

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on February 22, 2022. The complaint (Intake #NC00185635) was substantiated. Deficiencies were cited during the survey.</p> <p>This facility is licensed for the following service category : 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 109	<p><b>27G .0203 Privileging/Training Professionals</b></p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(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</p>	V 109		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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V 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(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 observations, record reviews and interviews, 2 of 2 Qualified Professionals ((QP#1) and Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN)) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/15/22 of the QP #1's record revealed: -A hire date of 3/29/2018 -A job description of QP</p> <p>Review on 2/15/22 of the QP#2/CEO/L/RN's record revealed: -A hire date of 3/20/09 -A job description of CEO -A degree and work history that qualified her as a QP -Was also a RN</p> <p>Finding #1 A template was used by the facility for all of the</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 2</p> <p>clients' treatment plans. The template had 50 plus goals to address potential behaviors the clients may exhibit. The template did not address the clients' individual needs. The QP #1 failed to develop individualized treatment plans based on each client's needs and issues. Refer to V112 for evidence that treatment plans were not individualized to address each client's needs and issues.</p> <p>Review on 2/11/22 of client #1's record revealed: -An admission date of 8/9/21 -Diagnoses of Schizoaffective Disorder and Bipolar -There were no goals or strategies in client #1's treatment plan to address elopement tendencies.</p> <p>Review on 2/11/22 of client #2's record revealed: -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia, History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection -There were 50 plus goals in client #2's treatment plan that addressed potential behaviors client #2 may exhibit. The plan was not individualized to meet his needs.</p> <p>Review on 2/11/22 of client #3's record revealed: -An admission date of 1/17/2019 -Diagnoses of Schizoaffective Disorder, Borderline Intellectual Functioning, Acne and Multiple Environmental Allergies -There were 50 plus goals in client #3's treatment plan that addressed potential behaviors client #3 may exhibit. The plan was not individualized to</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 3</p> <p>meet his needs.</p> <p>Finding #2 QP #1 failed to coordinate care with other agencies to meet the needs of the clients Refer to V291 for evidence of failure to coordinate care with the hospital for medical treatment and care with a podiatrist for nail care.</p> <p>A. Observation and interview on 2/10/22, at approximately 11:34am, with client #1 revealed: -A 2-inch-long gash across the knuckles on his right hand -The area was swollen, and the blood had dried -Had punched the mini refrigerator in his room and cut his hand on February 8th (2022) -Was transported to the hospital, alone, by an ambulance on February 8th (2022)</p> <p>Interview on 2/10/22 with the QP #1 revealed: -Was aware client #1 was transported by Emergency Medical Services (EMS) to the hospital on 2/8/22 for a hand injury -Was not aware client #1 had prescriptions to be filled from the physician at the emergency department -Had not had client #1's prescriptions filled -Was aware of client #1's diagnoses -Acknowledged client #1 had minimal insight, poor judgement, issues with impulse control, had a history of hallucinations, heard voices, and had a history of destructive behaviors towards self and others -Had allowed client #1 to remain at the hospital, alone -Had called a taxi service to have client #1 transported back to the facility</p> <p>Further interview on 2/22/22 with the QP #1 revealed:</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 4</p> <p>-"When [client #1] was at the hospital, I called periodically to see how he was doing. When he was ready for discharge, the staff there knows to call me. We have always just asked the hospital to call [a taxi service] when he is ready to come back here (facility)."</p> <p>-When asked why staff was not with client #1 at the hospital, the QP #1 stated "what am I supposed to do? Sit with clients in the hospital? I live in [another city]. What if I get called in the middle of the night?"</p> <p>B. Observations and interview on 2/10/22, at approximately 10:12am, with client #2 revealed</p> <ul style="list-style-type: none"> <li>-Had been waiting a long time to have his toenails cut</li> <li>-Had told the facility staff his toenails needed to be cut</li> <li>-His toenails had not been cut and it hurt to walk at times in his shoes</li> <li>-Took off his sock and showed his toenails</li> <li>-The large toenail on his right foot was approximately one inch long and the nail had grown out to the left side</li> <li>-The other nails appeared to be long and in need of cutting</li> </ul> <p>Interview on 2/10/22 with the QP #1 revealed:</p> <ul style="list-style-type: none"> <li>-Was not aware client #2's toenails were long</li> <li>-Was the first time she had heard client #2 complain about his nails</li> <li>-Would schedule client #2 an appointment with a podiatrist</li> </ul> <p>Finding #3 QP#2/CEO/L/RN failed to address environmental issues which affected the care of the clients. Refer to V736 for evidence that the QP#2/CEO/L/RN was aware of environmental and physical plant issues with the facility and had</p>	V 109		

