

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/03/2021
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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 12/3/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all</p>	V 107		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 107	<p>Continued From page 1</p> <p>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have a complete personnel record affecting 1 of 6 staff (staff #3). The findings are:</p> <p>Attempted review on 12/1/21 of the staff #3's personnel record was unsuccessful as there was no record available for review.</p> <p>Interview on 11/23/21 and 12/1/21 with the Qualified Professional #2/Licensee revealed:</p> <ul style="list-style-type: none"> - No file due to staff #3 being a "natural support" for client #4 and not an employee; - Staff #3 supervised client #4 when he was working with him; - "We have a verbal agreement, I guess for him to supervise [client #4]." 	V 107		

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V 107	Continued From page 2 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	<p>Continued From page 3</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in general organizational orientation, client rights and confidentiality, infectious diseases and bloodborne pathogens, meeting the mh/dd/sas needs of the clients, and current training in cardiopulmonary resuscitation (CPR) for 1 of 6 staff (#3) and 2 of 6 staff (staff # 1 and staff #3) for First Aid. The findings are:</p> <p>Attempted review on 12/1/21 of staff #3's personnel record was unsuccessful as there was no record available for review.</p> <p>Review on 11/19/21 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 11/7/21; - Job Title: Direct Care worker; - Completed online training from Medic First Aid International on 11/13/21. <p>Interview on 11/19/21 with the Qualified Professional #1 (QP) revealed:</p> <ul style="list-style-type: none"> - Made sure staff trainings were up to date; - Medic First Aid International was an online training; - Staff completed training virtually; - Was not aware Medic First Aid International wasn't an approved training. <p>Interview on 11/23/21 with the QP #2/ Licensee revealed:</p> <ul style="list-style-type: none"> - Did not know that Medic First Aid training was not an approved training; 	V 108		

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V 108	Continued From page 4 - All staff will be retrained; - Planned to contact a trainer from American Red Cross or American Heart Association for training. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall	V 109		

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V 109	<p>Continued From page 5</p> <p>develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, 2 of 2 audited Qualified Professionals (QP#1 and QP #2/Licensee) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on record review and interview the facility failed to have a complete personnel record affecting 1 of 6 staff (staff #3).</p> <p>Cross Reference :10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interview the facility failed to ensure training in general organizational orientation, client rights and confidentiality, infectious diseases and bloodborne pathogens, meeting the mh/dd/sas needs of the clients, and current training in cardiopulmonary resuscitation (CPR) for 1 of 6 staff (#3) and 2 of 6 staff (staff # 1 and staff #3) for First Aid.</p> <p>Cross Reference: 10A NCAC 27G .0205</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>Assessment and Treatment/Habilitation or Service Plan (V112) Based on record review and interview, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 1 of 4 clients (#4).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118) Based on record review, observation and interview, the facility failed to ensure medications were administration on the written order of a physician and MARs were kept current for 2 of 4 audited clients (client #2, #3). Also 3 of 6 staff failed to demonstrate competency in medication administration (Staff #2, Qualified Professional #1 and Qualified Professional #2/Licensee).</p> <p>Cross Reference: G.S. 131E-256 Health Care Personnel Registry (V131) Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 6 staff (staff #3).</p> <p>Cross Reference: G.S. 122C-80 Required Criminal Records Check (V133) Based on record review and interview, the facility failed to request, the required criminal background check affecting 1 of 6 staff (staff #3).</p> <p>Cross Reference: 10A NCAC 27G .5602 Staff (V290) Based on record review, observations and interviews, the facility failed to ensure a minimum of one staff member present at all times when an adult client was on the premises and failed to document in the client's treatment or habilitation plan, the client's capability of remaining in the home or community without supervision for 1 of 4 audited clients (#4).</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>Cross Reference: 10A NCAC 27E .0107 Training On Alternatives To Restrictive Interventions (V536) Based on the record review and interview, the facility failed to ensure training in alternatives to restrictive interventions affecting 1 of 6 staff (staff #3).</p> <p>Cross Reference: 10A NCAC 27F .0105 Client's Personal Funds (V542) Based on record review and interview, the facility failed to provide clients adequate financial records on all transactions affecting funds on deposit in personal fund account, provide receipts to clients depositing or withdrawing funds and provide client with a quarterly accounting of his personal fund account.</p> <p>Review on 11/19/21 of the QP #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 11/20/12; - Bachelor degree in Psychology 2016; - Job duties included review the monthly data, monthly supervision, review medication administration record(MAR) on monthly basis and keep up with annual certifications. <p>Interview on 11/18/21, 11/23/21 and 12/1/21 with the QP#2/Licensee revealed:</p> <ul style="list-style-type: none"> - No file due to staff #3 being a support for client #4 and not an employee; - Did not sign off on all of client #2 and client #3 medications for the month of November when administering medications; - Reviewed the MAR and saw the missing signatures for the month of November; - Provided no explanation for why the MAR was missing signatures; - She did not address with staff the missing signatures; - All staff will be retrained in medication administration; 	V 109		

