

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/02/2022
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS		STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 2/2/22. The complaints were substantiated(Intakes #184148 and #184469). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600(C) Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000	<p>RECEIVED</p> <p>MAR 07 2022</p> <p>DHSR-MH Licensure Sect</p>	
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 	V 107	<p>Agency staff will have a job description on file onsite prior to working at the residence. Job Description will include duties and responsibilities that will be assigned to the staffing personnel.</p> <p>Each staffing personnel will have an employee file onsite. The file will include the job description, completion of NC registry check, copy of license, and application that includes education and work history.</p> <p>Documents required to be reviewed with staffing agency contact person and documented in contract.</p> <p>Responsible Person: Program Manager</p> <p>Steps to Ensure Compliance: Program Manager trained on NC statutes and process of setting up employee files.</p> <p>Ongoing Monitoring: Quarterly visits by Quality Director to review HR files and compliance with statutes.</p>	

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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>Personnel Registry.</p> <p>(c) All facilities or services shall require that all 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 records review and interviews, the facility failed to maintain a file for each individual employee indicating the training and experience and failed to have a written job description for each staff position specifying the duties and responsibilities of the position for 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2). The findings are:</p> <p>Review on 1/13/22 of an email dated 1/12/22 from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Review on 1/13/22 of an email dated 1/13/22 from the Interim PM regarding the personnel records of CNA#1 and CNA#2 revealed the following documented: "FYI(for your information), I contacted the agency this morning, I have requested the information you wanted on the 2 contracted CNA employees. I will try to get everything to you by this afternoon."</p> <p>Interview on 1/27/22 with the Manager of the temporary staffing agency revealed: -provided CNAs for the facility since 9/2021; -facility provided her with the hours they needed coverage; -now have 2 CNAs who regularly work there; -the FPM initiated contact with her about employing CNAs; -only contract signed with the facility was the rate contract; -facility never asked for any personnel records until the Interim PM asked for them.</p> <p>Review on 1/13/22 of a form titled "Non-Acute Rate Agreement" dated 9/21/21 from a temporary staffing agency revealed the contract was signed by the Former Program Manager(FPM) on 9/22/21 for CNA services.</p> <p>Interview on 1/10/22 with CNA#1 revealed: -was a CNA; -worked at the facility prn(as needed) on and off; -worked at the facility for the last 2 months.</p> <p>Attempted interviews on 1/25/22, 1/26/22 and 1/27/22 with CNA#2 were unsuccessful as there</p>	V 107		

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V 107	<p>Continued From page 3</p> <p>were no responses to voicemails left on her cell phone.</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the Interim PM for CNA#1 and CNA#2 revealed:</p> <ul style="list-style-type: none"> -CNA#1 began working at the facility on 11/26/21 and there was no job description for the facility present in the record; -CNA#2 began working at the facility on 11/3/21 and there was no job description for the facility present in the record. <p>Interview on 1/10/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> -used CNAs every day; -CNAs came in and assist staff; -CNAs made dinner and did light cleaning; -some CNAs helped with the clients; -CNAs been used since she has been here; -she started working here in October 2021. <p>Interview on 1/10/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> -used CNAs if needed them; -they were contract workers; -CNAs came from a staffing agency; -had a couple of CNAs who came on the spot and covered an open shift. <p>Interview on 1/12/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> -worked with CNA#1 and CNA#2; -CNAs helped him on his shift for two months. <p>This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.</p>	V 107		

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V 108	Continued From page 4	V 108		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:</p>	V 108	<p>A training manual will be developed for agency personnel that will include all mandatory trainings (general orientation, rights, confidentiality, infectious diseases, bloodborne pathogens). Individual trainings will be added to address the client's treatment needs and plan.</p> <p>Agency personnel will be required to complete the training manual prior to working with any clients. This will be communicated to the staff agency manager.</p> <p>Documentation of completed training will be placed in the agency staff employee file.</p> <p>Person Responsible: Program Manager</p> <p>Ensure Ongoing Compliance: Program Manager to be trained on training requirements per NC statute.</p> <p>Quality Director to review employee files during Quarterly onsite visits.</p>	

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V 108	<p>Continued From page 5</p> <p>Based on records review and interviews, the facility failed to ensure staff completed training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2). The findings are:</p> <p>Review on 1/10/22 and 1/25/22 of client #1's record revealed: -admission date of 9/17/21; -diagnoses of TBI(Traumatic Brain Injury), HTN(Hypertension), Hyperlipidemia, Type 2 Diabetes and chronic constipation.</p> <p>Review on 1/10/22 and 1/25/22 of client #2's record revealed: -admission date of 6/1/21; -diagnosis of TBI.</p> <p>Review on 1/10/22 and 1/25/22 of client #3's record revealed: -admission date of 7/21/21; -diagnoses of TBI, Unspecified Injury of C2 level of cervical spinal cord and Calcium Deficiency.</p> <p>Finding #1 Review on 1/10/22 and 1/25/22 of staff #1's personnel record revealed: -hire date of 9/3/21 as a Life Skills Trainer; -no documentation of completed training in Diabetes present in the record.</p> <p>Interview on 1/10/21 with staff #1 revealed: -been here since Oct 13, 2021 "actually on the floor;" -came in for her training before then; -had trainings in bloodborne pathogens, medications, CPR(cardiovascular pulmonary resuscitation)/First Aid, safety training, COVID/Flu</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>training, catheter care and individual client training; -worked from 7am-3pm, sometimes 7am-7pm.</p> <p>Finding #2 Review on 1/13/22 of an email dated 1/12/22 from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Review on 1/13/22 of an email dated 1/13/22 from the Interim PM regarding the personnel records of CNA#1 and CNA#2 revealed the following documented: "FYI(for your information), I contacted the agency this morning, I have requested the information you wanted on the 2 contracted CNA employees. I will try to get everything to you by this afternoon."</p> <p>Review on 1/13/22 of a form titled "Non-Acute Rate Agreement" dated 9/21/21 from a temporary staffing agency revealed the contract was signed by the Former Program Manager(FPM) on 9/22/21 for CNA services.</p> <p>Interview on 1/10/22 with CNA#1 revealed: -was a CNA; -worked at the facility prn(as needed) on and off; -worked at the facility for the last 2 months; -never worked in a TBI facility before; -had experience working with dementia in long-term care facilities.</p> <p>Attempted interviews on 1/25/22, 1/26/22 and 1/27/22 with CNA#2 were unsuccessful as there</p>	V 108		

