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	MHL041-527	A. BUILDING: _____ B. WING _____	03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGUESE HOME	1712 CANDLEWOOD COURT HIGH POINT, NC 27265

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V 000	INITIAL COMMENTS An annual survey was completed on 3/10/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternate Family Living. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall	V 110		

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V 110	Continued From page 1 develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews 2 of 2 staff (alternate family living (AFL) provider and staff #1) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V117) Based on interviews and observation, the facility failed to ensure all medications contained packaging labels with client's and prescriber's name, dispensing date and location, name, strength, quantity of medication and expiration date, and clear directions for administration affecting 2 of 2 clients (#1 and #2). Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interviews, the facility failed to ensure medications were administered to clients on written orders and MARs were kept current affecting 2 of 2 clients (#1 and #2). Cross Reference: 10A NCAC 27G .5602 Staff (V290) Based on record review, interviews, and observations the facility failed to ensure 1 of 2 audited clients (#2) had a staff present at all times.	V 110		

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V 110	Continued From page 2 Cross Reference: G.S. 122C-6 Smoking Prohibited (V369) Based on interviews and observations, the staff failed to prohibit smoking inside the facility. Cross Reference: 10A NCAC 27G .0302 Facility Construction/Alterations/Additions (V722) Based on interviews and observations, the facility failed to consult with the Division of Health Service Regulation Construction Section prior to making facility use alterations. Review on 3/8/22 of the AFL provider and staff #1's personnel records revealed they were both qualified as paraprofessionals. Interview on 3/8/22 with staff #1 revealed: -He rarely worked in the facility; -"See, I still work a job;" -The facility was his wife's passion and he just assisted her when she needed it. Interview on 3/8/22 with the AFL provider revealed: -She was out of town due to a family emergency; -She didn't understand why the annual survey couldn't be rescheduled until 3/10/22 when she would be at the facility; -"This is so unfair." Review on 3/10/22 of the Plan of Protection completed and dated 3/10/22 by the Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? On Wednesday, March 9, 2022, the primary care provider was called regarding the relief staff not having the means to perform his job duties. Primary AFL provider returned home as directed by Agency staff to relieve staff that did not have	V 110		

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V 110	Continued From page 3	V 110		

access to properly dispense and document medication. AFL provider was reminded that consumers should only sleep in their designated, approved bedrooms. Agency emphasized that consumers will NOT sleep in non-approved bedrooms. The Agency reminded AFL care providers of the proper medication dispensing process, storage, and documentation of meds. All consumer documentation will be readily available to any official personnel. The agency discussed that the medically fragile consumer's alone time status be addressed. This consumer will be presented with the option to rescind the current approved alone time. This will be pending the approval of the legal guardian, currently the consumer. Agency reminded AFL providers that there is NO smoking by anyone inside the facility."
-"Describe your plans to make sure the above happens. On Thursday, March 10, 2022, Agency director will conduct a walk-through of the Peguese home to review all licensure and agency standards. Agency Director will review the Plan of Protection and obtain signatures confirming they have been informed."

This facility is licensed to provide supervised living to 2 clients with mental illness or developmental disabilities. The facility was serving 2 clients with diagnoses that included Schizophrenia, Bipolar Disorder, mild Intellectual Developmental Disability, Type II Diabetes Mellitus, Depression, Hypertension, Seizure Disorder, Intermittent Explosive Disorder, Dementia, Iron Deficiency Anemia and recurrent urinary tract infections. The AFL provider left clients #1 and #2 in the care of a staff member without the knowledge to provide care or access to their medications, MARs, or their records. The staff left client #2 unsupervised for approximately

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V 110	Continued From page 4 2 hours, was smoking in the facility and misrepresented the location of client #1's bedroom. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the 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 110		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 5 This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to ensure all medications contained packaging labels with client's and prescriber's name, dispensing date and location, name, strength, quantity of medication and expiration date, and clear directions for administration affecting 2 of 2 clients (#1 and #2). The findings are: Observation on 3/10/22 from approximately 11:00am - 11:30am revealed: -Two piles of pills in medication planners on a dresser in a second story bedroom; -Both plastic containers had paper under them with a handwritten note with the name of a client (clients #1 and #2). Interview on 3/10/22 with staff #1 revealed: -His wife, the AFL (alternative family living) provider had a family emergency and left the facility at 8:00am that morning; -He was instructed by the AFL provider to administer the medications observed in the medication planners to clients #1 and #2 prior to them going to bed; -He was not aware of what the medications in the medication planners were; -All medications for clients #1 and #2 except the medications in the medication planners were locked in the AFL provider's bedroom and he had no access to them.	V 117		

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V 117	Continued From page 6 Interview on 3/10/22 with the AFL provider revealed: -All medications except for the medications observed in the medication planners for clients #1 and #2 were locked in her bedroom; -She had not left staff #1 access to the medications because he didn't understand them. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type B rule violation and must be corrected within 45 days.	V 117		
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	V 118		

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V 118	Continued From page 7 (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. This Rule is not met as evidenced by: Based on interviews the facility failed to ensure medications were administered to clients on written orders and MARs were kept current affecting 2 of 2 clients (#1 and #2). The findings are: Interview on 3/10/22 with staff #1 revealed: -His wife, the alternative family living (AFL) provider had a family emergency and left the facility at 8:00am that morning; -The AFL provider had not left him MARs for clients #1 and #2 to complete after he administered their medications; -He was instructed by the AFL provider to administer the medications to clients #1 and #2 that she had left out and informed him she planned to document the MARs when she returned to the facility the following day. Interview on 3/10/22 with the AFL provider revealed: -The MARs, medications except for the nightly dose and the clients' records for clients #1 and #2 were locked in her bedroom; -She had not left staff #1 access to the MARs, medications or client records because he didn't	V 118		

