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	MHL098-201	A. BUILDING: _____ B. WING _____	R-C 11/30/2021

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SUPREME LOVE 1	3001 NASH STREET WILSON, NC 27896

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on November 30, 2021. The complaints were substantiated (intakes #NC00182799 and NC00183415). Deficiencies were cited. A sister facility is identified in this report. The sister facility will be identified as sister facility A. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 6 of 6 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting	V 105		

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V 105	Continued From page 1 problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2	V 105		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to adhere to its governing body policy regarding discharge. The findings are:

A. Review on 11/17/21 of the facility's discharge policy revealed:
- "Under emergency conditions, the administrator, or manager of the home shall transfer or discharge the resident as appropriate for health and safety reasons. The resident's, guardian/family members, and case manager shall be informed as soon as possible, within 24 hours of any serious illness, or accident, or medical condition. Documentation shall be noted in resident's chart to include description of the efforts made to notify guardian/family members of reason for the move."

- "When a resident is permanently transferred or discharged,the administrator or manager will provide to the client and/or guardian a dated signed statement which contains the date on which the resident and/or guardian was notified of the planned permanent transfer or discharge, the name of person notified and the reason(s) for the permanent transfer or discharge, the actions taken by the facility staff to assist the resident in making an orderly transfer or discharge, and the date of the permanent transfer or discharge from the facility and resident's destination."

During the entrance interview on 11/16/21 with the Licensee/Director (L/D) the Division of Health

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V 105	Continued From page 3 Service Regulation (DHSR) client/staff census form was completed by the L/D. Review on 11/16/21 of the DHSR client/staff census form the L/D initially did not add Client #6's name to the client/staff census form. The L/D stated client #6 had only been at the facility since Sunday 11/14/21 and was going back to the sister facility A. Surveyor informed the L/D that if client #6 was sleeping at the facility she would be considered a resident of the facility. The L/D then added client #6 to the DHSR client/staff census form. Review on 11/16/21 of client #6's record revealed: -26 year old female. -An admission assessment dated 05/11/20 for Supreme Love 1. -Diagnoses of Type 2 Diabetes, Depression, Hypertension, Seizure Disorder and Mental Challenges. -A handwritten note located in the front of client #6's record revealed, "[Client #6] will be moving to [sister facility A] [Address of Sister Facility] April 25, 2021." Signed by Guardian and the L/D. -No discharge paper work was in the record for each time client was sent back to the sister facility A. During interview on 11/16/21 client #6 revealed: -She had lived at the facility for approximately 1 to 2 months. -She was living at the sister facility A. -She had clothes at the facility and clothes at the sister facility A. -She stayed at the facility from Tuesday-Thursday. -She would stay at the sister facility A the other days of the week.	V 105		

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V 105	Continued From page 4 During interview on 11/16/21 staff #1 revealed: -She had worked at the facility for approximately a month. -She worked 3rd shift from 5pm-7am. -Client #6 started staying at the facility on Saturday or Sunday (11/13/21 or 11/14/21). -Client #6 had stayed at the facility several times before in the past. -If client #6 has a behavior at sister facility A then the Licensee would send her to the facility to stay for a while. During interview on 11/16/21 staff #2 revealed: -Client #6 had not been at the facility long. -Client #6 would stay at sister facility A some days and the other days stays at the facility. -If client #6 is "acting out" at the sister facility A then the Licensee will send her to the facility. During interview on 11/16/21 staff #3 revealed: -She started working at the facility in September 2021. -She had helped out at the sister facility A with transportation. -Client #6 stays at the facility and at the sister facility A. -If she has behaviors at the sister facility A then the Licensee will send her to the facility. During interview on 11/16/21 the L/D revealed: -Client #6 came to the facility "the other day." -She had changed the sister facility A to a Independent Living house. -She was going to send her back to the sister facility A "today (11/16/21)." This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 105		

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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. This Rule is not met as evidenced by: Based on record reviews, interviews and observations the facility failed to develop and implement goals and strategies to address behaviors affecting 2 of 4 audited clients (#1 and	V 112		

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V 112	Continued From page 6 #5) and failed to have written consent or agreement by the client's responsible party affecting 2 of 4 audited clients (#5 and #6). The findings are: Review on 11/16/21 of client #1's record revealed: - 63 year old admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, bipolar type. - Person Centered Plan dated 3/04/21 included no goals or strategies to address client #1's behaviors of getting up and dressing during the night and disturbing the house during the night. During interview on 11/16/21 client #1 revealed: -He did not like living at the facility. -He did not want to talk. Observations on 11/16/21 at 9:30 am of the facility revealed: -No clothing in client #1's bedroom. - Plastic storage bins in the laundry room contained clothing identified as belonging to client #1 . - The laundry room was only accessible via the locked kitchen door. Review on 11/15/21 of client #5's record revealed: - 68 year old admitted 1/01/20. - Diagnoses included Schizoaffective Disorder, bipolar type and Dementia. - Person Centered Plan dated 2/01/21 included no goals or strategies to address client #5's incontinence, property destruction, or eloping. -Client #5's Person Centered Profile dated 05/05/21 had no Guardian signature. During interview on 11/17/21 client #5's Guardian stated: - Client #5 would sometimes urinate into the air	V 112		