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V 108	<p>Continued From page 7</p> <p>were no responses to voicemails left on her cell phone.</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the PM for CNA#1 and CNA#2 revealed:</p> <ul style="list-style-type: none"> -CNA#1 began working at the facility on 11/26/21 and there was no documentation of completed training in client specifics, TBI or Diabetes present in the record; -CNA#2 began working at the facility on 11/3/21 and there was no documentation of completed training client specifics, TBI or Diabetes present in the record. <p>Interview on 1/27/22 with the Manager of the temporary staffing agency revealed:</p> <ul style="list-style-type: none"> -provided CNAs for the facility since 9/2021; -facility provided her with the hours they needed coverage; -when the CNAs first started at the facility, the CNAs would go early to their shift to meet with facility staff to get information about the clients and what they needed to do on the shift; -now have 2 CNAs who regularly work there; -not sent any new CNAs over there in awhile -had CNAs who were familiar with brain injury work there; -was the facility's responsibility to train the CNAs; -was given a general idea of what the facility needed; -CNAs completed on-line tests with her company regarding competencies. <p>Review on 1/27/22 of "Annual Training and Orientation Manual for Healthcare Professionals" produced by the Manager of the temporary staffing agency revealed:</p> <ul style="list-style-type: none"> -no documentation of client specifics training, TBI 	V 108		

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V 108	Continued From page 8 training or Diabetes training specified in the training topics outline; -listed training topics included Patient Rights and Care, Infection Control, Risk Management, Safety Guidelines and Workplace Conduct, Long Term Care, Basic Nursing Skills, Infection Control, Legal/Ethical, Physical Care, Psychosocial and Communication and Restorative Skills. This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills;	V 110	Competency based training will be added to agency staff training manual that will include technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, communication skills and clinical skills. Competency will be assessed in these areas will be demonstrated to the Program Manager. Completed competencies will be placed in the agency staff training file. The training requirement will be communicated to the staff agency manager. Person Responsible: Program Manager Ensuring Compliance: Program Manager will be trained on NC statute. Program Manager will also complete competency based training in these areas prior to supervising staff.	

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V 110	<p>Continued From page 9</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure paraprofessionals demonstrated knowledge, skills and abilities required by the population served for 1 of 2 Contracted CNAs (Certified Nursing Assistants/CNA#1). The findings are:</p> <p>Review on 1/13/22 of an email dated 1/12/22 from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the Interim PM for CNA#1 revealed: -CNA#1 began working at the facility on 11/26/21; -documentation of completed trainings dated 11/9/21 in the following areas: Patient Rights and Care, Infection Control, Risk Management, Safety Guidelines and Workplace Conduct; -documentation of completed trainings dated</p>	V 110	<p>Ensuring Ongoing Compliance: Quality Director to review employee files quarterly to ensure compliance with NC training requirements.</p>	

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V 110	<p>Continued From page 10</p> <p>11/24/20 in the following areas: Long Term Care, Basic Nursing Skills, Infection Control, Legal/Ethical, Physical Care, Psychosocial and Communication and Restorative Skills.</p> <p>Interview on 1/11/22 with client #2 revealed: -been at the facility for seven months; -yesterday, CNA#1 was yelling, cussing and threatening staff #1; -CNA#1 called staff #1 a "crackhead;" -argument started inside but then CNA#1 and staff #1 went outside; -"[CNA#1] lost it;" -staff #1 was trying to calm CNA#1 down; -staff #1 told him not to tell anybody about it.</p> <p>Observation on 1/11/22 at 4:00pm in the facility kitchen revealed: -client #2 went up to staff #1 and told her he reported what happened; -staff #1 said "no [client #2], no;" -staff #1 became tearful.</p> <p>Interview on 1/11/22 with staff #1 revealed: -yesterday, another staff told CNA#1 that staff #1 had complained about CNA#1 to the state during her survey interview; -"that's what started it(the verbal altercation between staff #1 and CNA#1);" -CNA#1 told staff #1 to come outside and talk; -staff #1 went outside with CNA#1 who began to cuss her and tell her she(CNA#1) has had a problem with staff #1 for the past couple of weeks; -staff #1 turned around and came back inside the facility; -she could hear CNA#1 still cussing as she came inside; -everything all started because the CNAs won't do anything;</p>	V 110			

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V 110	Continued From page 11 -she reported it to the Interim PM. -"CNAs come in and don't lift a hand for nothing;" -"when she(CNA#2) works, she doesn't get up from the couch, sits on her phone with the TV on." Interview on 2/2/22 with the Interim PM revealed: -the conflict between staff #1 and CNA#1 was regarding a comment staff #1 made about CNA#2 not doing more work; -CNA#1 and CNA#2 were good friends; -CNA#1 took staff #1's comment about CNA#2 "personally;" -CNA#1 "went off" on staff #1 about it; -CNA#1 then refused to work with staff #1; -she(Interim PM) sat down with CNA#1 and informed her the behavior was not appropriate; -CNA#1 left that shift with staff #1; -CNA#1 "does not work with us anymore;" -she worked a few times with staff #3 after the incident then decided not to come back to work at the facility. This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.	V 110		
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.	V 112	Treatment plans to be developed for each person served that includes person served goals, measurable treatment goals, target dates, and person responsible. Progress reports will be completed monthly that documents progress towards goals and will be updated as appropriate to continue to focus on person served goals for increased indepen- dence. Person Responsible: Program Manager or	

