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| V 000 | INITIAL COMMENTS<br><br>An annual, complaint and follow up survey was completed on 11/19/21. The complaint (# NC180081) was substantiated. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:<br><br>Review on 11/17/21 of fire and disaster drills revealed:<br>-There was no documentation of disaster drills | V 114 | | |

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| V 114 | Continued From page 1<br>having been conducted on 1st or 2nd shifts from August-October 2021.<br><br>Interview on 11/18/21 with the Qualified Professional #2 revealed:<br>-Shifts ran 7 days on; 7 days off but they tried to have both live-in staff run drills at various times of day each month.<br>-They were not doing drills as they intended. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or | V 118 | | |

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| V 118 | Continued From page 2<br>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to keep MAR current affecting 2 of 3 clients (Client #1 and Client #3). The findings are:<br><br>Record review on 11/17/21 for Client #1 revealed:<br>-Date of admission -9/4/07<br>-Diagnosis - moderate intellectual/developmental disability, legally blind, schizophrenia, high cholesterol, hyperglycemia<br>-Physician ordered medication on 8/27/21 included:<br>-Glimepiride 4mg (diabetes) 1 tablet twice daily ordered 8/27/21.<br>-Vit B12 500mcg (deficiency) 1 tablet once weekly ordered 8/27/21.<br>-Pioglitazone 15mg (diabetes) once daily ordered 10/20/21.<br>-Victoza 18mg (diabetes) inject 1.8mg subcutaneous daily ordered 10/20/21.<br><br>Review on 11/17/21 of MARs for 9/1/21-11/17/21 revealed:<br>-Glimepiride was not initialed on 10/1/21 pm dose, 10/2/21 pm dose or 10/3/21 pm dose. (3 doses)<br>-Vit B12 was initialed 10/1/21-10/4/21 as well as on 10/28/21 (not 7 days after last dose).<br>-Pioglitazone was not initialed on 11/17/21. | V 118 | | |

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| V 118 | Continued From page 3<br>-Victoza was not initialed on 11/17/21.<br><br>Record review on 11/18/21 for Client #3 revealed:<br>-Date of admission -8/3/15<br>-Diagnosis - mild intellectual/developmental disability, Cerebral Palsy, diabetes insipidus<br>-Physician ordered medication on 8/27/21 included:<br>- Montelukast 10mg (asthma) t tablet every night.<br>-Zinc Gluconate 50mg (supplement) 1 tablet every night.<br><br>Review on 11/18/21 of MARs for 9/1/21-11/18/21 revealed:<br>- Montelukast was not initialed on 10/8/21.<br>-Zinc Gluconate was not initialed on 10/8/21.<br><br>Interview on 11/17/21 with Staff #1 revealed:<br>-"Yes Client #1 received all medications this morning, I just forgot to initial this page."<br><br>Interview on 11/18/21 with the Qualified Professional revealed:<br>-She was aware there were gaps on the MARs.<br><br>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. | V 118 | | |
| V 513 | 27E .0101 Client Rights - Least Restictive Alternative<br><br>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE<br>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: | V 513 | | |

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| V 513 | Continued From page 4<br>(1) using the least restrictive and most appropriate settings and methods;<br>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;<br>(3) providing choices of activities meaningful to the clients served/supported; and<br>(4) sharing of control over decisions with the client/legally responsible person and staff.<br>(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:<br>(1) using the intervention as a last resort; and<br>(2) employing the intervention by people trained in its use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to use least restrictive alternatives to provide choices to community activities meaningful to clients and to share control over those decisions with the clients affecting 1 of 3 audited clients (Client #1). The findings are:<br><br>Record review on 11/17/21 for Client #1 revealed:<br>-Date of admission -9/4/07<br>-Diagnosis - moderate intellectual/developmental disability, legally blind, schizophrenia, high cholesterol, hyperglycemia<br><br>Interview on 11/17/21 with Client #1 revealed:<br>-"[Staff #3] won't give me nothing to eat."<br>-Currently he and his brother don't walk until Staff #2 comes in on Monday, Tuesday and | V 513 | | |