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vents and other inappropriate places.
- Client #5 recently threw the facility's fax machine.
- Facility staff removed items from his room because he urinated on them and would break things when he was in a behavioral episode.
- It was unusual for her not to participate in treatment planning.
- She did not have a copy of client #5's Person Centered Profile dated 2/01/21.

During interviews on 11/16/21 and 11/17/21 client #5 stated:
- He didn't have any clothing.
- He didn't tear up his furniture.
- He "had a bad nightmare about a year ago" and broke his bed.
- He wet his bed.
- He left the facility and went to the neighbor's house.
- "The devil tells me to do things like that, but I shouldn't listen to him."
- He would not "tear up" his furniture anymore.

Observations on 11/16/21 at 9:30 am of the facility revealed:
- No personal property or clothing in client #5's bedroom.
- Plastic storage bins in the laundry room contained clothing identified as belonging to client #5.
- The laundry room was only accessible via the locked kitchen door.

Review on 11/16/21 of client #6's record revealed:
-26 year old female.
-An admission assessment dated 05/11/20 for Supreme Love 1.
-Diagnoses of Type 2 Diabetes, Depression, Hypertension, Seizure Disorder and Mental

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V 112	Continued From page 8 Challenges. -Client #6's Person Centered Profile dated 5/05/21 had no written consent or agreement by the responsible party. During interview on 11/16/21 client #6 revealed: -She had lived at the facility for approximately 1 to 2 months. -She was living at the sister facility A. -She had clothes at the facility and clothes at the sister facility A. -She stayed at the facility from Tuesday-Thursday. -She would stay at the sister facility A the other days of the week. -Her aunt was her guardian. During interviews on 11/16/21 and 11/17/21 the Licensee/Director revealed: - Client #1 would get up in the middle of the night, get fully dressed and "disturb the house." - Client #1 would "ball his clothes up and hide them in his room." - Client #5 was incontinent, and he would wet his clothes and throw them in someone else's room. - Client #5's behaviors included urinating on his bed, urinating in his clothing, destroying furniture and elopement. - There were no goals or strategies to address client #1 and client #5's behaviors in their Person-Centered Profiles. - She had not been able to get any of the guardians to come and sign the treatment plans. - The Qualified Professional was responsible for writing the treatment plans. - She would add the behaviors of client #1 and client #5 to each treatment plan. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse,	V 112		

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V 112	Continued From page 9 Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS 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 reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: The Licensee revealed on 11/16/21 the shifts of the facility are: 1st shift 7:00am-1:00pm, 2nd shift 1:00pm-5:00pm, and 3rd shift 5:00pm-7:00am. Review on 11/16/21 of the facility's fire and disaster drill documentation from May 2021-November 2021 revealed: -5 disaster drills were documented with dates but no times to indicate what time the drills were	V 114		

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V 114	Continued From page 10 completed. During interview on 11/16/21 staff #3 revealed: -Fire and disaster drills are supposed to be done every month. -"I know I may have forgotten to document some of them." During interview on 11/17/21 the Licensee revealed: -She knew fire and disaster drills were being done. -She was not aware the disaster drills did not have a time they were completed. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 114		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.	V 116		

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V 116	Continued From page 11 (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so, affecting 1 of 4 audited (#1) clients. The findings are: Review on 11/16/21 of client #1's record revealed: - 63 year old admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, Bipolar type. - The following signed physician's orders: 10/12/21: Olanzapine (anti-psychotic) 20 milligrams (mg) 1 tablet at bedtime Bisacodyl (laxative) 0.5 mg 1 tablet twice daily as needed	V 116		