Division of Health Service Regulation

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V 109	<p>Continued From page 5</p> <p>not corrected them.</p> <p>Review on 2/15/22 of the Division of Health Service Regulation Construction's biennial survey conducted on September 16, 2021, revealed: -Physical plant issues that were still uncorrected as of 2/10/22 to 2/17/22 such as -" ...the trim around the shower and toilet in bathroom #1 (back left) was loose and needed to be cleaned and installed, bathroom #1 needed to be cleaned, the step leading down to bedroom #1 (left) was damaged and needed to be repaired, all of the residents' bedrooms needed to be cleaned, one of the bottom kitchen cabinet doors was missing and needed to be reinstalled, the HVAC (Heating, Ventilation and Air Conditioning) return air grille and filter was dirty and needed to be cleaned, clothing and personal items were not stored and organized, a closet door was damaged, the bathroom exhaust fan cover was dirty, ceiling fans had excessive dust, cigarette ashes were on the bed side table and on the floor, there was trash and food on the floor, the carpet was stained and a window blind was damaged ..."</p> <p>Interview on 2/17/22 with the QP#2/CEO/L/RN revealed: -Was aware the clients' bathroom shower floor needed to be repaired -"We have notified the maintenance company and are waiting for him to fix it." -Regarding the physical plant issues, the Licensee stated "we just went through our construction survey. Everything has been on lock down due to COVID. The maintenance man has been backed up. We are trying to remedy the issues." -Was aware one of the client's blinds were broken -"We replace things all the time in the facility."</p>	V 109		