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V 112	<p>Continued From page 12</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement goals and strategies to address client needs for 2 of 3 clients(#1 and #3). The findings are:</p> <p>Review on 1/10/22 and 1/25/22 of client #1's record revealed:</p> <p>-admission date of 9/17/21;</p> <p>-diagnoses of TBI(Traumatic Brain Injury), HTN(Hypertension), Hyperlipidemia, Type 2 Diabetes and chronic constipation;</p> <p>-admission assessment dated 9/17/21 documented client #1 was in a car accident on 9/26/85 and suffered a TBI. He was in multiple rehabilitation(rehab) facilities and had multiple</p>	V 112	<p>Case Manager.</p> <p>Ensuring Compliance: Program Manager to complete training in Electronic Health Record system and process to ensure treatment plans are completed per NC statute and corporate policy.</p> <p>Ensuring Ongoing Compliance: Quality Director to complete quarterly chart audits to ensure treatment plans are written with measurable goals, target dates, and person responsible.</p>		

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V 112	<p>Continued From page 13</p> <p>health issues since his accident. He was insulin dependent and did best in a structured environment. He did not take well to change or authority. He was highly functional and used a wheelchair for mobility. He had a walker but refused to use it. He had a history of refusing therapy. He was capable of cooking, using the restroom and showering independently. He smoked and vaped and followed a smoke schedule. He had yelling spells for a long periods of time and pro-longed outbursts. He had a daily meal plan and he knew what he should and should not eat;</p> <p>-a treatment plan dated 6/28/21 from his prior placement documented the following goals and strategies: build healthy relationships with housemates and reduce number of verbal and physical outbursts, improve his independence by maintaining daily hygiene, room cleanliness and adhere to cigarette frequency daily and meet targeted A1C levels by following diabetic diet in efforts to keep healthy blood sugar counts daily. Staff will encourage, support, role model, praise him, explore healthy alternatives with him to smoking and a healthy diet, offer choices and assist as needed;</p> <p>-a form titled "Care Plan" dated 9/17/21 completed by the Former Program Manager(FPM) documented client #1's history, his therapy needs, his special treatment/accommodations and "Pet Peeves" and his daily meal plan. The "Care Plan" had no set goals, no signatures, no target dates and no measurable outcomes.</p> <p>Review on 1/10/22 and 1/25/22 of client #3's record revealed:</p> <p>-admission date of 7/21/21;</p> <p>-diagnoses of TBI, Unspecified Injury of C2 level of cervical spinal cord and Calcium Deficiency;</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>-admission assessment dated 7/20/21 documented: spinal cord injury due to fall from a ladder on 5/28/20 and admitted to prior facility on 10/27/20. Client #3 was determined TBI and incomplete quadriplegia. He participated in rehabilitation(rehab) and returned to his home with his son where he lived prior to the accident. He was in the hospital in 9/2020 and in 10/2020 for urinary tract infections(UTIs). On 10/12/20 a left ureteral stent was placed, and he was referred to rehab for temporary supported living in his home with his sons. He was admitted on 10/26/20 to a neurorehabilitation program and then transitioned to a supported living program on 2/28/21. During his stay he had repeated UTIs with placement of a foley catheter, neuropathic pain and sacral wound. He was discharged on 7/13/21 from the rehab to transfer to this facility. He was dependent on his care provider to complete his self care; -there was no treatment plan present in the record.</p> <p>Review on 1/18/22 of daily shift notes for 11/2021, 12/2021 and 1/2022 for client #1 and client #3 revealed: -staff provided client #1 with assistance with his hygiene, checked his blood sugars, monitored his smoking schedule, played games with client #1 and monitored him doing his chores; -staff provided client #3 with his personal care, provided bed turns, monitored him preparing his meals and encouraged him to stay up in his chair throughout the day.</p> <p>Interview on 2/1/22 with the Interim Program Manager(PM) revealed: -the Former PM did not complete the updated treatment plans for clients; -she has been working on developing updated</p>	V 112			

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V 112	Continued From page 15 care plans for clients to address their needs. This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118	All staff to repeat Med Tech skill training that will include proper documentation of medication administration into Medication Administration Record. Med Tech documentation of medication administration will occur immediately following the administration of a medication. Person Responsible: Program Nurse or Program Manager in the absence of a Nurse Ensuring Compliance: MAR to be reviewed at the end of each shift to ensure that all medications are documented correctly. Ensuring Ongoing Compliance: Program Manager to run Medication Administering Audit report each month to ensure all missed medications are identified and errors are documented and training completed.	