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V 116	Continued From page 12 Haloperidol (anti-psychotic) 2 mg/milliliter (ml), take 4 mg (2 ml) four times daily Benztropine (anti-tremor) 1 mg 1 tablet twice daily Fish Oil (helps reduce blood triglycerides) 1000 mg 1 capsule daily Vitamin D3 (nutritional supplement) 1000 units 1 tablet daily Tamsulosin (urinary retention) 0.4 mg 1 capsule at bedtime Trazodone (anti-depressant and sedative) 50 mg 1 tablet at bedtime, "may increase to 100 mg if needed" Ensure Plus (nutritional supplement) drink 1 can daily 4/09/20: Docusate sodium (stool softener) 50 mg 1 tablet twice daily as needed. Observation on 11/16/21 at approximately 10:45 am of client #1's medications on hand revealed: - An unlabeled weekly pill organizer that contained a variety of pills. - Separate boxes with pharmacy labels included: Olanzapine 20 mg dispensed by the pharmacy 10/13/21 Fish Oil 1000 mg dispensed by the pharmacy 6/26/21 Vitamin D3 1000 units dispensed by the pharmacy 9/20/21 Tamsulosin 0.4 mg dispensed by the pharmacy 8/16/21 Trazodone 50 mg dispensed by the pharmacy 10/13/21 During interview on 11/16/21 the Licensee/Director stated: - Client #1's medical care was provided by the Veteran's Administration (VA). - Client #1's medications were dispensed by the	V 116		

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V 116	Continued From page 13 VA in pharmacy labeled boxes and bottles. - She placed each week's medications in the pill organizer for administration. - Client #1's medications were administered from the unlabeled pill organizer. - She did not realize placing the week's medications in the pill organizer was considered dispensing medications. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 116		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and	V 117		

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SUPREME LOVE 1	3001 NASH STREET WILSON, NC 27896

(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 117	Continued From page 14 (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure medications for administration at the facility were packaged and labeled as required for 1 of 4 audited clients (#1). The findings are: Review on 11/16/21 of client #1's record revealed: - 63 year old admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, Bipolar type. - Physician's order signed 10/12/21 for haloperidol (anti-psychotic) 2 milligrams (mg)/milliliter (ml), take 4 mg (2 ml) four times daily, Observation on 11/16/21 at approximately 10:45 am of client #1's medications on hand revealed a bottle of haloperidol, 2 milligrams/milliliter with the manufacturer's label but no pharmacy label. During interview on 11/16/21 the Licensee/Director stated the box with the pharmacy label was thrown away. She did not have a pharmacy label for client #1's haloperidol. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule	V 117		

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V 117	Continued From page 15 violation and must be corrected within 23 days.	V 117		
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 16 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 4 audited clients (#1, #5 and #6). The findings are: Finding #1 Review on 11/16/21 of client #1's record revealed: - 63 year old male admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, Bipolar type. Review on 11/16/21 of client #1's Physician's orders revealed: 10/12/21 - Haloperidol (anti-psychotic) 2 mg/milliliters (ml) 4 mg four times daily. - Bisacodyl (laxative) 0.5 milligrams (mg) 1 tablet twice daily as needed (prn). 4/09/20 - Docusate sodium (stool softener) 50 mg twice daily prn. Review on 11/16/21 of client #1's MARs for September - November 2021 revealed: - Transcription for haloperidol 4 mg three times daily with documentation it was administered three times daily. - Transcription for bisacodyl 0.5 mg twice daily with documentation it was administered twice daily September - November. - Transcription for docusate sodium 50 mg twice daily with documentation that it was administered twice daily September - November. Observation on 11/16/21 at 12:00 pm of client #1's medications on hand revealed:	V 118		

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V 118	Continued From page 17 - No bisacodyl or docusate sodium available for administration. Finding #2: Review on 11/15/21 of client #5's record revealed: - 68 year old male admitted 1/01/20. - Diagnoses included Schizoaffective Disorder, bipolar type and Dementia. Review on 11/16/21 of client #5's Physicians orders revealed: 10/27/21: - Methimazole (anti-thyroid) 5 mg 1 tablet three times daily. 8/26/21: - Amlodipine (high blood pressure and chest pain) 5 mg 1 tablet daily. - Docusate sodium 100 mg twice daily. - Oxcarbazepine (anti-convulsant) 300 mg 3 tablets twice daily. - Buspirone (anti-anxiety) 5 mg twice daily. - Miralax (laxative) 2 tablespoonfuls in 8 ounces of water daily. - Multivitamin 1 daily. - No signed Physicians orders to discontinue docusate sodium, oxcarbazepine, buspirone, Miralax, or multivitamin. - No signed Physicians order for levothyroxine (hypothyroidism) 112 micrograms (mcg) 1 tablet daily. Review on 11/16/21 of client #5's MARs for September - November 2021 revealed: - Transcription for amlodipine 5 mg with no documentation it was administered 10/11/21, with no explanation for the omission. - Transcription for levothyroxine 112 mcg with documentation it was administered daily. - No transcriptions for methimazole, docusate sodium, oxcarbazepine, buspirone, Miralax, or	V 118		