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V 109	Continued From page 6  -When asked about plates, utensils and pots and pans, the Licensee stated "if the home needs something like that, our grocery days are on Thursday, so if I am aware of needed items, they would be delivered on that day ...all requests come through me. I will order what is needed ..." -Facility staff were to assist the clients in keeping the facility clean  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	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	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 7</p> <p>provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individualized needs for 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Review on 2/11/22 of client #1's record revealed: -An admission date of 8/9/21 -Diagnoses of Schizoaffective Disorder and Bipolar -An assessment dated 8/9/21 noted "needs to manage signs and symptoms of schizoaffective and bipolar type symptoms, needs to rehabilitate to be able to live independently, change being worried or stressed, get a job, needs to eat healthy foods, to take college classes, to have ACTT (Assertive Community Treatment Team) services take him into the community more, has a close relationship with his family, insight is minimal, has poor judgement and impulse control when in crisis, needs to maintain medication management, needs structure, triggers that can lead to a crisis include not receiving enough sleep, having nightmares and refusing medications as well as being yelled at or being isolated, if he becomes a danger to himself or others, call 911 and contact his guardian." -Client #1's treatment plan had 50 plus goals, some of which were as follows: recognize triggers</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>for hallucinations and delusional thoughts, would decrease his anxiety, would participate in activities in the home and the community in an appropriate manner, and would recognize health problems related to the frequency of cigarette smoking.</p> <p>-Most of the wording in client #1's treatment plan was the same as the other clients' treatment plans</p> <p>-No goals or strategies to address client #1's elopement tendencies</p> <p>Interview on 2/10/22 with client #1 revealed:</p> <p>-Had walked away from the facility on several occasions</p> <p>-Facility staff had stated he needed to remain at the facility</p> <p>-"All the staff tell me is they are going to call the police if I leave."</p> <p>-Had walked to his mother's home "too many times to count."</p> <p>Interview on 2/10/22 with the House Manager #1 revealed:</p> <p>-One of her responsibilities at the facility was to ensure client #1 did not walk away from the facility</p> <p>-Client #1 had left the facility on numerous occasions and the police were contacted</p> <p>-"Our job is to try and stop him before he leaves and to let him know what the consequences are before we call the non-emergency number for the police. I do not know if he has anything in his treatment plan about leaving the facility. The Qualified Professional (QP #1) is responsible for his treatment plan."</p> <p>Refer to Tag 367 for additional information on incident reports</p> <p>Client #1 had 10 incidents where he eloped from</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>the facility within 5 months.</p> <p>Review on 2/11/22 of client #2's record revealed: -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia, History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection -An assessment dated 3/10/21 noted "was previously hospitalized at [a state psychiatric hospital], needs verbal prompts with hygiene issues, occasionally hears voices and has harmless delusions, is aware of his diagnosis but will not talk about it, non-compliant with medications, will exhibit an increase in agitation if the bacterium in his urinary tract gets acute, needs to recognize triggers and develop coping skills." -Noted goals/statements were almost the same as client #1's treatment plan with the exception of " ...will sleep 6 hours out of 24 with aid of medication, will eat half to one third of each meal plus one snack between meals with aid of aide intervention, will have normal bowel movements within 2 days with the aid of high-fiber foods, fluids, and, if needed, medication."</p> <p>Review on 2/11/22 of client #3's record revealed: -An admission date of 1/17/2019 -Diagnoses of Schizoaffective Disorder, Borderline Intellectual Functioning, Acne and Multiple Environmental Allergies -An admission assessment dated 1/17/2019 noted "was admitted from [a state psychiatric hospital], guardian stated triggers for him include changing medications or being put in a large crowd, will become overly eager to please or make friends, needs to manage his</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>schizoaffective disorder, has impaired verbal communication skills, has impaired social interactions, gets agitated and upset when others are in his personal space. If he does not invite you into his personal space he will show agitation and verbalize the discomfort that he feels, continues to progress by going to PSR (Psychosocial Rehabilitation) program and interacting with those that may be in his space, to work on thought-stopping techniques when he is having delusions and hearing voices, continues to work on aggressive behaviors when he feels that individuals are talking about him, will get defensive if someone is in his space or too close to him, and can lead to aggressive behaviors involving physical violence, has moments when he will refuse his medications. When he refuses medication, he does not socialize well with others. He will start to have flashbacks and think people are trying to harm him sexually or that they are out to get him. He will also make sexual allegations due to his past trauma, continues to work on his aggressive behaviors by using the coping skills he has learned from PSR and peer support, continues to take his prescribed medications to help with his aggressive behaviors, continues to work on positive coping skills by working on his angry outbursts, has moments when he is feeling depressed but does not have thoughts of suicide..."</p> <p>-Noted goals/statements were almost the same as client #1 and client #2's treatment plans with the exception of "will groom and dress appropriately with help from a nursing staff and/or family, will demonstrate progress in the maintenance of adequate hygiene and be appropriately groomed and dressed (shave, clean clothes, be neat), will attend one structured group activity within 5 to 7 days, will seek out supportive social contacts, will improve social interaction</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>with family, friends and neighbors, will use appropriate social skills in interactions, will engage in one activity with the aide by the end of the day, will maintain an interaction with another client while doing an activity (simple board games, drawings), will demonstrate interest to start coping skills training when ready for learning, will engage in one or two activities with minimal encouragement from nurse or family members, will state that he is comfortable in at least three structured activities that are goal directed and will use appropriate skills to initiate and maintain interactions."</p> <p>Interviews on 2/10/22 and 2/17/22 with the QP#1 revealed: -Had been trained on writing treatment plans by the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) -Was aware client #1 had walked off numerous times from the facility and the police were called -Planned to have a treatment team meeting to address client #1's elopement tendencies -The Licensee used the same template for each client's treatment plans -"Their treatment plans aren't really individualized. I do try to make them that way. I guess I will be writing new goals for the clients ..."</p> <p>Interview on 2/17/22 with the QP#2/CEO/L/RN revealed: -The clients treatment plans were written from the assessments and diagnoses -"We do use a template. We look at their issues and add some bullet points to their plans. We include the same goals and strategies for each client because at some point, the staff will be working on the goals with them." -The template had 50 plus goals to address</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105</b>