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V 109	<p>Continued From page 8</p> <ul style="list-style-type: none"> - She knew there needed to be a goal for unsupervised time; - Pleaded the fifth, for the reason why an unsupervised goal was not in treatment plan; <p>Review on 12/2/21 of the first Plan of Protection written by the QP#2/Licensee dated 12/2/21 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>During the survey it was informed and noted individual cited [Client #4] spent a lot of time with natural support person, [staff #3], who he assists with his landscaping business on a regular basis. [staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan.</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>To continue from the previous citation, the same applies; During the survey it was informed and noted individual cited [client #4] spent a lot of time with natural support person, [staff #3], who he assists with his landscaping business on a regular basis. [Staff #3] has been in [client #4] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4]. or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. If it is ever determining that an individual's natural support for the</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>individual being served would like to become a paid staff, all training that applies will be rendered.</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing. What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>To continue from the previous citation, the same applies; During the survey it was informed and noted individual cited [client #4] spent a lot of time with natural support person, [Staff #3], who he assists with his landscaping business on a regular basis. [Staff 3] has been in [client #4]'s life well over 3 decades, who he considers a brother. With [staff#3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, an outside Qualified Professional will be employed by Diamond's Community Based Services, Inc. (licensee) to ensure the services is being implemented as per the rules and guidelines,</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified Professional will meet future employees</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>and supervise, to ensure all trainings and documentation is being implemented as required by the state rules and guidelines.</p> <p>*Note: This does not apply to client #4 at this time due to him transitioning to independent living.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? A follow up assessment was implemented November 26, 2021 Checklist Adaptive Living Skills (CALs), which determined that [client #4] has graduated with less restrictive housing environment and will be transitioning effective December 02, 2021. Where he will be going to transitional independent living.</p> <p>Describe your plans to make sure the above happens.</p> <p>Diamond's staff will assist with [client #4] transitioning to his new housing accommodations. With new individuals that come into cite will be given an initial assessment and followed up with an updated assessment annually. To ensure progress or regression. The treatment plan will be reviewed annually and modified to conform to the individuals being served, needs and desires.</p> <p>*Note: This does not apply to [client #4] at this time due to him transitioning to independent living.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? Qualified Professional will facilitate an updated training with staff, to ensure disaster drills are held quarterly for each shift. Staff will review evacuation routes.</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified professional will review documentation on a monthly basis, to ensure disaster drills are conducted quarterly for each shift.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>Administrative will acquire a medication administration class, with current contracted nurse practitioner within the next 30 days, to reinforce to staff how to properly administer, document and follow up with any medication concerns, with pouring medication for individuals served.</p> <p>Describe your plans to make sure the above happens.</p> <p>Administrative staff will schedule Medication Administration Class with contracted nurse practitioner within the next week.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with natural support person [staff #3], who he assists with his landscaping business on a regular basis. [Staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	<p>Continued From page 13</p> <p>natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee a health care personal registry will be implemented.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will put in the NC Healthcare Personal Registry.</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with natural support person [staff #3], who he assists with his landscaping business on a regular basis. [staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3]being a natural support and not an employee the standards of</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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V 109	<p>Continued From page 14</p> <p>training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee a criminal record check will be implemented.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will put in the Criminal Background Check.</p> <p>*Note: on November 26,2021 [client 4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? When natural supports are involved, staff will implement sign in and sign out sheets for accountability and a timeline, which will be implemented immediately where it applies. Describe your plans to make sure the above</p>	V 109		

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V 109	<p>Continued From page 15</p> <p>happens.</p> <p>Qualified professional will facilitate a training on new protocol for sign in and sign out sheet. What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with natural support person [staff#3], who he assists with his landscaping business on a regular basis. [staff #3]. has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee will obtain restrictive intervention training.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will obtain Restrictive Intervention training.</p>	V 109		

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V 109	<p>Continued From page 16</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing. Therefore, does not apply to his natural support.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? Administrative staff will continue to fill out a monthly expenditure sheet capturing all funding going in and going out of consumer's accounts. Any cash transaction will have a receipt book or receipt log that consumers will sign off on, to ensure accountability of all funding.</p> <p>Describe your plans to make sure the above happens. Qualified professional will review with staff and consumers on a monthly basis to ensure all is in agreement, with how the money was allocated for the individuals served."</p> <p>Review on 12/3/21 of the second Plan of Protection written by QP#2/Licensee dated 12/3/21 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>During the survey it was informed and noted individual cited [client #4] spent a lot of time with [staff #3], who he assists with his landscaping business on a regular basis. [staff #3]. has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3], being a natural support and not an employee the</p>	V 109		