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V 118	Continued From page 18 multivitamin. Observation on 11/16/21 at 10:20 am of client #5's medications on hand revealed no methimazole, docusate sodium, oxcarbazepine, buspirone, Miralax, or multivitamin. During interview on 11/16/21 client #5 stated he took his medications daily, in the morning and at night with staff assistance. Finding #3 Review on 11/16/21 of client #6's record revealed: -26 year old female. -An admission assessment dated 05/11/20 for Supreme Love 1. -Diagnoses of Type 2 Diabetes, Depression, Hypertension, Seizure Disorder and Mental Challenges. -No Physician order for client #6 to self administer the Trulicity 3mg/0.5ml once a week. Review on 11/16/21 of client #6's Physician orders dated 11/01/21 revealed: -Fluoxetine HCL 20mg (milligram) (treat depression) Take 1 capsule by mouth every morning. -Imipramine HCL 50mg (treat depression) Take 1 tablet by mouth at bedtime. -Jardiance 25mg (treat type 2 diabetes) Take 1 tablet every day. -Levetiracetam 1000mg (treat seizures) Take 1 tablet by mouth every twelve hours. -Lorazepam 1mg (treat anxiety) Take 2 tablets by mouth at bedtime. -Metformin HCL 1000mg (treat diabetes) Take 1 tablet orally 2 times a day. -Trulicity 3mg/0.5ml pen (treat diabetes) Inject 0.5ml subcutaneously once a week.	V 118		

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V 118	Continued From page 19 The facility did not have a November 2021 MAR for client #6 to document the medication had been administered. During interview on 11/16/21 client #6 revealed: -She had lived at the facility for approximately a month or longer. -She stayed at the facility and the sister facility A. -She had never missed taking any of her medications. -She checks her own blood sugar and gives herself her own Trulicity shot. During interview on 11/16/21 staff #1 revealed: -She worked 3rd shift from 5:00pm-7:00am. -Client #6 came to the facility on 11/14/21. -If client #6 had behaviors at the sister facility A she would stay at the facility for a few days and then go back to the sister facility A. -She administered medications to the clients. -Client #6 did not have a November 2021 MAR. -She documented on a sheet of paper when she gave client #6 her medications. The documented sheet of paper from staff #1 was not provided by the end of the survey. During interview on 11/16/21 staff #2 revealed: -She worked 1st shift 7:00am-1:00pm. -Client #6 will stay at the facility some days and stay at the sister facility A other days. -If client #6 is acting out then the Licensee/Director (L/D) will bring her to the facility. -She did not know where client #6's November 2021 MAR was. During interview on 11/16/21 staff #3 revealed: -She had been working at the facility since September 2021.	V 118		

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V 118	Continued From page 20 -She worked 2nd shift from 1:00pm-5:00pm. -Client #5's Physician was a "traveling Doctor" who would not "write a prescription." -The Physician wrote medication orders on a facility consult form but the pharmacy did not accept the form as a prescription. -She asked the Physician to call the pharmacy and provide a verbal order for medications, but he had not done that. -She did not know why client #5's methimazole was not on his MARs. -Client #5's Physician "should have discontinued" the docusate sodium, oxcarbazepine, buspirone, Miralax, and multivitamin; "I should have caught that but I didn't." -She had not administered any medications to client #6. During interview on 11/16/21 the L/D revealed: -Client #1's docusate sodium was supposed to be administered as needed. -She did not have a November 2021 MAR for client #6 because she lived at the "independent house (sister facility A)." -The clients at the "independent house" keep up with their own medication. -Client #6 had been at the facility since 11/14/21. -She was going to send her back to the "independent house" on 11/16/21. -She usually compared the pharmacy labels to the MARs but had recently "slacked off" due to personal issues. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 118		

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V 120	Continued From page 21	V 120		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations, record review and interviews the facility stored medications in a refrigerator used for food items without a separate locked container. The findings are: Review on 11/16/21 of client #2's record revealed: -87 year old male. -Admission date of 09/28/21. -Diagnoses of Diabetes Type 2, Gout, Dementia, Hyperlipidemia, Essential Hypertension, Abnormal Gait, Muscle Weakness and	V 120		

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V 120	Continued From page 22 Gastroesophageal reflux disease. Review on 11/16/21 of client #6's record revealed: -26 year old female. -An admission assessment dated 05/11/20 for Supreme Love 1. -Diagnoses of Type 2 Diabetes, Depression, Hypertension, Seizure Disorder and Mental Challenges. Observation on 11/16/21 at approximately 10:20am revealed: -The refrigerator in the kitchen contained multiple food items for the clients' use. -In the door and on the bottom shelf of the refrigerator in the kitchen were 2 boxes of Trulicity 3mg/0.5 ml Pens labeled with client #6's name and 1 box with 1 vial of Levemir 100 units for client #2 not in an individual locked container. During interview on 11/17/21 the Licensee revealed: -She knew the medication needed to be locked up. -Client #6's lock box was at the Sister Facility. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 120		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a	V 364		