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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 112	<p>Continued From page 12</p> <p>potential behaviors the clients may exhibit -Was aware the treatment plans were to be individualized based on the clients' needs -"We usually put in the treatment plans that the clients are supposed to be compliant with their medications and add some community activity goals. We just concentrate on their main goals to see if they are working. I feel like the plans are individualized and the templates we use makes it evident. We use the templates to guide our thoughts for the goals..."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 118	<p>Continued From page 13</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medications according to physician orders affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 2/10/22 of Emergency Department (ED) discharge papers for client #1 revealed: -The paperwork was dated 2/8/22 at 5:04pm -"Reason for Visit was wound check. Diagnosis hand injury. X ray of right hand." -Diagnosis of Contusion and Wound Care "Your cut was too old to fix in the emergency room. Clean it twice daily with soap and water, apply antibiotic ointment afterward." -Prescriptions for Keflex 500mg (antibiotic), 1 by mouth twice a day for 7 days and Ibuprofen 600mg (pain and inflammation), 1 by mouth every 6 hours as needed</p> <p>Observation on 2/10/22, at approximately 11:35am, of client #1's medication container revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 118	<p>Continued From page 14</p> <p>-No prescription bottles for Keflex 500mg and Ibuprofen 600mg</p> <p>Review on 2/10/22 of client #1's Medication Administration Record (MAR) revealed: -No documentation Keflex 500mg and Ibuprofen 600mg had been administered based on the physician's orders from the Emergency Department.</p> <p>Interview on 2/10/22 with client #1 revealed: -The facility staff never asked him for his discharge paperwork from his emergency room visit on February 8th (2022)</p> <p>Interview on 2/10/22 with House Manager #1 (HM #1) revealed: -Client #1 was seen at the ED on February 8th (2022) due to a hand injury -Had not seen any discharge paperwork for client #1 -"I asked him, and he said he did not have any. It is [client #1]'s responsibility to give me his paperwork from the hospital."</p> <p>Interview on 2/11/22 with the Qualified Professional #1 (QP #1) revealed: -Was aware client #1 was seen at the ED for a hand injury on February 8th (2022) -It was the HM #1's responsibility to ask client #1 for his discharge paperwork -Was not aware client #1 was to have prescriptions filled from his hospital visit on February 8th (2022)</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 118	Continued From page 15 days.	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 289	<p>Continued From page 16</p> <p>substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure that residential services were provided to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a developmental disability or disabilities, and who require supervision when in the residence affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 289	<p>Continued From page 17</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on observations, record reviews and interviews, 2 of 2 Qualified Professionals ((QP#1) and Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN)) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individualized needs for 3 of 3 clients (#1, #2 and #3).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118). Based on observations, record reviews and interviews, the facility failed to administer medications according to physician orders affecting 1 of 3 audited clients (client #1).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on observations, record reviews and interviews, the facility failed to coordinate medical care and follow-up affecting 2 of 3 clients (#1 and #2).</p> <p>Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident.</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 289	<p>Continued From page 18</p> <p>Cross Reference: General Statute 122C-62 Smoking Prohibited (V369). Based on observations, record reviews and interviews, the staff failed to prohibit smoking inside the facility.</p> <p>Cross References: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on observations, record reviews and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Cross Reference: 10A NCAC 27G .0304 Facility Design and Equipment (V772). Based on observations and interviews, the facility failed to have minimum furnishings for client bedrooms including bedding, pillows, bedside table, and storage for personal belongings affecting 2 of 3 (#2 and #3).</p> <p>Review on 2/22/22 of the facility's Plan of Protection, dated 2/22/22 and written by QP #1, revealed:                      -"What immediate action will the facility take to ensure the safety of the consumers in your care? In-House staff will monitor to ensure there is no smoking in the facility and that the policy is being followed, starting immediately (2/22/2022). The smoking policy is posted in the home in the living room. We will continue to go by our policy of fining residents \$25.00 and doing a written write-up for the staff that smokes in the facility. QP #1 will immediately (2/22/2022) request hospital discharge summaries upon discharge from the hospital, by fax, and will immediately ensure they are sent to the pharmacy. In-House staff will immediately (2/22/2022) have the residents use the staff restroom, until maintenance is completed. In-House staff will immediately document facility repairs, on the MAPS (Maintenance Aware Program and</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 19</p> <p>Services) channel on Slack (Searchable log of all conversation and knowledge). The Administrative Assistant will immediately contact [name of a company] maintenance for repairs once it is posted by staff. The Administrative Assistant will immediately contact [name of a company] maintenance, starting 2/22/2022, to start the repairs on the restroom. QP #1 will immediately (2/22/2022) report level II incident report to IRIS (Incident Reporting Improvement System). QP #1 will be retrained on IRIS. In- House staff will immediately (2/22/2022) engage in activities with the clients and document the social interactions. The In-House staff will be retrained on the residents' personal centered plan and document the progress. QP #1 will individualize the treatment plan and immediately (2/22/2022) update changes in the resident behavior. The QP #1 will immediately (2/22/2022) implement goals and strategies. QP #1 will schedule an Inservice with the residents and staff to reiterate the No Smoking policy, and the fines that will be applied for residents, and the written write-up for the staff. We will ensure that the residence that do not have unsupervised time will have someone present with them during hospital visits. The med tech supervisor will immediately ensure that each medication order from the hospital summaries is sent to the pharmacy and filled in a timely manner. We have already ordered new storage, furniture, and bedding for the facility. In-House staff will immediately document on the MAPS channel the kitchen supplies that are needed, at 7:00am. The In-House staff will mention it on our 9:00am meeting that we have Monday through Friday, except on Thursday (grocery day). The administrative assistant will immediately come to each home on Tuesday and do the grocery list. The administrative assistant will look through cabinets thoroughly to see what is needed, as</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 289	<p>Continued From page 20</p> <p>well as the staff reiterating what is needed. This is done weekly by administrative assistant and In-House staff.</p> <p>-Describe your plans to make sure the above happens. We will immediately have a person that is a QP, outside of the facility, to ensure the development of individual goals and strategies, and documenting individual goals. The outside QP will meet weekly with the administrator and the QP (#1) to develop strategies."</p> <p>The facility was licensed as a Supervised Living for Adults with Mental Illness and served 5 adult males who had diagnoses that included Schizoaffective Disorder, Bipolar Disorder, Borderline Intellectual Functioning and Paranoid Schizophrenia. A template was used by the facility for all of the clients' treatment plans. The template had 50 plus goals to address potential behaviors the clients may exhibit. The goals and strategies were not individualized based on client needs. On 2/8/22 client #1 was sent alone to the ER for a contusion on his hand and wound care. He returned to the facility also alone with physician orders for an antibiotic and pain/swelling. These prescriptions were never filled nor administered to the client. QP #1 did not submit level II incident reports within the 72-hour time period and failed to ensure a client was seen by a podiatrist after that client complained of pain when walking. The facility's physical plant issues had been cited by the Division of Health Service Regulation multiple times since 11/15/2019. The QP#2/CEO/L/RN failed to address the previously cited environmental issues and during the walk-throughs of the facility at the time of this survey, additional issues were identified. Observation of the facility on all of these dates revealed health and safety issues with the facility and it's grounds. The QP#2/CEO/L/RN failed to</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 289	Continued From page 21  purchase dressers, pillows and linens for some of the clients and had been made aware some of the clients were smoking in the facility.  