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V 109	<p>Continued From page 17</p> <p>standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. During the current Review the employee's that is currently working, all employee's files were reviewed and all trainings and requirement to be staff was in place. The agency overall will continue to implement the personnel requirements for new hire ie: Educational requirements, background checks, the NC registry, all training as per required in NC rule's and guidelines. This will continue, and effective immediately as staff is being hired.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. The Program Administrative, will set-up the trainings and assistant with basic orientations and our contract Qualified Professional, will follow-up, review, and train staff as required and needed.</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December</p>	V 109		

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V 109	<p>Continued From page 18</p> <p>02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>To continue from the previous citation, the same applies; During the survey it was informed and noted individual cited[client #]4 spent a lot of time with [staff#3]who he assists with his landscaping business on a regular basis. [Staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. All staff will continue to be orientated and basic training on an ongoing basis from the Program Administrative, will be supported/assistant/implemented from the new Qualified Professional. An addition to, the current staff will get re-trained in First-aid CPR from an approved agency (American Red Cross, National Safety Council, EMS, and American Heart Association). This will be completed within 30 days (by December 31, 2021).</p> <p>Describe your plans to make sure the above happens.</p> <p>The program Administrative, will seek and schedule a new First-Aid CPR class with the approved agency. Qualified Professional will follow-up and sign off that the training was completed in employee's file. The designated QP</p>	V 109		

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V 109	<p>Continued From page 19</p> <p>will continue to review employee's file's and address accordingly as required for rules and guidelines.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. If it is ever determining that an individual's natural support for the individual being served would like to become a paid staff, all training that applies will be rendered.</p> <p>*Note: on November 26,2021 client #4 was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>To continue from the previous citation, the same applies; During the survey it was informed and noted individual cited [client #4]. spent a lot of time with natural support person, who he assists with his landscaping business on a regular basis [staff #3]. has been in [client #4] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a</p>	V 109		

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V 109	<p>Continued From page 20</p> <p>daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, an outside Qualified Professional will be employed by Diamond's Community Based Services, Inc. (licensee) to ensure the services is being implemented as per the rules and guidelines. The Qualified Professional will be overseeing the stated responsibilities his employee file will be started immediately and completed by January 01, 2022</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified Professional will meet future employees and supervise, to ensure all trainings and documentation is being implemented as required by the state rules and guidelines.</p> <p>*Note: This does not apply to [client #4] at this time due to him transitioning to independent living.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? A follow up assessment was implemented November 26, 2021 Checklist Adaptive Living Skills (CALs), which determined that client #4 has graduated with less restrictive housing environment and will be transitioning effective December 02, 2021. Where he will be going to transitional independent living. The home is located in the local area.</p> <p>Describe your plans to make sure the above happens.</p> <p>Diamond's staff will assist with client #4 transitioning to his new housing accommodations. With new individuals that come into cite will be</p>	V 109		

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V 109	<p>Continued From page 21</p> <p>given an initial assessment and followed up with an updated assessment annually. To ensure progress or regression. The treatment plan will be reviewed annually and modified to conform to the individuals being served, needs and desires.</p> <p>*Note: This does not apply to [client #4] at this time due to him transitioning to independent living.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>Administrative will acquire a medication administration class, with current contracted nurse practitioner, within the next 30 days, to reinforce to staff how to properly administer, document and follow up with any medication concerns, with pouring medication for individuals served. On November 18, 2021 when noted of the documentation concern the Program Administrative, consulted with local Pharmacy to review the MAR to ensure documentation was accurate on prescribe medication. Immediately, Program Administer and contracted QP, will review on a weekly basis to ensure medication documentation is being implemented. The contracted nurse practitioner will do a in house quarterly audit to ensure all medication documentation and implementation will be done accurately. The one missing physician order will be obtained on 12-03-2021 and be viewed by surveyor during the ongoing review.</p> <p>Describe your plans to make sure the above happens.</p> <p>Administrative staff will schedule Medication Administration Class with contracted nurse practitioner within the next week.</p>	V 109		

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V 109	<p>Continued From page 22</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with [staff #3] who he assists with his landscaping business on a regular basis. [staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee a health care personal registry will be implemented.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will put in the NC Healthcare Personal Registry.</p> <p>*Note: on November 26,2021 [client #4] was</p>	V 109		

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V 109	<p>Continued From page 23</p> <p>given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing. What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with [staff #3], who he assists with his landscaping business on a regular basis. [staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff #3]being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for [client #4] or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee a criminal record check will be implemented.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will put in the Criminal Background Check.</p>	V 109		