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| V 513 | Continued From page 5<br>Wednesday.<br>-He rode the stationary bike when not walking. "Sometimes I don't want to walk."<br>-He loved liver mush. "No point telling [Staff #3] that, she won't give it to us"<br><br>Interview on 11/18/21 with Client #1's guardian revealed:<br>-"[Client #1] will say he couldn't wait till [Staff #1] comes in cause she will fix something good to eat."<br>-[Staff #3] wanted to walk all the time. She would come into town to walk."<br>-Staff #3 didn't help them (Client #1 and his brother) do personal care things like make their beds.<br>-"Family takes them [Client #1 and his brother] something to eat every Sunday."<br>-"I'm fine with everything now cause that girl (Staff #3) is leaving."<br><br>Interview on 11/18/21 with Qualified Professional (QP) #1 revealed:<br>-The previous QP retired in April. She became QP for that facility from April to October mostly through virtual contact.<br>-Staff #1 and Staff #3 were to send menus/grocery lists weekly. Staff #1 was consistent. Staff #3 sent a couple of menus but would load her local store grocery cart and the QP #1 would check the cart.<br>-She sent standardized menus to Staff #1 and Staff #3. They were supposed to print and keep with their menus.<br>-"They added [Staff #2] to incorporate preparing breakfast for [Client #1] and his brother such as eggs, bacon/sausage/spam, toast while [Staff #1] or [Staff #3] took other clients to work."<br>-Their doctor had suggested substitutes and said to eliminate white bread, white rice. | V 513 | | |

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| V 513 | Continued From page 6<br>-"[Client #1]'s guardian had contacted her a few times. I would then call facility to find out what they were eating and what staff reported seemed like a balanced meal option."<br>-She would go to facility on weekends to observe twice monthly. QP #2 worked next door and would observe when she could.<br>-"I counselled [Staff #3] but had no formal corrective action."<br>-"In August, Client #1's blood sugar level went up unusually high and told staff to call 911. [Client #1] went to the hospital. The follow up with doctor recommended exercise, drink water and gave a list of foods to avoid."<br>-QP #1 talked to Staff #3 about food/menus on June 2,9 and 10, 2021, July 6,7,8 and 22, 2021, August 2,4,7 and 16, 2021 and September via texts or emails.<br><br>Interview on 11/17/21 and 11/18/21 with QP #2 revealed:<br>-She only became QP in this facility in October 2021. She was the 3rd QP this year.<br>-"Four years ago we had a nutritionist come in and provide menus for diabetics but don't know of any nutritional/dietician referral/consult since then."<br>-She and the Director had talked to Staff #3 in September regarding what she was feeding the Client #1 and his brother. "They were grown men and needed more to eat."<br>-[Staff #3] is leaving. She gave notice early October with last date being the end of November."<br>-Staff #3 only had 1 disciplinary action. "There should have been more but I just came on in October."<br>-"[QP #1] did the best she could being remote. I would observe at times because I was next door (at sister facility)." | V 513 | | |

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| V 513 | Continued From page 7<br>-"[Staff #3] would send menus to me after asking the guys what they want to eat. I would buy groceries."<br>-"[The Director] and I met with [Staff #3] for supervision 8/5/21."<br>-"I have seen her menus improve. I would ask the guys what they ate. She was getting better."<br>-"I saw her twice a week but was still working direct care at sister facility."<br>-"We were getting a referral for a dietician to come in but then got [Staff #3]'s resignation."<br>-"I had created a written disciplinary action and sent to [The Director] just before [Staff #3] submitted her resignation."<br>-The group home activities included walks/hikes (mall), picnics, car shows, civil war reenactment, movie and game nights, scavenger hunts, out to eat or bring in take out. | V 513 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal | V 536 | | |

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| V 536 | Continued From page 8 | V 536 | | |

compliance and demonstrate they acted on data gathered.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose

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activities which directly oppose or replace behaviors which are unsafe).
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.

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| V 536 | Continued From page 10<br>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by: | V 536 | | |

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| V 536 | Continued From page 11<br><br>Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 2 of 4 current staff (Staff #1 and Staff #3). The findings are:<br><br>Record review on 11/18/21 for Staff #1 revealed:<br>-Date of hire- 1/15/19 as direct support staff.<br>-NCI+ was completed on 9/14/20 and therefore expired 9/14/21.<br>-No annual or updated training was completed prior to expiration.<br><br>Record review on 11/18/21 for Staff #3 revealed:<br>-Date of hire- 10/26/20 as direct support staff.<br>-NCI+ was completed on 11/2/20 and therefore expired 11/2/21.<br>-No annual or updated training was completed prior to expiration.<br><br>Interview on 11/19/21 with the Qualified Professional #2 revealed:<br>-She was aware both staff were out of compliance and both were scheduled for NCI+ training on Monday 11/22/21. | V 536 | | |