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V 118	<p>Continued From page 17</p> <p>Observation on 1/11/22 at 1:34pm of client #1's medications revealed: -docusate sodium 100mg one tablet twice daily dispensed 1/4/22; -Aspirin 81mg one at bed dispensed 12/30/21; -Linzeess 145mcg one tablet daily dispensed 12/21/21; -simvastatin 20mg one tablet at bed dispensed 12/29/21; -tamsulosin 0.4mg one tablet at bed dispensed 12/30/21; -Novolog flexipen 100ml dispensed 11/6/21; -Novolog flexipen sliding scale injection dispensed 11/6/21.</p> <p>Review on 1/11/22 and 1/18/22 of client #1's MARs for November 2021, December 2021 and January 2022 revealed: -dosing date of 11/19/21 left blank for the following medications: docusate sodium 100mg one tablet twice daily(pm), Aspirin 81mg one at bed, simvastatin 20mg one tablet at bed, tamsulosin 0.4mg one tablet at bed and Novolog flexipen 100ml inject 9 units before dinner; -Linzeess 145mcg one tablet daily documented as given twice on 12/25/21, 12/28/21 and 12/31/21; -dosing dates of 11/10/21 and 11/19/21 left blank for Sliding scale Novolog; -dosing dates of 12/19/21, 12/29/21 and 12/31/21 no documentation of how many units administered for Sliding scale Novolog.</p> <p>Finding #2: Review on 1/10/22 and 1/25/22 of client #2's record revealed: -admission date of 6/1/21; -diagnosis of TBI; -physicians' orders dated 9/8/21 for the following medications: clozapine 25mg two tablets daily for</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>behaviors, clozapine 100mg two tablets daily for behaviors, simvastatin 40mg one tablet in the evening for high cholesterol, lamotrigine 200mg one tablet daily for seizures, multivitamin 400mcg one tablet in the evening for supplement, divalproex 250mg one tablet daily for seizures, calcium/Vitamin D 600mg one tablet at bed for supplement, fluvoxamine maleate 25mg one tablet at bed for depression and omeprazole 20mg one tablet twice daily for heartburn.</p> <p>Observation on 1/11/22 at 2:07pm of client #2's medications revealed: -clozapine 25mg two tablets daily dispensed 12/29/21; - clozapine 100mg two tablets daily dispensed 12/29/21; -simvastatin 40mg one tablet in the evening dispensed 1/1/22; -lamotrigine 200mg one tablet daily dispensed 12/3/21; -multivitamin 400mcg one tablet in the evening dispensed 12/21/21; -divalproex 250mg one tablet daily dispensed 11/22/21; -calcium/Vitamin D 600mg one tablet at bed dispensed 12/28/21; -fluvoxamine maleate 25mg one tablet at bed dispensed 12/28/21; -omeprazole 20mg one tablet twice daily dispensed 1/1/22.</p> <p>Review on 1/11/22 and 1/18/22 of client #2's MARs for November 2021, December 2021 and January 2022 revealed: -dosing date of 11/19/21 left blank for the following medications: clozapine 25mg two tablets daily, clozapine 100mg two tablets daily, simvastatin 40mg one tablet in the evening, lamotrigine 200mg one tablet daily, multivitamin</p>	V 118			

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V 118	<p>Continued From page 19</p> <p>400mcg one tablet in the evening, divalproex 250mg one tablet daily, calcium/Vitamin D 600mg one tablet at bed, fluvoxamine maleate 25mg one tablet at bed and omeprazole 20mg one tablet twice daily(pm);</p> <p>-dosing dates of 12/19/21 and 12/28/21 left blank for the following medications: clozapine 25mg two tablets daily, clozapine 100mg two tablets daily, simvastatin 40mg one tablet in the evening, lamotrigine 200mg one tablet daily, multivitamin 400mcg one tablet in the evening, divalproex 250mg one tablet daily, calcium/Vitamin D 600mg one tablet at bed, fluvoxamine maleate 25mg one tablet at bed and omeprazole 20mg one tablet twice daily(pm);</p> <p>-dosing date of 12/24/21 left blank for the following medications: multivitamin 400mcg one tablet in the evening, calcium/Vitamin D 600mg one tablet at bed and omeprazole 20mg one tablet twice daily(pm).</p> <p>Finding #3: Review on 1/10/22 and 1/25/22 of client #3's record revealed:</p> <p>-admission date of 7/21/21;</p> <p>-diagnoses of TBI, Unspecified Injury of C2 level of cervical spinal cord and Calcium Deficiency;</p> <p>-physicians' orders dated for the following medications; atorvastatin 40mg one tablet at bed for supplement, Baclofen 20mg one tablet three times daily for spasms, calcium/vitamin D 600mg one tablet twice daily for supplement, multivitamin one tablet daily for supplement, gabapentin 300mg one tablet twice daily for spasms and Pro-Stat sugar 30ml three times daily for supplement.</p> <p>Observation on 1/11/22 at 2:39pm of client #3's medications revealed:</p> <p>-atorvastatin 40mg one tablet at bed dispensed</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>12/28/21; -Baclofen 20mg one tablet three times daily dispensed 11/24/21; -calcium/vitamin D 600mg one tablet twice daily dispensed 12/20/21; -multivitamin one tablet daily dispensed 12/21/21; -gabapentin 300mg one tablet twice daily dispensed 12/21/21; -Pro-Stat sugar 30ml three times daily dispensed 5/11/21.</p> <p>Review on 1/11/22 and 1/18/22 of client #3's MARs for November 2021, December 2021 and January 2022 revealed: -dosing date of 11/19/21 left blank for the following medications: atorvastatin 40mg one tablet at bed, Baclofen 20mg one tablet three times daily, calcium/vitamin D 600mg one tablet twice daily, multivitamin one tablet daily, gabapentin 300mg one tablet twice daily and Pro-Stat sugar 30ml three times daily.</p> <p>Finding #4: Review on 1/10/22 of former client #4(FC#4)'s record revealed: -admission date of 6/23/20; -discharge date of 12/23/21; -diagnoses of TBI, Dementia, Cardiomegaly, Abdominal Hernia, HTN, Depression, Disorder of Right Eye, Impaired minor loss of hearing, dysphagia level 2-mechanical soft diet, nectar thickened liquids; -physicians' orders dated 10/20/21 for the following medications: diazepam 10mg one tablet at bed for mood, melatonin 5mg one tablet at bed for sleep and omeprazole 20mg one tablet daily for indigestion; -physician's order dated 8/27/21 for Miralax once daily for constipation; -physician's order dated 6/7/21 for quetiapine</p>	V 118			