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V 109	<p>Continued From page 24</p> <p>*Note: on November 26,2021 [client #4] was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? When natural supports are involved, staff will implement sign in and sign out sheets for accountability and a timeline, which will be implemented immediately where it applies. The new QP, will implement new treatment plans and assessments and all person centered information will be captured to service the individual at head. The current clients that is being served treatment plans will be reviewed with the clinical team (guardian, client, all agencies involved to support the individual, direct staff, QP and program administrative).</p> <p>Describe your plans to make sure the above happens.</p> <p>Qualified professional will facilitate a training on new protocol for sign in and sign out sheet. QP will have on going accountability during monthly supervisions to ensure the treatment plan is being implemented accordingly.</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? As stated previously, During the survey it was informed and noted individual cited [client #4] spent a lot of time with [staff #3], who he assists with his landscaping business on a regular basis. [staff #3] has been in [client #4's] life well over 3 decades, who he considers a brother. With [staff</p>	V 109		

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V 109	<p>Continued From page 25</p> <p>#3] being a natural support and not an employee the standards of training were not deemed necessary. The immediate action for client or any other individuals that are being served in the capacity that has a lot of involvement with a natural support, it will be specified in the individual's personal centered plan; including a documented schedule will be implemented and a daily sign in and sign out sheet will be designated at the facility cite, to ensure timeline. In addition, when an individual is not a natural support person, but an employee will obtain Restrictive intervention training.</p> <p>Describe your plans to make sure the above happens.</p> <p>Staff will meet with individuals to identify who they consider as their natural supports. The consumer and staff will both contact natural supports to confirm relationships. The staff will identify and confirm current/ updated contact information for natural support, to include in individual's updated Personal Centered Plan. When an individual is applying for a job; the individual will obtain Restrictive Intervention training.</p> <p>*Note: on November 26,2021 client #4 was given a Checklist of Adaptive Living Skills(CALS) assessment, in which is outcome was successful for independent transitional supportive housing. He will be transitioning effective December 02,2021 in his new housing. Therefore, does not apply to his natural support [staff #3].</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care? Administrative staff will continue to fill out a monthly expenditure sheet capturing all funding going in and going out of consumer's accounts.</p>	V 109		

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V 109	<p>Continued From page 26</p> <p>Any cash transaction will have a receipt book or receipt log that consumers will sign off on, to ensure accountability of all funding.</p> <p>Describe your plans to make sure the above happens. Qualified professional will review with staff and consumers on a monthly basis to ensure all is in agreement, with how the money was allocated for the individuals served."</p> <p>Client #4 was a62 year old male diagnosed with "Mild Intellectual and Disabled". He was admitted to the facility on 9/1/19. His treatment plan was updated on 9/1/2021 and did not have unsupervised time or work as a goal. AP#2/Licensee and staff reported that he did not need to be supervised like the other clients in the home. Client #4 reported that he resided in the home two nights out of seven nights. He was able to leave the home with an individual described as a natural support to go out into the community for work. The natural support was not mentioned in the treatment plan. There were no personnel records including HCPR and criminal background checks or trainings completed with the natural support. The QP#2/licensee did not have accounting records documenting client #4's finances. Client #4 has lived at the home for two years. There was no updated residential rental contract signed by client #4 for rent \$650.00 instead of \$625.00 that was listed on orginal contract. The QP#2/Licensee started keeping expenditure records January 2021. There were no receipts of client #4 receiving any money. The November MARs for client #2 and client #3 had blanks with no explanation on the MARs for nine medications.</p> <p>This deficiency constitutes a Type A1 rule</p>	V 109		

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V 109	Continued From page 27 violation for serious neglect which must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an 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 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 28</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 1 of 4 clients (#4). The findings are:</p> <p>Record review on 11/22/21 of client #4 record revealed:</p> <ul style="list-style-type: none"> - Admission date 9/1/19; - Age 62; - Diagnosis "Mild Intellectually, Disabled;" - Person Centered Plan dated 9/1/21 did not document client #4's capability of having unsupervised time; - Treatment goals dated 9/1/21 documented the following goals: actively work towards an increased ability into managing his personal hygiene and increase his pro-social involvement through increasing positive interaction with peers, engaging in healthy communication daily; - Therapist had strategies to help build up [client #4's] self esteem and confidence by using techniques used to help him feel good about himself; Introduce positive self-talk, encourage him to engage with peers and help motivate him; - There were no progress notes to address the goals and expected outcomes. <p>Interview on 11/22/21 with client #4 revealed:</p> <ul style="list-style-type: none"> - Did not know his goals; - He was not in therapy. <p>Interview on 11/22/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> - "My understanding is that he (client #4) don't have to have supervised time like the others;" - "I don't know about the treatment plan talking 	V 112		

