PAMCO Care-NC, LLC

Provider Identification #	Date Survey Completed	Name of Provider	Street Address, City, State, Zip Code	Survey Exit Date
MHL043-103	2/02/2022	PAMCO-NC, LLC	1391 PEACH FARM ROAD LILLINGTON, NC 27546	2/2/2022

Regulation and Deficiencies	Corrective Action Plan	Projected date of Completion
10A NCAC 27G .0202 Personnel Requirements /V108/Standard	**Provider's Response:** All staff's Personnel files will have evidence of all requirements in their physical personnel file on site at the program. All staff personnel files. All staff Personnel files will be audited quarterly.	02/15/2022, Ongoing
10A NCAC 27G .0209 Medication Requirements /V118/Standard	**Provider's Response:** The House Manager will observe and review the MAR to ensure that all medications will be entered into the system. The House Manager receives alerts when there is any medication missed or late. The House Manager will follow up to ensure that all medications have been passed. The House Manager is required to have audited medications three times a week and complete the Medication Audit form. The Pharmacy receives all orders for medications. The pharmacy will send a copy of the orders to PAMCO Care to be stored and available in the program. – Will be completed by 02/15/2022	02/15/2022; Ongoing
G.S. §122C-80 Criminal History Record Check /V133/Recite	**Provider's Response:** The Office and Training Administrator will submit and review all background checks for all the staff in the program. PAMCO Care will have all staff have current background checks completed by 02/15/2022. Ongoing background checks will be completed for all staff upon being hired.	02/15/2022; Ongoing
10A NCAC 27G .0304 Location and Exterior Requirements /V736/Standard	**Provider's Response:** The House Manager will complete daily inspections of the home and address any environmental issues or concerns. The House Manager will send maintenance requests to the Program Director to facilitate repairs. The direct care staff will work with the residents and	02/15/2022; Ongoing

	support them in cleaning their bedrooms, when they are unable or unwilling to clean their bedrooms, staff will complete the task.	
10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions /V536/Standard	**Provider's Response**: All staff were brought to current with all trainings. Moving forward, all trainings will be overseen by the Office and Training Administrator. A training schedule log was developed to properly review trainings of all staff in the program.	02/15/2022; Ongoing

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V 000	INITIAL COMMENTS An Annual, Complaint and Follow Up Survey was completed February 3, 2022. The Complaint was substantiated (Intake #NC00184818). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108	DHSR - Mental Health MAR 09 2022 Lic. & Cert. Section	

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V 108	Continued From page 1 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Program Director/Qualified Professional (QP) and the House Manager/Lead Direct Support Professional (HM/LDSP) had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are: Review on 2/1/22 of the Program Director/QP's personnel record revealed: - Hired: 5/19/19 -. First Aid and CPR certificate expired 3/13/21 - There was no evidence of a current First Aid and CPR training certificate in the record. Review on 2/1/22 of the HM/LDSP's personnel record revealed: - Hired: 5/19/20 - First Aid and CPR certificate expired 9/4/21. - There was no evidence of a current First Aid and CPR training certificate in the record. Interview on 2/1/22 the HM/LDSP reported: - Upon hire, she was already trained in First Aid and CPR. - She had not had any First Aid and CPR training since her hire date. - She was unaware her First Aid and CPR	V 108		

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V 108	Continued From page 2 training had expired. - She worked in the home and took clients on appointments/outings often as the only staff. Interview on 2/1/22 the Program Director reported: - He contacted the corporate office to obtain the most current trainings in the staff's personnel record. - He would assure staff had current trainings moving forward.	V 108		
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	V 118		