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V 118	<p>Continued From page 21</p> <p>fumerate 50mg one tablet twice daily for mood; -physician's order dated 11/22/21 for Metoclopramide HCL(hydrochloride) 10mg one tablet every six hours x 10 days for nausea and vomiting.</p> <p>Review on 1/25/22 and 2/2/22 of FC#4's MARs for 10/2021, 11/2021 and 12/2021 revealed the following: -dosing date of 11/19/21 left blank for diazepam 10mg one tablet at bed, quetiapine fumerate 50mg one tablet twice daily and melatonin 5mg one tablet at bed; -dosing date of 10/20/21 left blank for omeprazole 20mg one tablet daily; -dosing date of 11/12/21 left blank for Miralax once daily; -am dosing dates of 11/25/21, 11/30/21, 12/1/21, 12/2/21, 12/5/21 and 12/7/21 left blank for Metoclopramide HCL 10mg one tablet every six hours x 10 days.</p> <p>Interview on 2/1/22 with the Interim Program Manager(PM) revealed: -started her position on 12/6/21; -was not aware of the blank dosing dates on the MARs; -have a part-time RN(Registered Nurse) who started working at the facility in the last two weeks; -part-time RN will review MARs and medication orders twice a week.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.</p>	V 118		

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V 131	Continued From page 22	V 131		
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> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the HCPR(Health Care Personnel Registry) prior to hire for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2). The findings are:</p> <p>Finding #1 Review on 1/10/22 and 1/25/22 of staff #1's personnel record revealed: -hire date of 9/23/21; -HCPR accessed on 1/12/22.</p> <p>Interview on 1/10/22 with staff #1 revealed: been here since Oct 13, 2021 "actually on the floor;" -came in for her trainings before then; -work first shift 7am-3pm, sometimes work 7am-7pm.</p> <p>Finding #2 Review on 1/13/22 of an email dated 1/12/22</p>	V 131	<p>Facility will access the Health Care Personnel Registry prior to hire. For agency staff, staffing agency manager will be informed that the HCPR will need to be run and sent to the program prior to agency staff beginning work.</p> <p>HCPR will be placed in agency staff employee file.</p> <p>Person Responsible: Program Manager</p> <p>Ensuring Compliance: Program Manager will be trained in NC statute requirements that includes requirement for all staff, including contractual (agency) staff.</p> <p>Ensuring Ongoing Compliance: Quality Director will complete quarterly audits on employee files during quarterly visit.</p>	

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V 131	<p>Continued From page 23</p> <p>from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Interview on 1/27/22 with the Manager of the temporary staffing agency revealed: -provided CNAs for the facility since 9/2021; -now have 2 CNAs who regularly work there; -facility never asked for any personnel records until the Interim PM asked for them.</p> <p>Review on 1/13/22 of a form titled "Non-Acute Rate Agreement" dated 9/21/21 from a temporary staffing agency revealed signed by the Former PM(FPM) on 9/22/21 for CNA services.</p> <p>Interview on 1/10/22 with CNA#1 revealed: -was a CNA; -worked at the facility prn(as needed) on and off; -worked at the facility for the last 2 months.</p> <p>Attempted interviews on 1/25/22, 1/26/22 and 1/27/22 with CNA#2 were unsuccessful as there was no responses to voicemails left on her cell phone.</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the Interim PM for CNA#1 and CNA#2 revealed: -CNA#1 began working at the facility on 11/26/21 and the HCPR was accessed on 10/4/21; -CNA#2 began working at the facility on 11/3/21 and the HCPR was accessed on 6/22/21.</p>	V 131			

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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS		STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270		
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V 131	Continued From page 24 This deficiency constitutes a re-cited deficiency. This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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 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	V 133	Criminal history record checks will be completed for all staff hired within 5 days of the offer of employment. Staff will not work with program participants without a satisfactory criminal history record check. Staffing Agency manager will be contacted of requirement to have a satisfactory criminal history record check prior to staff working at facility. Criminal history check needs to be completed within 5 days of working. Satisfactory criminal records check will be placed in the agency staff employment record at the facility. Program Responsible: Program Manager Ensuring Compliance: Program Manager will be trained on NC statute requirements including agency (contractual) staff. Ensuring Ongoing Compliance: Quality Director will complete quarterly audits of employee records to ensure compliance with NC statutes.	

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V 133	Continued From page 25 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 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	V 133		

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V 133	Continued From page 26 criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of	V 133		

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V 133	Continued From page 27 criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 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	V 133		

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V 133	<p>Continued From page 28</p> <p>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 fingerprint cards as required in G.S. 114-19.10.</p> <p>(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 records review and interviews, the facility failed to submit the request for a criminal history record check not later than five business days after the individual begins conditional</p>	V 133		

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V 133	<p>Continued From page 29</p> <p>employment for 2 of 3 staff(#1, #3) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2). The findings are:</p> <p>Finding #1: Review on 1/10/22, 1/18/22 and 1/25/22 of personnel records revealed: -staff #1 was hired on 9/23/21 with the job title of Life Skills Trainer. A state criminal records check was completed on 10/14/21; -staff #3 was hired on 3/7/19 with the job title of Life Skills Trainer. A letter from the SBI(State Bureau of Investigation) dated 5/27/20 was present in the record regarding a state criminal records check.</p> <p>Interview on 1/10/22 with staff #1 revealed: been here since Oct 13, 2021 "actually on the floor;" -came in for her trainings before then; -work first shift 7am-3pm, sometimes work 7am-7pm.</p> <p>Interview on 1/12/22 with staff #3 revealed: -worked there since March 2019; -work weekday shift 4pm-11pm and on the weekends 3pm-11pm.</p> <p>Finding #2: Review on 1/13/22 of an email dated 1/12/22 from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Interview on 1/27/22 with the Manager of the</p>	V 133		