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V 112	<p>Continued From page 29</p> <p>about unsupervised time."</p> <p>Interview on 11/22/21 with the staff #4 revealed:</p> <ul style="list-style-type: none"> - Not aware of unsupervised time in treatment plan; - There was no sign in-out log; - Was aware client #4 left the facility at 6am and came back to the facility at 11pm. <p>Interview on 11/23/21 with the Qualified Professional #2/Licensee revealed:</p> <ul style="list-style-type: none"> - Client #4 had two goals, hygiene and social skills; - Acknowledged client #4 did not have any unsupervised time goals in treatment plan; - Acknowledged that she knew there needed to be a goal for unsupervised time; - "I plead the fifth," for the reason why an unsupervised goal was not in treatment plan; - Client #4 required minimum supervision; - Acknowledged the "natural support" was not in client #4's treatment plan; - Client #4 left the home with "natural support" to go to work; - No documentation to support outcome of achievement; - It was a verbal agreement between her and natural support to supervise client #4 while he was working with him. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS</p>	V 114		

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V 114	<p>Continued From page 30</p> <p>AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift. The finding are:</p> <p>Record review on 11/19/21 of fire and disaster drills from November 2020- October 2021 revealed:</p> <ul style="list-style-type: none"> - No third shift fire drills; - No third shift disaster drills from second and third quarter (April 2021-September 2021). <p>Interview on 11/22/21 with client #1 revealed:</p> <ul style="list-style-type: none"> - We met at the tree outside for fire drills; - We went to the bathroom for disaster drills. <p>Interview on 11/22/21 with client #2 revealed:</p> <ul style="list-style-type: none"> - We had fire drills. <p>Interview on 11/22/21 with client #3 revealed:</p> <ul style="list-style-type: none"> - We went outside for fire drills; 	V 114		

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V 114	<p>Continued From page 31</p> <ul style="list-style-type: none"> - We went to the bathroom for disaster drills. <p>Interview on 11/19/21 with the Qualified Professional #1(QP) revealed:</p> <ul style="list-style-type: none"> - She made the form for staff to complete for the fire and disaster drills; - Didn't realize the fire drills were missing for the year; - Planned to make another form for the staff and have all information together and follow up monthly to make sure fire and disaster drills are being completed correctly. <p>Interview on 11/23/21 with the QP#2/Licensee revealed:</p> <ul style="list-style-type: none"> - She wasn't aware that the fire drills were not being completed; - She had discussed with staff in the past about completing fire drills; - It was an easy fix to make sure fire drills were completed. 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p>	V 118		

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V 118	<p>Continued From page 32</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were administration on the written order of a physician and MARs were kept current for 2 of 4 audited clients (client #2, #3). Also 3 of 6 staff failed to demonstrate competency in medication administration (Staff #2, Qualified Professional #1 and Qualified Professional #2/Licensee). The findings are:</p> <p>Review on 11/19/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission 3/17/08; - Diagnoses Attention-deficit hyperactivity disorder Predominantly hyperactive/impulsive presentation; Hypothyroidism unspecified; Allergic rhinitis unspecified; Bronchitis not specified as acute or chronic, Unspecified; Asthma 	V 118		

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V 118	<p>Continued From page 33</p> <p>uncomplicated; Moderate intellectual disabilities; Schizophrenia unspecified and Mental disorder, not otherwise specified;</p> <ul style="list-style-type: none"> - Physician order-Metoprolol Succinate ER(high blood pressure) 50 milligram (mg) tablet take 1 tablet by mouth everyday 3/26/21 -Potassium Chloride ER(mineral supplement) 20 milliequivalent (meq)-take 1 tablet by mouth everyday 7/26/21; -Vitamin D3(immune supplement) 5,000 unit tablet take 1 tablet by mouth everyday 7/26/21; -Levothyroxine(hormone for thyroid) 200 microgram (mcg) take 1 tablet by mouth everyday 2/26/21; - Cetirizine HCL(antihistamine) 10mg tablet take 1 tablet by mouth everyday 2/26/21; - Famotidine(antihistamine/antacid) 20mg tab take 1 tablet by mouth twice a day 9/22/21; - Fluticasone Prop (nasal spray) 50 mcg spray, place 1 spray in each nostril twice daily 9/22/21; - Fluvoxamine Maleate(obsessive-compulsive disorder) 100 mg tablet take one tablet by mouth twice daily 3/01/21; --Albuterol HFA(inhaler) 90 Mcg Inhaler -PRN(as needed) Inhale 1-2 puffs by mouth up to four times daily as needed for wheezing, for cough and shortness of breath 12/7/20 - Mexiletine(irregular heartbeats) 150 mg capsule Take one capsule by mouth twice daily 11/10/21; - Hydroxyzine Pam(anxiety) 25mg PRN take 1 capsule by mouth daily twice as needed 8/24/21 <p>Review on 11/18/21 of client #2's MARs from September 2021- November 2021 revealed:</p> <ul style="list-style-type: none"> - 11/1/21-11/18/21 for the dose of Metoprolol Succinate ER 50 mg tablet, was left blank with no explanation on the MAR; - 11/17/21 for the dose of Vitamin D3 5,000 unit 	V 118		