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V 364	Continued From page 23 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or	V 364		

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V 364	Continued From page 24 committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part.	V 364		

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V 364	Continued From page 25 The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational	V 364		

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V 364	Continued From page 26	V 364		

training in accordance with federal and State law;
(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;
(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Have access to individual storage space for the safekeeping of personal belongings;
(9) Have access to and spend a reasonable sum of his own money; and
(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.
(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client,

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V 364	Continued From page 27 be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure restriction of clients access to personal property was reasonable and related to clients' treatment or habilitation needs and was documented as required for 2 of 4 audited clients (#1, and #5). The findings are: Review on 11/16/21 of client #1's record revealed: - 63 year old admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, Bipolar type. - No documentation regarding the restriction of client #1's access to his clothing; no written statement detailing the reason for the restriction and no documented evaluation every 7 days of the continued need for the restriction conducted by the Qualified Professional (QP). - No documentation of notification of client #1's Guardian of the restriction of the client's access to his clothing or personal belongings. Review on 11/15/21 of client #5's record revealed: - 68 year old admitted 1/01/20. - Diagnoses included Schizoaffective Disorder,	V 364		

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V 364	Continued From page 28	V 364		

bipolar type and Dementia.
-No documentation regarding the restriction of client #1's access to his clothing; no written statement detailing the reason for the restriction and no documented evaluation every 7 days of the continued need for the restriction conducted by the QP.
- No documentation of notification of client #5's Guardian of the restriction of the client's access to his clothing or personal belongings.

Observations on 11/16/21 at 9:30 am of the facility revealed:
-No clothing in client #1's bedroom.
- No personal property or clothing in client #5's bedroom.
- Plastic storage bins in the laundry room contained clothing identified as belonging to client #1 and client #5.
- The laundry room was only accessible via the locked kitchen door.

During interview on 11/16/21 client #5 stated he didn't have any clothing.

An interview with the QP was attempted 11/17/21, however the surveyor's telephone call was not returned.

During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated:
- Client #1 would get up in the middle of the night, get fully dressed and "disturb the house."
- If client #1 did not have access to his clothing, he would "lay in bed and be content."
- Client #1 would "ball his clothes up and hide them in his room.
- Client #5 was incontinent, and he would wet his clothes and throw them in someone else's room.
- Client #5 would also rip his clothes.

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V 364	Continued From page 29 - She made the decision to remove client #1 and client #5's clothing from their bedrooms and to store the clothing in the laundry room; "We just want to keep them fresh." This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 364		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366		

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shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the

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V 366	Continued From page 31 owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level II incidents. The findings are: Review on 11/15/21 of facility records from	V 366		

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V 366	Continued From page 32 September-November 2021 revealed no documented incident reports. Refer to V367 for the lack of response to level II incidents. -Client #5 had two separate incidents that included eloping from the facility and the police were called for assistance and property destruction that led to involuntary commitment. During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated: - Client #5 was admitted to the hospital in October "due to behaviors;" she did not elaborate on the behavioral issues. - Client #5 ran out the front door 11/11/21, "he runs from staff and he runs faster than the track." - Client #5 left the facility on 11/11/21 at shift change when staff were engaged in shift briefing. - Client #5 went to the neighbor's house and told the neighbor he wanted to go to the hospital. - The neighbor called 911 and client #5 was transported to the hospital complaining of chest pain. - Client #5 was discharged from the Emergency Department shortly after his arrival at the hospital. - No incident report was completed for either incident; the Qualified Professional (QP) was responsible for incident reporting. - She thought incident reports could only be submitted to the North Carolina Incident Reporting Improvement System (IRIS) by a QP. - She would ensure all facility staff received training on incident reporting. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 366		

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

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V 367	Continued From page 34 (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs	V 367		

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V 367	Continued From page 35 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are: Review on 11/15/21 of facility records and Incident Response Improvement System (IRIS) from September-November 2021 revealed no documented incident reports. Review on 11/15/21 of client #5's record revealed: - 68 year old admitted 1/01/20. - Diagnoses included Schizoaffective Disorder, bipolar type and Dementia. - Discharge documentation from local medical center for Emergency Department stay 10/11/21 - 10/19/21. - No facility documentation of elopement behaviors. During interview on 11/16/21 client #5 stated: - He went to the neighbor's house and said he was having chest pains. - He didn't like "being locked up. I feel like I'm being imprisoned." - "The devil tells me to do things like that." During interview on 11/17/21 client #5's Guardian stated;	V 367		