This deficiency constitutes a Type A1 rule violation for serious neglect and 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 289		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 291	<p>Continued From page 22</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to coordinate medical care and follow-up affecting 2 of 3 clients (#1 and #2). The findings are:</p> <p>Review on 2/11/22 of client #1's record revealed: -An admission date of 8/9/21 -Diagnoses of Schizoaffective Disorder and Bipolar -An assessment dated 8/9/21 noted "needs to manage signs and symptoms of schizoaffective and bipolar type symptoms, needs to rehabilitate to be able to live independently, change being worried or stressed, get a job, needs to eat healthy foods, to take college classes, to have ACTT (Assertive Community Treatment Team) services take him into the community more, has a close relationship with his family, insight is minimal, has poor judgement and impulse control when in crisis, needs to maintain medication management, needs structure, triggers that can lead to a crisis include not receiving enough sleep, having nightmares and refusing medications as well as being yelled at or being isolated, if he becomes a danger to himself or others, call 911 and contact his guardian."</p> <p>Review on 2/11/22 of client #2's record revealed: -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia,</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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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 291	<p>Continued From page 23</p> <p>History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection -An assessment dated 3/10/21 noted "was previously hospitalized at [a state psychiatric hospital], needs verbal prompts with hygiene issues, occasionally hears voices and has harmless delusions, is aware of his diagnosis but will not talk about it, non-compliant with medications, will exhibit an increase in agitation, if bacteria in his urinary tract gets acute, needs to recognize triggers and develop coping skills."</p> <p>Observation and interview on 2/10/22, at approximately 11:34am, with client #1 revealed: -A 2-inch-long gash across the knuckles on his right hand -The area was swollen, and the blood had dried -Had punched the mini refrigerator in his room and cut his hand -Was transported to the hospital, alone, by an ambulance on February 8th (2022)</p> <p>Interview on 2/10/22 with the Qualified Professional #1 (QP #1) revealed: -Was aware client #1 was transported by Emergency Medical Services (EMS) to the hospital on 2/8/22 for a hand injury -Was not aware client #1 had prescriptions to be filled from the physician at the emergency department -Had not had client #1's prescriptions filled -Was aware of client #1's diagnoses -Acknowledged client #1 had minimal insight, poor judgement, issues with impulse control, had a history of hallucinations and heard voices and had a history of destructive behaviors towards self and others -Had allowed client #1 to remain at the hospital,</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 291	<p>Continued From page 24</p> <p>alone on February 8th (2022) -Had called a taxi service to have client #1 transported back to the facility</p> <p>Further interview on 2/22/22 with QP #1 revealed: -"When [client #1] was at the hospital, I called periodically to see how he was doing. When he was ready for discharge, the staff there knows to call me. We have always just asked the hospital to call [a taxi service] when he is ready to come back here (facility)." -When asked why staff was not with client #1 at the hospital, the QP #1 stated "what am I supposed to do? Sit with clients in the hospital? I live in [another city]. What if I get called in the middle of the night?"</p> <p>Observation and interview on 2/11/22 at approximately 1:50pm of client #2's right foot revealed: -A long toenail on his big toe -The nail had grown to the side of the toe, protruding outward to the left -The toenail was approximately 1 inch long -The other toenails had not been trimmed -Had been waiting a long time for someone to cut his toenails -At times, it hurt to walk in his shoes due to the length of the toenails</p> <p>Interview on 2/10/22 with the QP #1 revealed: -Was not aware client #2's toenails were long -Was the first time she had heard client #2 complain about his nails -Would schedule client #2 an appointment with a podiatrist</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 291	Continued From page 25  days.	V 291		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 367	<p>Continued From page 26</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 367	<p>Continued From page 27</p> <p>been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident. The findings are:</p> <p>Review on 2/15/22 of the Incident Response Improvement System (IRIS), from 9/17/21 to 2/15/22, revealed: -No level II incident reports had been submitted</p> <p>Review on 2/10/22 of the facility's in-house incident and accident report forms revealed: -"On 9/16/21, [client #1] left the facility around 10pm. He was last seen smoking a cigarette at 9:20pm. The police were called. -On 9/18/21 at 1:10pm, [client #1] ran away. -On 10/13/21 at 10:30am, [client #1] ran away from the facility and was returned by his guardian. -On 11/5/21 at 6:00pm, [client #1] ran off without permission. -On 11/27/21 at 1:00am, [client #1] was gone from the facility and 911 contacted. -On 1/2/22 at 7:20pm [client #1] ran away from the facility. -On 1/9/22 at 4:30pm [client #1] ran away from</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 28</p> <p>the facility.</p> <p>-On 1/10/22 at 5:20pm, [client #1] walked away from the facility.</p> <p>-On 1/31/22 at 8:40am, [client #1] walked away from the facility.</p> <p>-On 2/1/22 at 6:50am, [client #1] ran away from the facility."</p> <p>Interview on 2/11/22 with client #1 revealed:</p> <p>-He had walked away from the facility several times</p> <p>-The police usually found him and returned him to the facility</p> <p>-Had walked to his mother's home "too many times to count."</p> <p>Interview on 2/16/22 with client #1's Legal Guardian (LG) revealed:</p> <p>-Had documented the dates client #1 had arrived at her home</p> <p>-The distance from the facility to the LG's residence was approximately 12.6 miles</p> <p>-"I would either take him back (to the facility) or the police would ..."</p> <p>-There were also times client #1 had knocked on her door</p> <p>-"It was on 11/13/21 and 1/26/22."</p> <p>Interview on 2/15/22 with the Qualified Professional #1 revealed:</p> <p>-The Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) had trained her on incident reporting</p> <p>-The facility completed level I and level II incidents on their in-house form only</p> <p>-Deaths and serious injuries were the only incidents entered into IRIS</p> <p>-Was not aware level II incidents had to be entered into IRIS</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 29</p> <p>-Would ensure future level II incidents were entered into IRIS within the mandated time frames</p> <p>Interview on 2/17/22 with the QP#2/CEO/L/RN revealed:                      -Had trained the QP #1 on how to document incident reports                      -QP #1 was to submit level I and level II incident reports into IRIS                      -Was not aware level II incident reports had not been submitted into IRIS</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 369	<p>G.S. 122C-6 Smoking Prohibited</p> <p>§ 122C-6 SMOKING PROHIBITED; PENALTY                      (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area.                      (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall:                      (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.                      (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.                      (3) Provide written notice to individuals upon</p>	V 369		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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V 369	<p>Continued From page 30</p> <p>admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>(c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.</p> <p>(d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the staff failed to prohibit smoking inside the facility. The findings are:</p> <p>Observations on 2/10/22 at 10:07am of the facility revealed: -The facility had a strong odor of smoke -A no smoking sign was posted in the living room -A trash can next to the television with cigarette ashes in it -Client #2's bedroom had a mouthwash bottle with water and extinguished cigarette butts in it</p> <p>Further observations on 2/17/22, at approximately 1:10pm, of the facility revealed: -A strong odor of smoke inside -In client #2's bedroom, there were 3 separate plastic soft drink containers all filled with cigarette butts</p>	V 369		