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V 118	<p>Continued From page 34</p> <p>tablet, was left blank with no explanation on the MAR;</p> <ul style="list-style-type: none"> - 11/18/21 for the am dose was left blank with no explanation on the MAR for the following medications: Potassium CL ER 20 meq, Levothyroxine 200 mcg, Cetirizine HCL 10mg tab, Fluticasone Prop 50 Mcg spray, - 11/17/21 pm dose and 11/18/21 am dose were left blank with no explanation on the MAR for the following medications Famotidine 20mg tab; Fluvoxamine Maleate 100 mg tab; - Mexiletine 150 mg capsule not listed on the November MAR. - Hydroxyzine Pam 25 mg PRN was documented as administered on 9/31/21(no such date); <p>Observation on 11/18/21 at approximately 1:30pm of client #2's medications revealed:</p> <ul style="list-style-type: none"> - There was no Albuterol HFA 90 Mcg Inhaler -PRN available for review at the facility; - Hydroxyzine Pam 25 mg PRN was missing from am medication bubble pack in slots 1-3 and pm medication bubble pack slot 9. <p>Review on 11/19/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission 7/15/07; - Diagnoses Depression; Intermittent Explosive; Moderate Mental Retardation; Anxiety; High Blood Pressure; Enuresis and Impulsive Control Disorder; - Physician order dated 3/1/21 for Desmopressin Acetate(control urine) 0.1mg take one tablet by mouth at bedtime and Hydroxyzine Pam 50 mg capsule take one capsule by mouth three times daily; - Physician order dated 9/18/20 for Enalapril Maleate(high blood pressure) 5mg tablet take one tablet by mouth everyday; - No physician order for Pantoprazole Sodium Dr(acid reflux) 40 mg take one tablet by mouth 	V 118		

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V 118	<p>Continued From page 35</p> <p>every day.</p> <p>Review on 11/18/21 of client #3's MARs from September 2021-November 2021 revealed:</p> <ul style="list-style-type: none"> - Dates of 11/1/21-11/18/21 Desmopressin Acetate 0.1mg; Enalapril Maleate 5mg tablet; Hydroxyzine Pam 50 mg capsule, were left blank with no explanation on the MAR. <p>Interview on 11/22/21 with client #2 revealed:</p> <ul style="list-style-type: none"> - Received his medications every day and night; - Denied missing doses of medication. <p>Interview on 11/22/21 with client #3 revealed:</p> <ul style="list-style-type: none"> - Received his medications; - The QP administered his medications. <p>Interview on 11/22/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Administered the medications to the clients; - Did not document administration of medication; - Medication error had just happened. <p>Interview on 11/19/21 with the QP#1 revealed:</p> <ul style="list-style-type: none"> - Reviewed the MARs once a month at the end of the month; - QP #2/Licensee informed QP #1 about the problems with MARs - Planned to start looking at them weekly; - Planned to set up a training soon; - QP #2/Licensee would be the only other person who would check the MARs; - The staff have been trained to administer medications; - Staff will receive a written disciplinary action for medication errors in the MAR; - "Higher up staff will come in and monitor staff with medication administration." <p>Interview on 11/18/21 with the QP#2/Licensee revealed:</p>	V 118		

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V 118	<p>Continued From page 36</p> <ul style="list-style-type: none"> - Reviewed the MARs within the last week; - Initially stated client #2's Metoprolol Succinate ER 50 mg tablet everyday was a PRN and that was the reason for the blank on MAR; - Realized client #2's Metoprolol Succinate ER 50 (mg) tablet take 1 tablet by mouth everyday was not a PRN medication; - Learned the MARs had blanks with no explanation from staff including herself; - Unable to give an explanation for why she and staff had not signed off on administering the medications to the clients; - The clients received their medications daily. <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 37</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 6 staff (staff #3). The findings are:</p> <p>Attempted review on 12/1/21 of the staff's personnel record was unsuccessful as there was no record available for review.</p> <p>Interview on 11/23/21 and 12/1/21 with the Qualified Professional #2/Licensee revealed: - HCPR not accessed due to staff #3 being a "natural support" staff for client #4.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is</p>	V 133		

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V 133	<p>Continued From page 38</p> <p>conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered</p>	V 133		

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V 133	<p>Continued From page 39</p> <p>by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone</p>	V 133		

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V 133	<p>Continued From page 40</p> <p>shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and</p>	V 133		