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V 133	<p>Continued From page 30</p> <p>temporary staffing agency revealed: -provided CNAs for the facility since 9/2021; -now have 2 CNAs who regularly work there; -facility never asked for any personnel records until the Interim PM asked for them.</p> <p>Review on 1/13/22 of a form titled "Non-Acute Rate Agreement" dated 9/21/21 from a temporary staffing agency revealed signed by the Former PM(FPM) on 9/22/21 for CNA services.</p> <p>Interview on 1/10/22 with CNA#1 revealed: -was a CNA; -worked at the facility prn(as needed) on and off; -worked at the facility for the last 2 months.</p> <p>Attempted interviews on 1/25/22, 1/26/22 and 1/27/22 with CNA#2 were unsuccessful as there were no responses to voicemails left on her cell phone.</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the Interim PM for CNA#1 and CNA#2 revealed: -CNA#1 began working at the facility on 11/26/21 and a state criminal records check was completed on 10/6/21; -CNA#2 began working at the facility on 11/3/21 and a state criminal records check was completed on 6/18/21.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.</p>	V 133			
V 289	27G .5601 Supervised Living - Scope	V 289			

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V 289	Continued From page 31 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 substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than	V 289	Contractual staff will have employee files onsite that will include Job Description that include duties & responsibilities, copy of license (if applicable), satisfactory HCPR and Criminal Records check, documented completion of trainings and competency based personnel trainings including trainings specific to person served individual care needs and diagnosis. The staffing agency manager will be contacted and informed of the need to have all required HCPR and criminal records checks completed within 5 days of employment on floor. Manager will be made aware of need to have Job Description and training requirements of staff prior to working on the floor. Treatment plans will be developed upon admission, goals updated monthly, and reviewed annually. The treatment plan will be developed with person centered goals, measurable treatment goals, target dates, and person responsible. Program Director and Case Manager will complete training on the Electronic Health Record for proper documentation of the Initial, monthly and annual Treatment Plan. All NeuroRestorative staff will go through Med Tech training including proper and timely documentation of medication administration. Space heaters were removed from facility. Ability of facility to be able to maintain an ambient temperature throughout the home is	

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V 289	<p>Continued From page 32</p> <p>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)&(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 records review, observations and interviews, the facility failed to provide residential services to individuals where the primary purpose of these services was the care, habilitation or rehabilitation of individuals affecting 3 of 3 current clients(#1, #2, and #3) and 1 of 1 former client(FC#4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202(a-e) Personnel Requirements V107 Based on records review and interviews, the facility failed to maintain a file for each individual employee indicating the training and experience and failed to have a written job description for each staff position specifying the duties and responsibilities</p>	V 289	<p>being assessed with plan to correct any issues identified. Repair was completed, a new system was installed to replace failing unit.</p> <p>Employees engaged in improper interactions in front of persons served are no longer employed at the facility. All staff to go through proper interaction style training.</p> <p>Person Responsible: Program Manager and State Director</p> <p>Ensuring Compliance: Program Manager to go through Program Manager training and training on NC statutes. State Director to meet with Program Manager weekly to review corrective action plan and progress to action steps.</p> <p>Ongoing Ensuring Compliance: Quality Director to visit quarterly to ensure compliance with corrective action plan. Visits will include audits of employee files and person served records including treatment plans.</p>		

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V 289	<p>Continued From page 33</p> <p>of the position for 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2).</p> <p>Cross Reference: 10A NCAC 27G .0202(f-i) Personnel Requirements (V108) Based on records review and interviews, the facility failed to ensure staff completed training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2).</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on records review, observations and interviews, the facility failed to ensure paraprofessionals demonstrated knowledge, skills and abilities required by the population served for 1 of 2 Contracted CNAs (Certified Nursing Assistants/CNA#1).</p> <p>Cross Reference: 10A NCAC 27G .0205(c-d) Assessment and Treatment/Habilitation or Service Plans (V112) Based on records review and interviews, the facility failed to develop and implement goals and strategies to address client needs for 2 of 3 clients(#1 and #3).</p> <p>Cross Reference: 10A NCAC 27G .0209(c) Medication Requirements (V118) Based on records review, observations and interviews, the facility failed to ensure the MARs were kept current and medications were documented as administered immediately after administration affecting 3 of 3 current clients(#1, #2, #3) and 1 of 1 former client(FC#4).</p> <p>Cross Reference: G.S. 131E-256(d2) Health Care Personnel Registry (V131) Based on</p>	V 289		

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V 289	<p>Continued From page 34</p> <p>records review and interviews, the facility failed to access the HCPR(Health Care Personnel Registry) prior to hire for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2).</p> <p>Cross Reference: G.S. 122C-80(g2) Criminal History Record Check Required For Certain Applicants For Employment (V133) Based on records review and interviews, the facility failed to submit the request for a criminal history record check not later than five business days after the individual begins conditional employment for 2 of 3 staff(#1, #3) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on record review, observations and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff demonstrated competence by successfully completing training in alternatives to restrictive interventions for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2).</p> <p>Cross Reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Interview on 2/2/22 with the Interim Program Manager(PM) revealed: -she travels across to various states and assists with facilities who have new staff in leader positions; -she trains new staff and ensures the facility is</p>	V 289			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/02/2022
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS		STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270		
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V 289	<p>Continued From page 35</p> <p>complying with agency policies and procedures; -started on site at this facility on 12/6/21; -was brought in to train new staff on policies and procedures and systems; -Former Program Manager and Nurse Manager had both left the facility; -right after they left, the Residential Supervisor left; -now have only two full-time staff and she is one of the two full time; -came to manage the program and rehire for all staff positions; -she will remain and train to get the facility going in right direction; -as Interim PM, she will provide oversight of everything, ensure established policies and procedures are followed and ensure all medical requirements are met for clients; -now have a part-time registered nurse(RN) who comes in twice a week; -RN is also a trainer; -in the process of recruiting a Nurse Case Manager who will oversee the clients' medical care; -in the process of recruiting a PM who will oversee entire facility operations and staff; -she is also in the process of revising the agency orientation manual for newly hired staff; -she was not aware of the blanks on the MARs for the clients; -the CNAs were in place before she came; -the treatment plans were not updated by the FPM; -she has since developed an updated preliminary plan of care; -she plans to ensure all issues are addressed and corrected.</p> <p>Interview on 2/2/22 with the State Director for the facility revealed:</p>	V 289		