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V 118	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications under the written authorization of a physician as well as assure the MAR was current for 3 of 3 clients (#1-#3). The findings are: I. Examples of client #1's medication issues Review on 1/27/22 of client #1's record revealed: - Admitted: 8/12/19 - Diagnoses: Schizophrenia and Intellectual Developmental Disability (IDD) - November 2021-January 2022 MARs listed the following medications pre-typed by the pharmacist: Abilify 15mg one tablet (tab) daily (schizophrenia) Baclofen 20mg one tab three times daily (muscle spasms) Cetirizine 10mg one tab daily (allergies) Farxiga 10mg one tab daily (diabetes) Fenofibrate 160mg one tab daily (cholesterol) Januvia 100mg one tab daily (diabetes) Lisinopril 2.5mg one tab daily (hypertension) Pantoprazole Sodium 40mg one tab daily (Gastroesophageal Reflux Disease (GERD)) Pioglitazone 10mg one tab daily (Diabetes)	V 118		

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V 118	Continued From page 4 Naproxen 500mg one tab as needed three times a day (pain) A. Review on 1/27/22 of client #1's record revealed: - Monthly pre-typed "Physician's Order" forms dated between November-January 2022. - The forms were not signed by a physician. - The forms were generated by the pharmacist. - No signed orders by a physician of the medications listed on the pre-typed forms. Review on 1/31/22 of copies of electronically signed physician's orders from the pharmacist revealed the same information as typed on client #1's November 2021-January 2022 MARs. B. Review on 2/1/22 of client #1's November 2021-January 2022 MARs and compared to the handwritten documentation of November 2021-January 2022 MARs revealed no initials on the following dates/times on either document: - November Baclofen 26th at 12 PM; 27th at 8 AM & 12 PM; 30th at 12 PM - December Baclofen 18th at 12 Noon & 8:00 PM; 24th, 29th at 8 PM - January Farxiga 14th and 15th Januvia 15th II. Examples client #2's medication issues Review on 1/27/22 of client #2's record revealed: - Admitted: 5/9/19 - Diagnoses: Intermittent Explosive & Mood disorder, Bipolar D/O, Mild Attention Deficit Hyperactivity Disorder, Autism And Diabetes	V 118		

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V 118	Continued From page 5 - November 2021-January 2022 MARs listed the following medications: Abilify 20mg take 1/2 tab (10mg) twice a day Depakote 500mg three tabs (1500mg) at night (seizures/bipolar) Esomeprazole magnesium 20mg one tab daily (GERD) Tenex 1mg two tabs twice daily (Hypertension/Attention Deficit Hyperactivity Disorder) Lantus Solos Injection 100/ml inject 10units at night up to 125 if glucose below 130 (Diabetes) Lisinopril 2.5mg one daily Metformin 1000mg one tab twice daily (Diabetes) Novolog Flex pen per sliding scale before each meal 50 units max A. Review on 1/27/22 of client #2's record revealed: - Monthly pre-typed "Physician's Order" forms dated between November-January 2022. - The forms were not signed by a physician. - The forms were generated by the pharmacist. - No signed orders by a physician of the medications listed on the pre-typed forms. Review on 1/31/22 of copies of electronically signed physician's orders from the pharmacist the same information as typed on client #2's November 2021-January 2022 MARs. B. Review on 2/1/22 of client #2's November 2021-January 2022 MARs and compared to the handwritten documentation of November 2021-January 2022 MARs revealed no initials on the following dates/times on either document: - November Tenex 28th & 29th at 8 PM;	V 118		