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V 133	<p>Continued From page 41</p> <p>Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed</p>	V 133		

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V 133	<p>Continued From page 42</p> <p>fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request the required criminal background check affecting 1 of 6 staff (staff #3). The findings are:</p> <p>Attempted review on 12/1/21 of the staff #3's personnel record was unsuccessful as there was no record available for review.</p> <p>Interview on 11/23/21 and 12/1/21 with the Qualified Professional #2/Licensee revealed:</p> <ul style="list-style-type: none"> - Criminal background check not completed due to him being a natural support staff for client #4; - Staff supervised client #4 when he was working with him; - "We had a verbal agreement, I guess for him to supervise [client #4], while he was working with him." <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 133		

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V 290	Continued From page 43	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 44</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure a minimum of one staff member present at all times when an adult client was on the premises or the community and failed to document in the client's treatment or habilitation plan, the client's capability of remaining in the home or community without supervision for 1 of 4 audited clients (#4). The findings are:</p> <p>Record review on 11/22/21 of client #4 record revealed:</p> <ul style="list-style-type: none"> - Admission date 9/1/19; - Age 62; - Diagnosis "Mild Intellectually, Disabled;" - Person Centered Plan dated 9/1/21 did not document client #4's capability of having unsupervised time. <p>Observation on 11/22/21 from approximately 12:00pm -12:45 pm revealed:</p> <ul style="list-style-type: none"> - Client #4 came to the facility alone; - Client #4 completed his hygiene; - Client #4 left the facility alone, unsupervised; - Client #4 did not sign in or sign out of the facility. <p>Interview on 11/22/21 with client #2 revealed:</p> <ul style="list-style-type: none"> - Client #4 is mostly gone; 	V 290		

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V 290	<p>Continued From page 45</p> <ul style="list-style-type: none"> - "He (client #4) comes in, change his clothes and leave back out;" - "He (client #4) came from one of Licensee's personal homes." <p>Interview on 11/22/21 with client #3 revealed:</p> <ul style="list-style-type: none"> - Client #4 is gone; - Client #4 went to his girlfriend's house. <p>Interview on 11/22/21 with client #4 revealed:</p> <ul style="list-style-type: none"> - Been living at the facility for about a year; - Stayed at his girlfriend's house; - Ate at the facility; - Stayed at the facility 2 nights out of 7 nights. <p>Interview on 11/22/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Did not have much interaction with client #4; - Client #4 is not in the home most of the time when he arrived for work at 8am; - Didn't believe that client #4 stayed most nights in the home; - Not aware of a sign in and out book for clients. <p>Interview on 11/22/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> - "My understanding is that he don't have to have supervised time like the others;" - Not aware of treatment plan stating unsupervised time for client #4; - He (client #4) went to the store and came back to the facility; - He (client #4) sits right outside and smokes his cigarettes and comes back inside the facility; - "He is here (facility) everyday;" - "He(client #4) might spend the night with his girlfriend;" - "He(client #4) had a curfew at 9pm, he may come home at 11pm;" - "He(client #4) will say sometimes that he is right outside, but I look outside, and he gone;" - "We call him (client #4) on his phone or 	V 290		

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V 290	<p>Continued From page 46</p> <p>girlfriend phone, when there is no answer, we would go down the street to tell him, come on."</p> <p>Interview on 11/22/21 with the staff #4 revealed:</p> <ul style="list-style-type: none"> - He was Pro re nata (PRN) as needed; - No client signed in and out log; - Client #4 has a "free spirit;" - Client #4 left the facility at 6am and returned to the facility at 11pm; - Not aware of unsupervised time in treatment plan. <p>Interview on 11/23/21 and 12/1/21 with the Qualified Professional#2/Licensee revealed:</p> <ul style="list-style-type: none"> - Acknowledged client #4 did not have any unsupervised goals in treatment plan; - Acknowledged that she knew there needed to be a goal for unsupervised time; - " I plead the fifth," for the reason why an unsupervised goal was not in treatment plan; - Stated client #4 required minimum supervision because he was "higher functioning" compared to the other clients in the home; - "He needs some supervision but not like the other clients;" - The "natural support" staff was not in client #4's treatment plan; - Stated it was a verbal agreement between her and the "natural support" to supervise client #4; - Client #4 was in the home nightly; - Unaware client #4 spent the night out of the home; - "He (client #4) embellished about him staying at the facility only two nights out of 7 nights." <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 290		

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V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human</p>	V 536		

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V 536	<p>Continued From page 48</p> <p>behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an</p>	V 536		