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V 367	Continued From page 36 - Client #5 was involuntarily committed in October 2021 for threatening staff, destroying property and throwing feces. - Client #5 attempted to elope from the hospital. During interview on 11/16/21 staff #1 revealed: -The police were called because client #5 left the facility. -She was unsure of the date. -Client #5 left the facility and went to a neighbor's house. -Client #5 was taken to the hospital. During interview on 11/16/21 staff #3 revealed: -The police have come to the facility. -Client #5 left the facility and went to a neighbor's house. During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated: - Client #5 was admitted to the hospital in October "due to behaviors;" she did not elaborate on the behavioral issues. - Client #5 ran out the front door 11/11/21, "he runs from staff and he runs faster than the track." - Client #5 left the facility on 11/11/21 at shift change when staff were engaged in shift briefing. - Client #5 went to the neighbor's house and told the neighbor he wanted to go to the hospital. - The neighbor called 911 and client #5 was transported to the hospital complaining of chest pain. - Client #5 was discharged from the Emergency Department shortly after his arrival at the hospital. - No incident report was completed for either incident; the Qualified Professional (QP) was responsible for incident reporting. - She thought incident reports could only be submitted to the North Carolina Incident Reporting Improvement System (IRIS) by a QP.	V 367		

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V 367	Continued From page 37 - She would ensure all facility staff received training on incident reporting. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 505	27D .0201(a-c) Client Rights - Informing Clients 10A NCAC 27D .0201 INFORMING CLIENTS (a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person. (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities. (c) Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), of this Rule, upon admission or entry into a service, or (1) in a facility where a day/night or periodic service is provided, within three visits; or (2) in a 24-hour facility, within 72 hours. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 6 audited clients (#1 and #5) or their guardians were provided a written summary of clients' rights. The findings are:	V 505		

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V 505	Continued From page 38 Review on 11/16/21 of client #1's record revealed: - 63 year old admitted 3/19/20. - Diagnoses included Schizoaffective Disorder, Bipolar type. - The Department of Social Services (DSS) in client #1's home county was his Guardian of the Person. - An unsigned and undated copy of the facility's Clients' Rights policy. - No documentation that a written copy of clients' rights was provided to either client #1 or his Guardian; no documentation that clients' rights were explained to client #1 or his guardian. Review on 11/15/21 of client #5's record revealed: - 68 year old admitted 1/01/20. - Diagnoses included Schizoaffective Disorder, bipolar type and Dementia. - The DSS in client #5's home county was his Guardian of the Person. - An unsigned and undated copy of the facility's Clients' Rights policy. - No documentation that a written copy of clients' rights was provided to either client #1 or his Guardian; no documentation that clients' rights were explained to client #5 or his guardian. During interview on 11/17/21 the Licensee/Director stated she understood the requirement to provide a written copy of the clients' rights to the client and legally responsible person. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 505		

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V 512	Continued From page 39	V 512		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record reviews, interviews and observations the Licensee/Director neglected 4 of 6 audited clients (#1, #2, #5 and #6). The findings are: Cross Reference: 10A NCAC 27G .0201 Governing Body Policies (V105). Based on record review and interviews the facility failed to adhere to its governing body policy regarding discharge.	V 512		

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V 512	Continued From page 40 Cross Reference: 10A NCAC 27G .0205 (c) Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews, interviews and observations the facility failed to develop and implement goals and strategies to address behaviors affecting 2 of 4 audited clients (#1 and #5) and failed to have written consent or agreement by the client's responsible party affecting 2 of 4 audited clients (#5 and #6). Cross Reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (V114). Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. Cross Reference: 10A NCAC 27G .0209 (a) Medication Requirements (V116). Based on interviews, observations, and record reviews, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so, affecting 1 of 6 audited (#1) clients. Cross Reference: 10A NCAC 27G .0209 (b) Medication Requirements (V117). Based on record reviews, observation and interview the facility failed to ensure medications for administration at the facility were packaged and labeled as required for 1 of 6 audited clients (#1). Cross Reference: 10A NCAC 27G .0209 (c) Medication Requirements (V118). Based on record reviews and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 6 audited clients (#1, #5 and #6). Cross Reference: 10A NCAC 27G .0209 (e)	V 512		

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SUPREME LOVE 1	3001 NASH STREET WILSON, NC 27896

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V 512	Continued From page 41 Medication Requirements (V120). Based on observations, record review and interviews the facility stored medications in a refrigerator used for food times without a separate locked container. Cross Reference: 122C-62 (b) (6) (e) Additional Rights in 24-Hour Facilities (V364). Based on observation, record reviews and interviews, the facility failed to ensure restriction of clients' access to personal property was reasonable and related to clients' treatment or habilitation needs and was documented as required for 2 of 6 audited clients (#1, and #5). Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record reviews and interviews the facility failed to document their response to level III incident. Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. Cross Reference: 10A NCAC 27D 0201 Clients Rights - Informing Clients (V505). Based on record review and interview the facility failed to ensure 2 of 6 audited clients (#1 and #5) or their guardians were provided a written summary of client rights. Cross Reference: 10A NCAC 27E .0101 Clients Rights - Least Restrictive Environment (V513). Based on observation, record review and interview the facility failed to promote a respectful and least restrictive environment for 4 of 6	V 512		