Division of Health Service Regulation

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V 369	<p>Continued From page 31</p> <p>Review on 2/22/22 of the facility's policy prohibiting smoking in the facility revealed: -There was to be no smoking in the facility -There were designated areas outside (back porch and front porch) for both clients and staff to use -If a client was found to be smoking in the facility, there would be a \$25.00 fine -If staff were found smoking in the facility, they would receive a written warning</p> <p>Review on 2/15/22 of the Division of Health Service Regulation Construction's biennial survey conducted on September 16, 2021, revealed: "At the time of the survey it was observed that smoking was taking place in the facility evidenced by the extremely strong smell of tobacco smoke and foreign odor throughout the facility. This is not compliant with the rule."</p> <p>Interviews on 2/10/22 with clients #1 and #3 revealed: -They had smoked in the facility -Were aware there was not to be any smoking inside the facility -Staff #1 had just told them to smoke outside today</p> <p>Interview on 2/10/22 with the House Manager #1 revealed: -Both clients had lit up cigarettes in the living room several times -Had told both clients to go outside to smoke (on 2/10/22)</p> <p>Interview on 2/10/22 with the Qualified Professional #1 revealed: -The facility was to be smoke free -Was not aware the clients had smoked in the facility</p>	V 369		

Division of Health Service Regulation

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V 369	<p>Continued From page 32</p> <p>-Would ensure the clients were aware the facility was to be smoke free</p> <p>Interview on 2/17/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) revealed: -Was not aware the clients were smoking in the facility -"We do have a policy that there is to be no smoking inside. It is posted in the facility. Clients that are found smoking inside the facility were fined \$25 ...any smoking paraphernalia need to be kept outside ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 369		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 33</p> <p>Review on 2/15/22 of the Division of Health Service Regulation Construction's biennial survey conducted on September 16, 2021, revealed: -" ...the trim around the shower and toilet in bathroom #1 (back left) was loose and needed to be cleaned and installed, bathroom #1 needed to be cleaned, the step leading down to bedroom #1 (left) was damaged and needed to be repaired, all of the residents' bedrooms needed to be cleaned, one of the bottom kitchen cabinet doors was missing and needed to be reinstalled, the HVAC (Heating, Ventilation and Air Conditioning) return air grille and filter was dirty and needed to be cleaned, clothing and personal items were not stored and organized, a closet door was damaged, the bathroom exhaust fan cover was dirty, ceiling fans had excessive dust, cigarette ashes were on the bed side table and on the floor, there was trash and food on the floor, the carpet was stained and a window blind was damaged ..."</p> <p>Review on 2/22/22 of the facility's emails, regarding maintenance, revealed: -On 7/20/21 at 11:05am, the administrative assistant emailed the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) "[Sharpe and Williams #2]'s tile in kitchen and bathroom needs to be replaced, some cabinet doors in the kitchen need repairs, crack in clients' shower." -On 7/22/21 at 1:36pm, the maintenance company emailed the QP#2/CEO/L/RN "thanks for the email. I can handle all of your issues with no problem, but the tile replacement is not a maintenance issue. But I would be more than happy to give a quote on replacement. I just need to know what kind of tile you want." -On 7/22/21 at 1:41pm, the QP#2/CEO/L/RN responded to the maintenance man "that would</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 34</p> <p>be great, thank you! The cheapest replacement tile that is on the market." -On 7/23/21 at 10:39am, the maintenance man emailed the QP#2/CEO/L/RN "can you give me a call at your earliest convenience? I have all the pricing for the flooring for the 4408 Northampton Drive's house ..." -On 7/23/21 at 10:47am, the maintenance man emailed the QP#2/CEO/L/RN "I priced the flooring for the kitchen and both bathrooms and I will even throw in the office. I don't know if you specifically wanted ceramic tile, but I suggest a waterproof floating floor. They are very durable. The price per square foot is a fraction of what tiles are going to cost you. For all the rooms I mentioned, I can do \$1,750. That's materials and labor."</p> <p>Observations on 2/11/22, at approximately 10:07am, of the outside of the facility revealed: -Overflowing trash cans to the left of the facility -Dead branches and trash in the back yard -A PVC pipe was lying on the ground -Dead leaves throughout the yard -Several plastic bins with water and leaves on them -On the back porch, a wrought iron table with a loose glass top -Cigarettes littered the front yard</p> <p>Further observations on 2/11/22, at approximately 10:25am, of the inside the facility revealed: -Two beeping smoke detectors -A strong odor of smoke throughout the facility -A broken ottoman against the living room wall -The sofa sagged in several places and one of the cushions had a large hole in it which exposed the frame and metal screws -A client had used a pillow to cover the hole when they sat down</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105</b>
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V 736	<p>Continued From page 35</p> <ul style="list-style-type: none"> <li>-A trash can next to the television with cigarette ashes in it</li> <li>-Stained carpeting in the all the clients' rooms</li> <li>-Worn carpet on steps leading to client #3 and #4's bedroom</li> <li>-There was a hole in the bedroom door of a client's bedroom</li> <li>-Client #3's bed did not have a box spring and the bedframe was loose which caused the mattress to sag</li> <li>-Another client's bed was without a bed frame</li> <li>-Client #3 and #4's bathroom shower had red build up in and around it</li> <li>-The shower was dirty and the floor to the shower was cracked in several places in and around the drain</li> <li>-The flooring in the bathroom was sticky and gave way if stepped on</li> <li>-A dining room table with no chairs for the clients</li> <li>-The air vents in the facility were covered in dust</li> <li>-The second bathroom, also used by the clients, was clogged and water was so to drain out of it</li> <li>-Client #2's bedroom had blinds that were broken and fell when it was touched</li> <li>-Client #1's bedroom had drawings and writings on the bedroom walls</li> <li>-The drawings appeared to be dried blood</li> </ul> <p>Further observations on 2/10/22, at approximately 10:44am, of the facility revealed:</p> <ul style="list-style-type: none"> <li>-In the kitchen the trashcan was overflowing with old food items</li> <li>-The pantry next to the stove was missing the door</li> <li>-No seats for the clients at the kitchen table</li> <li>-A blue cord which ran from the telephone in the kitchen, to the staff's office was frayed and exposed wires</li> <li>-Two kitchen cabinets were broken</li> <li>-Another cabinet was missing the door</li> </ul>	V 736		