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V 536	<p>Continued From page 49</p> <p>instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/03/2021
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NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208
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V 536	<p>Continued From page 50</p> <p>request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on the record review and interview, the facility failed to ensure training in alternatives to restrictive interventions affecting 1 of 6 staff (staff #3). The findings are:</p> <p>Attempted review on 12/1/21 of the staff #3's personnel record was unsuccessful as there was no record available for review.</p> <p>Interview on 11/23/21 and 12/1/21 with the Qualified Professional #2/Licensee revealed:</p> <ul style="list-style-type: none"> - Staff #3 had not completed training in alternatives to restrictive interventions; - Staff #3 was not considered an employee; - Staff supervised client #4 when he was working with him; - "We have a verbal agreement, I guess for him to supervise [client #4]." <p>This deficiency is cross referenced into 10A</p>	V 536		

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V 536	Continued From page 51 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 536		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;	V 542		

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V 542	<p>Continued From page 52</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide clients adequate financial records on all transactions affecting funds on deposit in personal fund account, provide receipts to clients depositing or withdrawing funds and provide client with a quarterly accounting of his personal fund account. The findings are:</p> <p>Record review on 11/22/21, 11/24/21 and 12/1/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admission date 9/1/19; - Age 62; - Diagnosis "Mild Intellectually Disabled;" - Residential rental contract dated 9/1/2019 and signed by Client #4 and the Qualified Professional (QP) #1 stated rent was \$625.00; - There was no updated residential rental contract indicating rent was \$650.00; - Expenditure forms dated January 2021- November 2021 revealed the following: <ul style="list-style-type: none"> - January 2021- November 2021 stated rent was \$650.00; - There was no recording of \$121.00 dispensed to client #4 for the months of February, May, June, September and October of 2021; - There was no recording of \$66.00 dispensed to client #4 in January 2021; - There was no recording of \$76.00 dispensed to client #4 in March 2021; - There was no recording of \$71.00 dispensed to client #4 in April 2021; 	V 542		

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V 542	<p>Continued From page 53</p> <ul style="list-style-type: none"> - There was no recording of \$70.00 dispensed to client #4 in July 2021; - There was no recording of \$50.00 dispensed to client #4 in August 2021; - There were no receipts from January 2021- November 2021 of client #4's cellphone bill of \$43.00; - There was no receipt for \$55.00 for client #4's winter coat in January 2021; - There was no receipt for \$45.00 for client #4's underclothes in March 2021; - There was no receipt for \$50.00 for client #4's new sneakers in April 2021; - There was no receipt for \$51.00 for client #4's tennis shoes in July 2021; - There was no receipt for \$71.00 for client #4's summer outfit for August 2021; - There was an entry for a new cellphone but no amount of the cellphone for November 2021; - There were no signatures by client #4 on expenditure form; - There was no record of expenditures prior to January 2021; - Client #4 had a bank account with local bank and licensee was listed on bank account; <p>Interview on 11/22/21 with client #4 revealed:</p> <ul style="list-style-type: none"> - He did not work; - Received Supplemental Security Income (SSI); - Did not know the amount of his SSI; - Licensee handled all of his money; - Licensee took care of all his bills. <p>Interview on 11/23/21, 11/24/21 and 12/1/21 with the QP#2/ Licensee revealed:</p> <ul style="list-style-type: none"> - QP #2/Licensee was the payee for client #4; - Client #4 received \$745.00 from Social Security Administration; - Client #4 received \$69.00 from SSI; - Client #4 paid \$650.00 for rent; 	V 542		

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V 542	<p>Continued From page 54</p> <ul style="list-style-type: none"> - There was a residential rental contract signed in September 2019 when client #4 moved into the facility; - Client #4 paid \$625.00 a month for rent in 2019; - There was a 25.00 rent increase each year; - There was no new residential rental contract signed by client # 4 for rent increase, now \$650.00; - There were no records of expenditures prior to January 2021; - "I don't have receipts of all the things I have bought him;" - "[Client #4] paid a portion of the money when I bought him shoes and clothes and I paid the rest of the money;" - There were no receipts of personal funds given to client #4; - "I may give him \$40.00 a week, sometimes it might be \$20.00, but there is no record of that;" - "It is, what it is, that is all I have;" - "I sent what I got, I don't have anything else;" - "I'm not taking his money;" - Client #4 is paid cash when he works with natural support; - "I don't know how much client #4 is paid when working with natural support." <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 542		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 55</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 11/22/21 at 1:27pm revealed: - Client #1 had approximately a 6 inch crack in his bedroom window; - Living room window had a circular crack the size of a tennis ball with a linear line about 3 inches long.</p> <p>Interview on 11/22/21 with the staff #4 revealed: - Saw the cracked windows; - Stated the windows were cracked when grass was being mowed.</p> <p>Interview on 12/1/21 with the Qualified Professional #2/Licensee revealed: - Knew there was a crack in the living room window and client #1's window; - Windows were cracked while grass was being mowed; - Planned to call maintenance to have windows fixed.</p>	V 736		