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V 289	<p>Continued From page 36</p> <p>-stated this is not how they provide services; -this is not usual for their company; -they will ensure everything is corrected and addressed.</p> <p>Review on 2/2/22 of a Plan of Protection dated 2/2/22 and completed by the Interim PM revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> 1. Make sure all staff have required trainings to perform their expected duties and qualified topics related to the needs of those served. 2. Obtain, maintain complete personnel files for all personnel who work at the facility. 3. Complete, implement all care plans for those served. 4. Removed all space heaters from the premises." <p>- "Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1. Obtained required documents on agency CNA staff. Maintaining complete HR record on all workers at the facility. 2. Scheduling Crisis Prevention Intervention certified training in de-escalation techniques for all staff to be conducted Feb 6th. Alternate option Feb 13th if needed for staff availability. 3. Train CNAs and all staff who have not had TBI(Traumatic Brain Injury) specific training on Friday, Feb 4th, 2022. 4. Part-time RN hired 1/24/22 to review MARS, medication orders and provide nursing services 2 times weekly. 5. Created primarily, updated participants Care plans 1/24/22. 6. Spoke with employees regarding verbal altercation between two employees, primary person has resigned her position on January 30, 2022." 	V 289			

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V 289	Continued From page 37 Current clients #1, #2, #3 and FC #4 had diagnoses which included TBI, Diabetes, Depression, Dementia, Hypertension, Unspecified Injury of C2 level of the cervical spinal cord and Hyperlipidemia. There were no updated treatment plans for client #1 and client #3 to address the following behaviors and medical issues: verbal and physical outbursts, non-compliance with treatment, management of diabetes and chronic urinary tract infections and increase in self-care skills. There were 62 dosing dates left blank on clients' #1, #2, #3 and FC#4's MARs for medications prescribed to address diabetes, high cholesterol, seizures, depression, spasms and behaviors. The facility contracted with a temporary staffing agency for CNAs to work at the facility with the clients. The facility did not maintain personnel records for the Contract CNAs and had no job descriptions. The facility did not access the HCPR and request criminal history records checks for the Contract CNAs and staff in the required time frame. Staff #1 did not complete training in Diabetes and Alternatives to Restrictive Interventions. The Contract CNAs did not complete training in TBI and Alternatives to Restrictive Interventions. There was a verbal altercation at the facility which involved cussing and yelling by Contract CNA#1 towards staff #1 in front of client #2. The facility had been using space heaters due to prior issues with the heating system. The systematic failure of the facility to maintain personnel records for the Contract CNAs, provide the Contract CNAs and staff with required trainings, to ensure Contract CNA#1 displays appropriate behaviors in the presence of clients, to update treatment plans to address clients' medical and behavioral needs, to ensure accurate medication administration and to maintain the facility in a safe manner constitutes a	V 289			

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V 289	Continued From page 38 Type B rule violation which is detrimental to the health, safety and welfare of the clients and requires a 45-day plan of correction. if this violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 289		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536	CPI training was completed for all staff to ensure all staff have CPI training. Contractual staff will complete CPI training prior to working in the facility. Staffing agency manager made aware of training requirement. CPI certificates to be placed in employee's file, including agency staff. Person Responsible: Program Manager Ensuring Compliance: Program Manager to be trained on NC statute requirements. Ensuring Ongoing Compliance: State Director, who is also CPI trainer, will review new hire staff records weekly to ensure that all staff have current CPI certificates in their employee files. Quality Director to review employee files quarterly to ensure CPI certificates are present and current.	

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V 536	Continued From page 39 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may	V 536		

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V 536	Continued From page 40 review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years.	V 536		

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V 536	<p>Continued From page 41</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 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> </p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff demonstrated competence by successfully completing training in alternatives to restrictive interventions for 1 of 3 staff(#1) and 2 of 2 Contracted CNAs(Certified Nursing Assistants/CNA#1 and CNA#2). The findings are:</p> <p>Finding #1: Review on 1/10/22, 1/18/22 and 1/25/22 of staff</p>	V 536		

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V 536	<p>Continued From page 42</p> <p>#1's personnel records revealed: -staff #1 was hired on 9/23/21 with the job title of Life Skills Trainer; -there was no documentation of completed training in CPI(Non-Violent Crisis Prevention Intervention) present in the record.</p> <p>Interview on 1/10/22 with staff #1 revealed: -been here since Oct 13, 2021 "actually on the floor;" -came in for her trainings before then; -had trainings in bloodborne pathogens, medications, CPR(cardiovascular pulmonary resuscitation)/First Aid, safety training, COVID/Flu training, catheter care and individual client training; -not sure had CPI; -work first shift 7am-3pm, sometimes work 7am-7pm.</p> <p>Finding #2 Review on 1/13/22 of an email dated 1/12/22 from the Interim Program Manager(PM) regarding a request for personnel records for CNA#1 and CNA#2 revealed the following documented: "these ladies are Agency contract workers, not our employees. I will need to collect this information from their employer ...Not sure how contract employees are regarded based on North Carolina licensing regulations?"</p> <p>Interview on 1/27/22 with the Manager of the temporary staffing agency revealed: -provided CNAs for the facility since 9/2021; -when the CNAs first started at the facility, the CNAs would go early to their shift to meet with facility staff to get information about the clients and what they needed to do on the shift; -was the facility's responsibility to train the CNAs; -was given a general idea of what the facility</p>	V 536			