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V 118	Continued From page 8 understand them; -She was aware that MARs were required to be completed immediately after administering medications. Interview on 3/9/22 with the Qualified Professional #2 revealed staff #1 had to have access to the medications and MARs when he was working. Due to the failure to have MARs and medications available it could not be determined if clients received their medications as ordered by the physician. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type B rule violation and must be corrected within 45 days.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the	V 290		

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V 290	Continued From page 9 following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review, interviews, and observations the facility failed to ensure 1 of 2 audited clients (#2) had a staff present at all times. The findings are: Review on 3/8/22 of client #2's record revealed: -An admission date of 2/16/02; -Diagnoses that included Dementia, recurrent	V 290		

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V 290	Continued From page 10 urinary tract infections, and iron deficiency anemia; -A treatment plan dated 11/3/21 included no documentation regarding unsupervised time. Observations on 3/8/22 from approximately 9:30am - 10:50am and 1:55pm - 2:30pm revealed client #2 was in the facility with no staff present. Interview on 3/8/22 with staff #1 revealed he had not been informed that client #2 was not allowed unsupervised time. Interviews on 3/8/22 and 3/9/22 with the Qualified Professional #1 revealed: -Client #2 was previously allowed to have unsupervised time; -Client #2's condition had worsened so it had been determined prior to the treatment plan on 11/3/21 that it was not safe for him to have unsupervised time; -"He's (client #2) showing signs of short-term memory loss because of his dementia and he's struggling with walking." Interview on 3/8/22 with the Qualified Professional #2 revealed: -Client #2 was previously allowed to have unsupervised time; -Unsupervised time was no longer allowed for client #2 because his dementia had progressed. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type B rule violation and must be corrected within 45 days.	V 290		
V 369	G.S. 122C-6 Smoking Prohibited	V 369		

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V 369	Continued From page 11 § 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area. (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall: (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it. (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product. (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. (c) The Department may impose an administrative penalty not to exceed two hundred dollars ($200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime. (d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.) This Rule is not met as evidenced by: Based on interviews and observations, the staff	V 369		

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V 369	Continued From page 12 failed to prohibit smoking inside the facility. The findings are: Observations on 3/8/22 from approximately 11:00am - 11:30am revealed: -A No Smoking sign posted on the main level of the facility. -A bedroom on the 2nd story that smelled of smoke; -The bedroom contained an ashtray with 2 partially smoked cigarettes. Interview on 3/8/22 with staff #1 revealed: -He had been smoking in the bedroom and the ashtray and cigarettes belonged to him; -"That's (ashtray with cigarettes) mine...I smoke when he's (client #1) not here;" -He was not aware that he was not able to smoke in the facility. Interview on 3/8/22 with the management company Director revealed: -She was not aware that staff had been smoking in the facility; -She was aware that all facilities were smoke free. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type B rule violation and must be corrected within 45 days	V 369		
V 722	27G .0302 (a) DHSR Construction Approval 10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after	V 722		

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V 722	Continued From page 13	V 722		

consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility.

This Rule is not met as evidenced by:
Based on interviews and observations, the facility failed to consult with the Division of Health Service Regulation Construction Section prior to making facility use alterations. The findings are:

Interview and observations on 3/8/22 from approximately 11:00am - 11:30am with client #2 revealed:
-He identified his bedroom, the bathroom, the alternate family living (AFL) provider's bedroom across from his and staff #1's bedroom beside of his on the 2nd story of the facility;
-Client #1's bedroom had been moved from the second story to the basement and staff #1 had moved into the second story bedroom;
-He was unsure how long it had been since the move had taken place.

Interview on 3/8/22 with staff #1 revealed client #1's bedroom was located on the second story beside of client #2's bedroom.

Additional observations on 3/8/22 from approximately 11:00am - 11:30am of the bedroom in question on the second story revealed:
-An odor of smoke;
-An ashtray with 2 partially smoked cigarettes;
-3 bottles that contained medications of Meloxicam, Rosuvastatin and Lisinopril with labels indicating they belonged to staff #1;
-An appointment reminder for staff #1;
-2 medication planners that contained pills and a handwritten note underneath that indicated the

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PEGUESE HOME	1712 CANDLEWOOD COURT HIGH POINT, NC 27265

(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 722	Continued From page 14	V 722		

name of the client that the medications belonged to.

Additional interview on 3/8/22 with staff #1 revealed:
-He did have some belongings in the bedroom he said was client #1's that included an ashtray with cigarettes, medications and paperwork;
-He used the bedroom when client #1 was out of the facility;
-When client #1 was in the facility, he used the bedroom and "cot" in the basement to sleep.

Interview and observations on 3/8/22 from approximately 1:55pm - 3:00pm with client #1 revealed:
-His bedroom had been moved from the 2nd story to the basement;
-He was unsure how long it had been since the move had taken place;
-Staff #1 was residing in the 2nd story bedroom he had previously been in;
-Client #1 identified his bed, clothing and cot in the basement.

Interview on 3/8/22 with the Qualified Professional #2 revealed:
-An inspection of the facility was completed in December 2021 and there were no issues;
-Client #1's bedroom was located on the 2nd story of the facility during the inspection.

Interview on 3/8/22 with the management company Director revealed:
-She was not aware that client #1's bedroom had been relocated from the 2nd story to the basement;
-She was going to inform the AFL provider that client #1 needed to be relocated back to his approved bedroom on the second story

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-527	A. BUILDING: _____ B. WING _____	03/10/2022

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V 722	Continued From page 15 immediately; -Their policies didn't allow for any of their clients to have bedrooms located in basements unless the facility was multi-story and it was previously approved. This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type B rule violation and must be corrected within 45 days.	V 722		