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V 512	Continued From page 42 audited clients (#1, #2, #5 and #6). Cross Reference: 10A NCAC 27F .0102 Clients Rights - Living Environment (V539). Based on observation and interviews the facility failed to allow 1 of 6 audited clients (#5) to enhance his personl living space with respect to normalization principles. Cross Reference: 10A NCAC 27G .0303 (c) Facility and Grounds Maintenance (V736). Based on observation and interview the facility was not maintained in a safe, clean and attractive manner. Cross Reference: 10A NCAC 27G .0304 (d) (7) Minimum Furnishings (V774). Based on observation and interviews the facility failed to provide minimum furnishings for client bedrooms. During interview on 11/17/21 the Licensee/Director (L/D) stated she was responsible for making decisions regarding overall operation of the facility. She understood the deficiencies and violations. Review on 11/17/21 of the Plan of Protection dated 11/17/21 and completed by the L/D revealed: "-What immediate action will the facility take to ensure the safety of the consumers in your care? I will make sure that my staff and I will follow up on all of the tags that was brought to the facility and be done correctly. I will follow up with doing Iris reports with the QP (Qualified Professional). I will make sure all clients rights will be follow through. -Describe your plans to make sure the above happens. I will be hiring a new QP that has Supreme Love	V 512		

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V 512	Continued From page 43 best interest." Client's #1, #2, #5 and #6 had diagnoses that included Schizoaffective Disorder, Diabetes Type 2, Depression, Hypertension, Seizure Disorder, Mental Challenges and Dementia. Client #6 was present at the time of the survey and the Licensee stated client #6 was a resident at the sister facility. Client #6 would stay at the facility if she was having behaviors and would be taken back to the sister facility after staying at the facility for a few days. Client #6 did not have a November MAR at the facility to indicate any of her medications had been administered. Client #1 and client #5 had reported behaviors of destroying their clothes and all of the clothes had been removed from their rooms and were stored without access in a locked kitchen/laundry area. Client #5 exhibited behaviors of property destruction and verbal aggression. Client #5 only had mattresses in his room with one that was laying on the floor with no box spring and no bed frame. Client #5 did not have any personal belongings or furniture in his room due to the Licensee/Director removing everything due to his reported and undocumented behaviors. The kitchen door did not have a door knob and remained locked and the clients did not have any access to the kitchen or personal belongings stored in the laundry room which was located in the kitchen. Client #2 and client #6 were prescribed insulin medications and the medications were stored in the refrigerator and were not locked in a separate container. Client #1 received his medications through the Veterans Administration and were in separate bottles. Each week the Licensee/Director removed the medications from the bottles and placed the medications into a weekly pill box container that did not have any labels or directions for each of	V 512		

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V 512	Continued From page 44 the medications. Client #1 had liquid Haldol and the medication bottle did not have a label or any directions on the bottle from the pharmacy. Client #1 and client #5 had numerous errors on the MAR's that included transcriptions errors and no initials to indicate the medication had been administered. Also, medications were not in the home that included methimazole, docusate sodium, oxcarbazepine, buspirone, Miralax, and multivitamins at the time of the survey. Client #5 eloped from the facility on 11/11/21 to a neighbor's home and the police were called for assistance. An incident report had not been completed for the elopement and police assistance. The Licensee/Director stated she was responsible for the day to day operations of the facility and the decision making of the facility. This deficiency constitutes a Type A1 rule violation for serious neglect by the Licensee 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 $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 513	27E .0101 Client Rights - Least Restictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;	V 513		

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V 513	Continued From page 45 (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to promote a respectful and least restrictive environment for 4 of 6 audited clients (#1, #2, #5 and #6). The findings are: Observation on 11/16/21 at approximately 9:15am revealed: - Staff #2 stepped outside the front door. - Client #1 got up from his chair and started walking toward the open kitchen door. - Staff #2 returned into the facility and reprimanded client #1 for attempting to go into the kitchen and told him he knew he was not supposed to go into the kitchen. Observation on 11/16/21 at approximately 9:50am revealed staff #2 closed and locked the kitchen door. During interview on 11/16/21 client #1 revealed: -He was not allowed to go into the kitchen.	V 513		

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V 513	Continued From page 46 -He refused to answer anymore questions. During interview on 11/16/21 client #6 revealed: -She stayed at the facility some days and stayed at the sister facility the other days. -Clients were not allowed to go into the kitchen. During interview on 11/16/21 staff #2 revealed: -The kitchen had to stay locked. -"Clients would take things." During interview on 11/17/21 the Licensee/Director revealed: -She was responsible for making decisions regarding overall operations of the facility. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 513		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in	V 539		