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V 536	<p>Continued From page 43</p> <p>needed,</p> <p>-CNAs did on-line tests with her company regarding competencies.</p> <p>Review on 1/13/22 of a form titled "Non-Acute Rate Agreement" dated 9/21/21 from a temporary staffing agency revealed signed by the Former Program Manager(FPM) on 9/22/21 for CNA services.</p> <p>Interview on 1/10/22 with CNA#1 revealed:</p> <p>-was a CNA;</p> <p>-worked at the facility prn(as needed) on and off;</p> <p>-worked at the facility for the last 2 months.</p> <p>Attempted interviews on 1/25/22, 1/26/22 and 1/27/22 with CNA#2 were unsuccessful as there were no responses to voicemails left on her cell phone.</p> <p>Review on 1/18/22 and 1/25/22 of personnel records from the temporary staffing agency produced by the PM for CNA#1 and CNA#2 revealed:</p> <p>-CNA#1 began working at the facility on 11/26/21 and there was no documentation of completed training in CPI present in the record;</p> <p>-CNA#2 began working at the facility on 11/3/21 and there was no documentation of completed training in CPI present on the record.</p> <p>Review on 1/27/22 of "Annual Training and Orientation Manual for Healthcare Professionals" produced by the Manager of the temporary staffing agency revealed:</p> <p>-no documentation of alternatives to restrictive interventions training specified in the training topics outline;</p> <p>-listed training topics included Patient Rights and Care, Infection Control, Risk Management, Safety</p>	V 536		

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STREET ADDRESS, CITY, STATE, ZIP CODE

NEURORESTORATIVE-SARDIS

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V 536	Continued From page 44 Guidelines and Workplace Conduct, Long Term Care, Basic Nursing Skills, Infection Control, Legal/Ethical, Physical Care, Psychosocial and Communication and Restorative Skills. Interview on 2/2/22 with the Interim PM revealed: -checked with the CPI trainer regarding staff #1's CPI training; -he was not aware staff #1 had not completed training in CPI; -was not aware CNAs had to complete training in CPI. This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/10/22 at 11:05am revealed: -a tall black rectangular shaped space heater by	V 736	Repairs made to facility heating element to ensure heat to the facility. Space heaters removed from the facility. Person responsible: Program Manager Ensuring Compliance: Program Manager to be trained on facility and grounds statutes including not having space heaters in facility. Plan in place to evacuate site if ambient temperature cannot be maintained. Evacuation may be very short term while heating/cooling systems are being repaired or long term if repairs cannot be completed timely. Ensuring Ongoing Compliance: Maintenance Inspections to be completed monthly to ensure facility systems are working. Communication by State Director with Program Director whenever	

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V 736	<p>Continued From page 45</p> <p>the round table in the room on the lower floor to the left of the steps; -not plugged in and not in use.</p> <p>Observation on 1/11/22 at 2:00pm revealed: -a tall black cylinder shaped; space heater in the living room area; -not plugged in and not in use.</p> <p>Observation on 1/10/22 at 3:55pm revealed: -client #3 in a hospital bed, had a wheelchair and a hooyer lift; -client #1 in a wheelchair and can self-ambulate; -client #2 walking with no assistance.</p> <p>Observation on 1/11/22 at 1:14pm revealed: installed sprinkler system, fire alarms and smoke detectors with hard wired fire alarm system.</p> <p>Observation on 1/11/22 at 4:11pm revealed -a space heater in client #3's bedroom; -not plugged in and not in use.</p> <p>Interview on 1/10/22 and 1/11/22 with staff #1 revealed: -guys came out first time for heating and gave an estimate about what work needed be done; -had to come back out yesterday; -have heat now; -duct system needed to be updated; -guy supposed to be out here this week; -turned the heat on a couple times to check it before it got cold and it ran fine; -when it got cold, the heat was blowing cold air instead of warm; -it blows heat now; -used space heaters for a day; -client #3 liked it extra hot; -used his space heater when he was in the bathroom.</p>	V 736	ambient temperatures cannot be maintained.	

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V 736	<p>Continued From page 46</p> <p>Interview on 1/10/22 with staff #2 revealed: -clients had some heaters in their rooms; -heat went out maybe 2 days; -client #3 had a space heater in his room.</p> <p>Interview on 1/12/22 with staff #3 revealed: -heat system needed repairs; -not working at times; -repair men came in to replace "the whole thing;" -used portable heaters 4-5 times.</p> <p>Review on 1/18/22 of a copy of an invoice from a local heating and air repair company dated 12/14/21 revealed: -needed to replace outdoor unit; -needed to replace breaker; -"system is heating;" -"paid in full."</p> <p>Interview on 1/11/22 with the Interim Program Manager revealed she was not aware they could not use space heaters in the facility.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .5601 Supervised Living for Adults of All Disability Groups-Scope(V298) for Type B rule violation and must be corrected within 45 days.</p>	V 736		



NeuroRestorative Charlotte
151 Sardis Rd, N
Charlotte, NC 28270
Office Phone #: 704-367-5100

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

To whom it may concern,

See attached Corrective Action Plan for our facility. Please let me know if you need any additional information.

Thank you for your attention to this matter,

Sincerely,

A handwritten signature in black ink that reads "Carolyn Mancuso-Seagraff". The signature is written in a cursive, flowing style.

Carolyn Mancuso-Seagraff

Carolyn.Mancuso-Seagraff@sevitahealth.com