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V 118	Continued From page 6 Metformin 28th at 8 PM - December Abilify 21st at 8 AM; 24th, 25th, 29th at 8 PM Depakote 18th, 24th, 25th and 29th Esomeprazole Mag 18th Tenex 18th at 8 AM & 8 PM; 24th, 25th and 29th at 8 PM Lisinopril 18th Metformin 18th at 8 AM & 8 PM; 24th, 25th and 29th at 8 PM - January Abilify 6th 8 AM Depakote 18th Esomeprazole 14th and 15th Tradjenta 16th III. Examples of medication issues for client #3 Review on 1/27/22 of client #3's record revealed: - Admitted: 11/28/19 - Diagnoses: Autism, Disruptive Mood Disorder and Oppositional Defiant Disorder - November 2021-January 2022 MARs listed the following medications: Cetirizine 10mg one tab at bedtime for allergies Fenofibrate 54 mg one tab daily (cholesterol) Luvox 50mg 1 & 1/2 tab (75mg) twice daily (Obsessive Compulsive Disorder Lithium Carb 300mg one capsule three times a day with meals (Mania) Oxcarbazepine 600mg one tab twice daily (Epilepsy) Vyvanse 70mg one daily (Attention Deficit Hyperactivity Disorder) A. Review on 1/27/22 of client #3's record revealed: - Monthly pre-typed "Physician's Order" forms	V 118		

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V 118	Continued From page 7 dated between November-January 2022. - The forms were not signed by a physician. - The forms were generated by the pharmacist. - No signed orders by a physician of the medications listed on the pre-typed forms. Review on 1/31/22 of copies of electronically signed physician's orders from the pharmacist the same information as typed on client #3's November 2021-January 2022 MARs. B. Review on 2/1/22 of client #3's November 2021-January 2022 MARs and compared to the handwritten documentation of November 2021-January 2022 MARs revealed no initials on the following dates/times on either document: - November Cetirizine 19th, 22nd, 23rd Lithium 22nd, 23rd, at 8:00 PM; 26th, 27th, 30th at 12 PM - December Cetirizine 15th, 23rd, 24th, 25th and 29th Luvox 23rd, 24th and 29th at 8 PM Lithium Carb 23rd and 24th at 12 PM & 8 PM; 29th at 8 PM Oxcarbazepine 23rd, 24th, 25th, 29th at 8 PM - January Lithium Carb 13th , 15th at 8 AM & 12 PM: 14th at 8 AM, 12 PM & 8 PM; 16th and 23rd at 12 PM Vyvanse 23rd Interview on 2/1/22, the House Manager/Lead Direct Support Professional reported: - Agency utilized an electronic system for medication administration records - The handwritten MAR was printed and used as a back up incase of computer issues or emergency. There should be no blanks on the MARs as codes were designed to provide	V 118		

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V 118	Continued From page 8 explanations of why the medication was not administered. - In regards to the physician orders, the pharmacist had signed copies. The physician's sent the prescriptions to the pharmacist. Interview on 2/1/22 the Program Manager reported: - He was aware the facility should maintain a copy of the client's records and blanks should not be observed on the MAR. - He would address with management to assure compliance moving forward.	V 118		
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	V 133		

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V 133	Continued From page 9 on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered 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	V 133		

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V 133	Continued From page 10 conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (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	V 133		

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V 133	Continued From page 11 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 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	V 133		

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V 133	Continued From page 12 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (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. (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: (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. (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.)	V 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-103	A. BUILDING: _____ B. WING _____	R 02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACH FARM ROAD	1391 PEACH FARM ROAD LILLINGTON, NC 27546

(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 133	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete a statewide criminal background check within seven days of employment for two of four audited staff (#2 and House Manager/Lead Direct Support Professional (HM/LDSP)) The findings are: Review on 2/1/22 of staff #2's personnel record revealed: - Hired: 4/10/20 - County criminal record check dated 5/26/20. - No statewide criminal record check. Review on 2/1/22 of the HM/LDSP's personnel record revealed: - Hired: 5/25/20 - County criminal record check dated 5/19/20. Interview on 2/1/22 the HM/ LDSP reported she: - Was aware the agency was cited previously regarding criminal background checks nit being completed within a few days of hire - Was not aware the local criminal check from the county court was not a statewide criminal check. - Would discuss with management in another state to resolve. Interview on 2/1/22 the Program Manager reported: - He worked at the corporate office in another state - He was aware the facility was to provide statewide checks of staff before hire. - Management would resolve to assure compliance.	V 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 133	Continued From page 14 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
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). (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.	V 536		