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V 736	<p>Continued From page 36</p> <ul style="list-style-type: none"> <li>-Two plastic bowls which the clients used, were stained</li> <li>-Only two plates in the facility for the 5 clients</li> <li>-The pots and pans used to prepare meals had the entire inside coating scratched off and had revealed the metal underneath</li> <li>-The dishwasher was broken</li> </ul> <p>Further observations on 2/17/22, at approximately 1:08pm, of the facility revealed:</p> <ul style="list-style-type: none"> <li>-The front storm door was slammed hard (by a client), and the full-length glass pane popped out</li> <li>-The full-length glass pane was propped inside the living room wall by a facility staff</li> </ul> <p>Interview on 2/10/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-The condition of the living room furniture "was like that when I got here"</li> <li>-Wanted new pillows and sheets for his bed.</li> <li>-When he took a shower, he had to stand around the hole in shower's floor</li> <li>-"It needs to be fixed."</li> <li>-Had smeared blood on his walls when he cut his hand on 2/8/22</li> <li>-Would like to have more plates, utensils, and cups</li> </ul> <p>Interview on 2/10/22 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-"I can't lay down because I don't have a pillow or sheets on my bed."</li> <li>-The living room furniture had been broken a long time</li> <li>-"We need new furniture."</li> <li>-Did not like to take a shower in one of the bathrooms due to the flooring having numerous cracks</li> <li>-"I am afraid I will fall through or cut my feet when I take a shower. The floor has been like that since I came here. Also, the other bathroom, the sink won't drain. We need a plumber to fix it."</li> </ul>	V 736		

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V 736	<p>Continued From page 37</p> <p>Interview on 2/10/22 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- His bed was uncomfortable to sleep on because the "rails" (platform frame) did not fit the floor frame</li> <li>- His previous bed frame "just fell apart."</li> <li>- He had talked to the Qualified Professional (QP) and his Guardian about his bed approximately 6 months ago</li> <li>- He had been told that he had to pay \$100 to purchase a new bed frame</li> <li>-Had paid the \$100 dollars and his bed still had no frame</li> <li>-"The sofa is broken. It has been like that forever. I think the big guy (client #2) broke it."</li> <li>-Was worried about the floor in the shower being cracked</li> <li>-"I think one of the clients (a discharged one) almost fell in there."</li> <li>-Stated "If I could have sheets and pillows that would be great."</li> <li>-When asked about utensils, cups, bowls, and plates client #3 stated "We have to share plates ...the 2 bowls are stained ...and no one wants to eat out of them ...even if there were paper plates we could use, it would be better than what we have been using."</li> </ul> <p>Interview on 2/15/22 with client #1's legal guardian revealed:</p> <ul style="list-style-type: none"> <li>-Stated the facility was "filthy and disgusting."</li> <li>-"When I would visit, his room smelled like urine. His smoke detector beeped all the time. I don't know why they did not fix it. It was enough to make anyone go crazy. His bed was broken because it was missing bolts and the bottom of his mattress stuck out, so it did not fit his bed. The staff just told me he had broken his bed, but that is not true. His bed was like that when he moved in ..."</li> </ul>	V 736		

