervision for specified periods of time.	

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V 290	Continued From page 20 habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by:	V 290	QP and Facility Director/Owner will ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. QP and Facility Director will make a schedule of events that can be done without staff supervision. QP will review clients (PCP) annually to assess the unsupervised home or community time. QP will request an unsupervised authorization signed by Guardian or Legally Responsible Person Annually.	

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V 290	Continued From page 21 Based on record reviews and interviews, the facility failed to ensure a clients treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting 3 of 3 audited clients (#1, #4 and #6). The findings are: Review on 7/28/21 of Client #1's record revealed: -68 year old male admitted 4/11/07. -Diagnoses included Major Depressive Disorder, Intellectual Developmental Disability-Severe, Diabetes Mellitus, Diverticulitis, Tremor, Hyperlipidemia, Prostate Cancer. Person Centered Profile dated 2/5/18 included "What's Important To.....Its important to [client #1] to go to church. Going into the community is important to [client #1]. Attending church is important to [client #1]. -A consent for unsupervised time dated 5/10/13 and an undated unsupervised assessment signed by the guardian. -No specified periods of time Client #1 could be unsupervised in the community Interview on 7/29/21 Client #1 stated: -He had lived there about 2 years. -He had shopped in the community and a staff had been with him. -Staff went with him to church. Review on 7/28/21 of Client #4's record revealed: -41 year old male admitted 8/1/13. -Diagnoses included Intellectual Developmental Disability-Mild and Schizophrenia. Person Centered Profile dated 6/15/21 included ..."Characteristics/observations/justification for this goal: Unsupervised time... What Short Range Goal).....7. [Client #4] will demonstrate good safety skills during unsupervised time in the	V 290		

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V 290	Continued From page 22 community/church and riding the church van with no more than 3 verbal prompts for 3 consecutive months." -A consent for unsupervised time dated 6/30/14. -No specified periods of time Client #4 could be unsupervised in the community. Interview on 7/28/21 Client #4 stated: -He liked living at the facility. -When he had gone to church, staff stayed with him at church. -He had watched church on tv lately. Review on 7/28/21 of Client #6's record revealed: -43 year old male admitted 2/2/15. Diagnoses included Intellectual Developmental Disability-Moderate, Obsessive Compulsive Disorder, Schizophrenia Allergic Rhinitis and Cholesterolmya. Person Centered Profile dated 5/13/20 included "What (Short Range Goal).... 3. [Client #6] will be able to recognize community landmarks, locations, safety signs and follow the procedure during unsupervised (church, home visits, community activities) with no more than 2 verbal prompts, on a daily basis, over the plan year." -No Specified periods of time Client #6 could be unsupervised in the community. Interview on 7/29/21 Client #6 stated: -He had lived there for a while. -He had gone church and a staff had been with him. Interview on 7/29/21 Staff #3 stated: -He had worked at the facility for 3 years. -He transported clients in the community. -Staff had always been with the clients in the community and at church.	V 290		

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V 290	Continued From page 23 Interview on 7/29/21 the Director/Licensee stated: -Staff had always been with the clients. -She would work with the Qualified Professional to review unsupervised time in the clients plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 07/28/21 at approximately 10:45am of the facility revealed: -A hall closet was missing a handle on the door. -The men's bathroom had rust around the metal bars on the bottom of the shower seat and there was no cover on the light fixture inside the men's shower; no light bulb, them empty socket was exposed to water and steam from the shower. -The exhaust fan cover in the men's bathroom was dusty. -The shower curtain rod in the ladies' bathroom had rust on it. -The inside of the microwave had splatter spots in	V 736	10A NCAC 27G .0303 (C) LOCATION AND EXTERIOR REQUIREMENTS Facility had hired a contractor to repair all the items listed in the reported. Due to COVID-19 Pandemic the contractor could not complete all the items on my list. Facility Director contact my contractor to complete the work. The dining room chairs were delivered a few days after the inspection. 8/3/2021	

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V 736	Continued From page 24 it. -A dining room chair had its legs wrapped in clear tape and gray duck tape. -Client #4 and Client #6's closet had a missing handle. Interview on 07/29/21 the Licensee stated new chairs had been ordered and the facility should receive them soon. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
MHL074-159		7/29/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS HOME	1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0120 Reg. # 27G .0209 (E) LSC	Correction Completed 07/29/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Latisha Grant	7/29/21
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/22/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 17, 2021

Ms. Addie Carmon, Director
MAAL-CARE, LLC
2226 Otter Creek Church Road,
Foutain, NC 27852

Re: Annual and Follow Up Survey completed July 29, 2021.
Evans Home, 1200 Old Fire Tower Road, Winterville, NC, 28590
MHL # 074-159
E-mail Address: lacarmon@embarqmail.com

Dear Ms. Carmon:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed July 29, 2021.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be ***corrected*** within 30 days from the exit of the survey, which is August 28, 2021.
- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is September 27, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Gloria Locklear, Team Leader at (910) 214-0350.

Sincerely,

Latisha Grant

Latisha Grant
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Smith Worth, SOTA Director (for 3600 only)
Pam Pridgen, Administrative Assistant