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V 536	Continued From page 15 (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 review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-103	A. BUILDING: _____ B. WING _____	R 02/03/2022

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V 536	Continued From page 16 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. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include:	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-103	A. BUILDING: _____ B. WING _____	R 02/03/2022

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PEACH FARM ROAD	1391 PEACH FARM ROAD LILLINGTON, NC 27546

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V 536	Continued From page 17 (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure two of four audited staff (Program Director/Qualified Professional (PD/QP) and staff #2) were trained in Alternatives to Restrictive Interventions. The findings are: Review on 2/1/22 of the PD/QP's record revealed: - Hired 5/19/19 - Certificate for Alternatives to Restrictive Interventions Instructor with an expiration of November 2020 - No evidence of current recertification training in Alternatives to Restrictive Interventions Review on 2/1/11 of staff #2's personnel record	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 536	Continued From page 18 revealed: - Hired: 4/10/20 - No evidence of training to Alternatives to Restrictive Interventions Interview on 8/10/21 the House Manager/Lead Direct Support Professional reported: - The facility utilized "North Carolina Intervention " as Alternatives to Restrictive Interventions training for staff. - She thought staff #2 took the Alternatives to Restrictive Interventions with her in 2021. - She was not able to locate any additional training certificates Interview on 2/1/22 the Program Manager reported: - The PD/QP worked out of state and was in charge of several homes including this location. - The PD/QP's personnel record was maintained at the corporate office located out of the state of North Carolina - He initiated contact with the Human Resources Department at the corporate office to locate the certificates for staff #2 and the PD/QP - Human Resources was unable to locate any current certificates for staff #2 and the PD/QP for alternatives to restrictive interventions.	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.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 19 This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Observation and tour of the facility on 1/27/22 between 5:20 PM-6:30 PM revealed the following: - Bedroom occupied by Client #2: Dresser- bottom drawer off track and broken Flooring- hardwood flooring tiles separated leaving gaps Ceiling- uncaulked around the perimeter leaving a cracked space Bathroom floor- dirty with spots noted throughout as well as heavy dirty build up near the commode Wall near commode- two circular "soft putty" areas Light switch plate- horizontal crack less than 2 cm in length noted Bathroom floor vent- rusty and discolored Shower- dingy in color and dirty noted inside, wallpaper peeling above the shower, shower head not flush against the wall Towel holder rod not secure to the wall. - Bedroom occupied by client #1 Three large storage bins stacked on top of each other with clothes hanging out and arounnd the stack Over head light fixture with one covering missing over a light bulb. Full/Queen size Mattress does not fit the King size bed frame. Clothes noted throughout the room on	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 736	Continued From page 20 the floor Thick layers of dust noted on baseboards Blinds to the window broken - Bedroom occupied by client #3 Lanolium floor not secure around the door to the room - Living room Thick dust noted on overhead light fixture Flooring leaading to patio lifted - Main bathroom Hole noted in wall Interview on 1/27/22 the House Manager/Lead Direct Support Professional reported: - It was a difficult balance between client rights and assuring the house was maintained. - She had made attempts to provide incentives and meet the clients where they were daily.	V 736		

Agencies are responsible for verifying Instructor certification.

North Carolina- Communication and De-Escalation Interventions

Participant

This certifies that

Kenny Emberton

has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques

NC-CDI Training

This individual is certified in 0 optional techniques (see back)
A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services

Tiffany Henley	2 February 2022
Instructor Name	Date of Issue
Tiffany Henley	2 February 2022
Instructor Signatures	Expiration Date

Participant North Carolina - Communication and De-Escalation Interventions

American Red Cross

Certificate of Completion

Kenneth Emberton

has successfully completed requirements for

Adult First Aid/CPR

conducted by
American Red Cross

Date Completed: **02/03/2022**
Valid Period: **2 Years**

Instructors: **Sharonda Bradley**

Certificate ID: 00RAJNA

To verify, scan code or visit: https://www.redcross.org/take-a-class/qrcode?certnumber=00RAJNA

North Carolina- Communication and De-Escalation Interventions

Agencies are responsible for verifying Instructor certification.