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V 539	Continued From page 47 accordance with governing body policy. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to allow 1 of 6 audited clients (#5) to enhance his personl living space with respect to normalization principles. The findings are: Observation on 11/16/21 at approximately 9:30 am revealed: - Client #5's bedroom had bare walls with no personal decoration. - No personal belongings in client #5's bedroom. - A twin size mattress with sheets was on the floor; there was no bed spread or pillow. - One wooden arm chair with blue upholstery. - Blinds on 3 of 4 windows; no other window coverings. - 2 twin size mattresses and a twin size box spring were leaned against one wall. - No other furniture in the room. Observation on 11/16/21 at approximately 1:00 pm revealed client #5 requested a radio to keep in his bedroom. The Licensee/Director replied that he could not have anything for his room because "you tear everything up too bad." During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated: - Client #5 tore his furniture up and would rip window coverings down. - Client #5 put his mattress on the floor. - She was responsible for making decisions about the overall operation of the facility, including the removal of furniture from client #5's bedroom and new furniture purchases.	V 539		

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V 539	Continued From page 48 This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 539		
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 and attractive manner. The findings are: Observations on 11/16/21 at approximately 9:30am and 12:30pm revealed: - The smoke detector in client #5's bedroom was chirping at regular intervals. - No covering on one window in client #5's bedroom. - 2 twin size mattresses and a twin size box spring leaning against one wall in client #5's bedroom. - No light bulbs in the ceiling fan fixture and no other light source in client #5's bedroom. - No toilet seat or toilet seat cover in the hall bathroom. - The toilet paper holder in the hall bathroom was broken.	V 736		

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V 736	Continued From page 49 - No handle on the shower door in the hall bathroom. -The bathroom had a strong urine odor. - The tiles near the floor of the shower in the hall bathroom were cracked and the grout and cracks were stained black. - The hand held shower head was hanging to the floor. - Black spots and thick black build up on the ceiling of the hall bathroom. - The paint on the ceiling in the hall bathroom was peeling. - The paint on the walls in the hall bathroom was scuffed and worn. - The blind on the living room window had multiple broken slats. - A 5 x 7 rug on top of the living room carpet with a corner curled up presented a trip hazard; client #5 was observed to stumble over the corner of the rug on 11/16/21 at approximately 9:30 am. - Approximately 31 boxes of incontinent products were stacked to the ceiling in the dining room. - There was no knob on the kitchen door; the kitchen door was equipped with a dead bolt lock. - Carpet throughout the facility had stained areas and faded areas that appeared bleached. -Client #2 and Client #3's bedroom door had peeling paint. -Client #4 and Client #6's bedroom the paint was peeling on the baseboards. -The bathroom in Client #4 and Client #6's bedroom did not have a toilet seat or toilet seat cover. Observation on 11/17/21 of client #5's room at approximately 1:30 pm revealed client #5's twin size mattress on top of a folding metal cot frame; the frame was too small to support the entire width of the mattress.	V 736		

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V 736	Continued From page 50 During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated: -She would put a battery in the smoke detector. -Client #4 removed the toilet seats. -Client #5's bedroom was that way because he took his furniture apart and would rip things off of the walls and windows. - She used one of the twin size mattresses to cover the window in client #5's bedroom. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to provide minimum furnishings for client bedrooms. The findings are:	V 774		

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V 774	Continued From page 51 Observation of client #5's bedroom on 11/16/21 at approximately 9:30 am revealed: - A twin size mattress with no pillow on the floor. - A wooden chair with a bath towel folded over the back. - No dresser or chest of drawers. - No bedside bureau. - No clothing or other personal items were in client #5's bedroom. - Two twin size mattresses and a twin size box spring were leaned against one wall. - One front window with no covering. During interview on 11/16/21 client #5 stated: - The Director/Licensee removed his furniture and bed pillow from his room because he was incontinent. - He didn't mind his mattress being on the floor instead of a bed-frame. During interviews on 11/16/21 and 11/17/21 the Licensee/Director stated: - She removed the furniture from client #5's bedroom because "he was taking it apart every night." - Client #5 put his mattress on the floor because "he didn't want to sleep on the bed." - She did not know where client #5's pillow was; his pillow was in the laundry room because he urinated on it. - Client #5 tore the blind from the window. - She used one of the extra mattresses to cover the window at night because there was no blind on the window. - It was "routine for [client #5] to tear stuff up." - She was afraid client #5 would break a window during a behavioral episode. - She was responsible for making decisions about the overall operation of the facility, including the	V 774		

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V 774	Continued From page 52 removal of furniture from client #5's bedroom and new furniture purchases. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 774		