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V 736	<p>Continued From page 38</p> <p>Interview on 2/10/22 with the House Manager #1 revealed:                      -The clients ate mostly in the living room due to not having enough dining room chairs for the table                      -"There is a bench they could use."                      -Had noticed the dried blood on client #1's walls on February 9th (2022)                      -"I was told he cut his hand and smeared blood on the walls."                      -Had asked client #1 to clean his walls, "but he refused."                      -Repairs needed to be made to the facility                      -"The dishwasher does not work. We need new pots and pans for the facility. You can just look at them and tell they are old. There are not enough plates and utensils for the clients to use when they eat. There is very limited silverware, only two bowls and one plate for the entire home."                      -The clients did not have enough furniture to store their clothes in                      -Repairs needed to be made in both of the clients' bathrooms                      -"The floor in there (clients' bathroom). I am afraid to walk in there. It sags. I don't know about the floor in the shower. [Client #2] uses a cane and it would be hard for him to take a shower in there, because he is unstable. We let him use the staff's bathroom. But in that bathroom, the sink and the tub get stopped up easily."                      -The clients needed new pillows, sheets, and comforters                      -"When I come on duty, I do a thorough walk thru and I can't believe how messy the house looks. It was so messy, I was overwhelmed ..."</p> <p>Interview on 2/17/22 with the House Manager #2 revealed:                      -"We don't have too many big plates. I don't know</p>	V 736		

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V 736	<p>Continued From page 39</p> <p>why we don't. The plate situation, I don't understand."</p> <p>-Repairs were needed to the kitchen cabinet doors, the client's bathroom, the staff's bathroom sink</p> <p>-"All the clients should have dressers if not a closet or both ..."</p> <p>Interview on 2/11/22 with staff #3 revealed:</p> <p>-Client #1 had drawn on his bedroom walls with his own blood earlier this week</p> <p>-Was told a client sat down too hard on the living room furniture</p> <p>-"It (the furniture) has gotten all raggedy and broken. I have reported the issue with the furniture to upper management, but nothing has been fixed."</p> <p>-The clients were responsible for keeping the facility clean</p> <p>Interview on 2/10/22 with the Assistant Qualified Professional (AQP) revealed:</p> <p>-Stated "repairs are not needed inside and outside of the facility."</p> <p>-"We just had the state come through and we passed."</p> <p>-Stated the clients' shower floor needed to be repaired</p> <p>- "When repairs needed to be made at the facility, staff were supposed to post the information to an electronic system used for all documentation, and the repairs would be handled by maintenance staff ..."</p> <p>Interview on 2/17/22 with the Qualified Professional #1 revealed:</p> <p>-Were aware repairs were needed to the facility</p> <p>-Had spoken on numerous occasions about the condition of the facility with the Qualified Professional #2/Chief Executive</p>	V 736		

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V 736	Continued From page 40  Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) -"We have been trying to get repairs made since July 2021. We had a repairman come out, but he worked a few hours and never returned ..."  Interview on 2/17/22 with the QP#2/CEO/L/RN revealed: -Was aware the clients' bathroom shower floor needed to be repaired -"We have notified the maintenance company and are waiting for him to fix it." -Regarding the physical plant issues, the QP#2/CEO/L/RN stated "we just went through our construction survey. Everything has been on lock down due to COVID. The maintenance man has been backed up. We are trying to remedy the issues." -Was aware one of the clients' blinds were broken -"We replace things all the time in the facility." -When asked about plates, utensils and pots and pans, the Licensee stated "if the home needs something like that, our grocery days are on Thursday, so if I am aware of needed items, they would be delivered on that day ...all requests come through me. I will order what is needed ..." -Facility staff were to assist the clients in keeping the facility clean  This deficiency was cited 3 times on 11/15/19, 2/19/20 and 5/4/21.  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings	V 774		

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V 774	<p>Continued From page 41</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have minimum furnishings for client bedrooms including bedding, pillows, bedside table, and storage for personal belongings affecting 2 of 3 (#2 and #3). The findings are:</p> <p>Observations on 2/11/22, at approximately 1:12pm, of client #2's room revealed: -Both clean and dirty clothing scattered on the floor -There was no dresser for client #2's clothing -Client #2's bed had no pillows or bedding -Client #2' personal items and adult diapers were stacked in corners and on the floor</p> <p>Observations on 2/11/22, at approximately 1:18pm, of client #3's room revealed: -Clothing was piled into a large trash bag -There was no dresser for client #3's clothing, no pillows and no bedding</p>	V 774		

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V 774	<p>Continued From page 42</p> <p>Interview on 2/11/22 with the Qualified Professional #1 revealed: -The facility was looking into purchasing additional furniture for the clients</p> <p>Interview on 2/17/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) revealed: -Was in the process of buying more dressers for the clients to store their personal items in -Was not aware the clients were without pillows and bedding</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 774		