Instructor

This certifies that

Tiffney Henley

has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques

NC-CDI Prevention and Core +Training

This individual is certified in 11 optional techniques (see back)
A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services

Joe Simmons	November 18, 2021
Instructor Name	**Date of Issue**
Joe Simmons	November 18, 2022
Instructor Signature	**Expiration Date**

Agencies are responsible for verifying Instructor certification.

North Carolina- Communication and De-Escalation Interventions

Participant

This certifies that

Shawn Thomas

has fulfilled all requirements for certification and is subject to annual recertification

North Carolina-Communication, De-Escalation Interventions-Prevention

A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services

Tiffney Henley	February 6, 2022
Instructor Name	Date of Issue
Tiffney Henley	February 5, 2023
Instructor Signatures	Expiration Date

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Child Development and Early Education

ROY COOPER • Governor
MANDY COHEN, MD, MPH • S
ARIEL FORD • Director

February 15, 2022

Peach Farm Road - MHL-043-103

RE: Tiffney Henley

The North Carolina Department of Health and Human Services (DHHS) has received the results of the background check on the applicant referenced above.

Based upon a review of the applicant's background check it has been determined that:

X	**No criminal history found on applicant**
_____	**Criminal history found on applicant**
_____	**A completed DHHS waiver form signed by the Applicant must be submitted to DHHS within sixty (60) days of this notice.**
_____	**Open Warrant found on Applicant**
_____	**Sex Offender Registry(SOR) History Record found on Applicant**

If a criminal record was found and a waiver form is being requested, the applicant will receive the remaining report once a completed waiver form is received by DHHS.

If an applicant thinks the information provided by the North Carolina State Bureau of Investigation (SBI) and/or the Federal Bureau of Investigation (FBI) is incorrect, he/she must contact the SBI directly at (919) 582-8660 and ask for the "Right to Review Packet" or the FBI directly at (304) 625-5590 and ask for the "Identification Record Request."

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Child Development and Early Education

ROY COOPER • Governor
MANDY COHEN, MD, MPH • S
ARIEL FORD • Director

February 28, 2022

Peach Farm Road - MHL-043-103

RE: Kenneth Emberton Iii

The North Carolina Department of Health and Human Services (DHHS) has received the results of the background check on the applicant referenced above.

Based upon a review of the applicant's background check it has been determined that:

X	**No criminal history found on applicant**
_____	**Criminal history found on applicant**
_____	**A completed DHHS waiver form signed by the Applicant must be submitted to DHHS within sixty (60) days of this notice.**
_____	**Open Warrant found on Applicant**
_____	**Sex Offender Registry(SOR) History Record found on Applicant**

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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 21, 2022

Pamela Lucas, Owner
PAMCO Care-NC, LLC
7340 Heritage Village Plaza
Suite 101
Gainesville, VA 20155

Re: Annual, Follow Up, Complaint Survey completed February 3, 2022
Peach Farm Road, 1391 Peach Farm Road, Lillington, NC 27548
MHL # 043-103
E-mail Address: pam@thepamcogroup.com
Intake #NC00184818

Dear Mrs. Lucas:

Thank you for the cooperation and courtesy extended during the Annual, Follow Up and Complaint Survey completed February 3, 2022. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is March 5, 2022.

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is April 4, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at 919-552-6847.

Sincerely,

India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL043-103 Y1	A. Building B. Wing Y2	2/3/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACH FARM ROAD	1391 PEACH FARM ROAD LILLINGTON, NC 27546

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0131 Reg. # G.S. 131E-256 (D2) LSC	Correction Completed 02/03/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 2-3-22
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/28/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			