

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/24/2022
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>A follow-up survey was completed on March 24, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 3/22/22 of the facility's disaster</p>	V 114		

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

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>drill log revealed: -There was no evidence that disaster drills had been conducted on any shift for the first quarter of 2022. -There was not enough evidence at this time to bring citation up to compliance.</p> <p>Interview on 3/22/22 with Staff #1 revealed: -House operated under one shift because they were considered "live-in" staff and worked for 24 hours. -He had conducted a fire drill, but did not do a disaster drill. -He confirmed staff failed to conduct disaster drills under conditions that simulate emergencies under each shift on each quarter.</p> <p>Interview on 3/22/22 with the Owner/Director revealed: -He believed that both a fire and a disaster drill had been conducted at the house. -He believed that staff may had done an error and did not log in the disaster drill appropriately. -He would create a new disaster log sheet to prevent confusions in the future. -He confirmed staff failed to conduct disaster drills under conditions that simulate emergencies under each shift and on each quarter.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
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</p>	V 131		

Division of Health Service Regulation

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V 131	<p>Continued From page 2</p> <p>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 record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#1). The findings are:</p> <p>Review on 3/22/22 of Staff #1's personnel records revealed: -Staff #1 did not have a hire date. -Staff #1 worked as a Paraprofessional. -There was no record that the HCPR check for Staff #1 was completed.</p> <p>Interview on 3/24/22 with the Owner/Director revealed: -Paperwork on Staff #1 was ran prior to him being hired. -Staff #1 had been working for them for a few years now. -He did not know why the paperwork was not in Staff #1's file. -They were not made aware during previous survey that the HCPR for Staff #1 was also missing. -He confirmed Staff #1 had no documentation that the facility accessed the Health Care Registry prior to her employment.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		

Division of Health Service Regulation

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V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 4</p> <p>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 criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime.</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 5</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>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.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 6 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 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	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 7</p> <p>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 review of records and interview, the facility failed to access the criminal history record prior to employment for one of three audited staff (Staff #1).</p> <p>Review on 3/22/22 of Staff #1's personnel records revealed: -Staff #1 did not have a hire date. -Staff #1 worked as a Paraprofessional. -There was no documentation of a criminal history record check completed for Staff #1.</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 8</p> <p>Interview on 3/24/22 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> -Paperwork on Staff #1 was ran prior to him being hired. -Staff #1 had been working for them for a few years now. -He did not know why the paperwork was not in Staff #1's file. -They were not made aware during previous survey that the HCPR for Staff #1 was also missing. -He recently ran a new background check and would make sure that it would get filed inside Staff #1's personnel folder. -He confirmed that the facility failed to have a personnel record for Staff #3 to include the criminal history record prior to employment. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 9</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 10</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 11</p> <p>performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may 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>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three audited staff (Staff#1 and Staff #3) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/22/22 of Staff #1's personnel record revealed: -There was no date of hire identified. -He worked as a Paraprofessional. -Training on Alternatives to Restrictive Intervention expired on 12/31/21.</p> <p>Review on 3/22/22 of Staff #3's personnel record revealed: -There was no date of hire identified. -She worked as a Paraprofessional. -Training on Alternatives to Restrictive Intervention expired on 1/31/21.</p> <p>Interview on 3/23/22 with the Owner/Director revealed: -The group home was using "EBPI Interventions-Base Plus" for training in Alternative to Restrictive Interventions. -Staff had completed the trainings, but the Qualified Professional had not printed the certificates because she had not gotten paid for conducting the training yet. -Qualified Professional would print the certificates as soon as she would get paid for the training. -Certificates would be placed on the staff's personnel files. -He confirmed Staff #1 and Staff #3 did not have updated training on Alternatives to Restrictive Intervention in their files.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/24/2022
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 13 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 3/22/22 at 12:00 PM of Clients #2 and #3's bedroom revealed: -Wooden flooring continued to be in bad conditions as paint was peeling. -Walls continued to show heavy stains on wall near Client #2's bed. -Door was dirty and had paint peeled off.</p> <p>Observation on 3/22/22 at 12:03 PM of the Entrance area/Foyer revealed: Wooden floor had paint peeling off. -Small hole covered with metal sheet.</p> <p>Observation on 3/22/22 at 12:05 PM of the Kitchen revealed: -Linoleum flooring was cracked. -Cabinets needing to be repainted.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/24/2022
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V 736	<p>Continued From page 14</p> <p>Observation on 3/22/22 at 12:08 PM of Client #6's bedroom revealed: -Wooden floors had paint peeling off. -Walls were dirty/stained. -Window covered by Plexiglas on the inside while outside glass was broken. -Wooden window frame was cracked.</p> <p>Observation on 3/22/22 at 12:12 PM of Clients # 4 and #1's bedroom revealed: -Wooden floor had paint peeling off. -Walls were stained/dirty.</p> <p>Observation on 3/22/22 at 12:15 PM off Client #5's bedroom revealed: -Wooden floor had paint peeling off. -Cracks on wall toward bottom of baseboard area.</p> <p>Observation on 3/22/22 at 12:17 PM of Bathroom #1 revealed: -Shower curtain rings were rusted. -Unfinished patch up work on wall. -Cracked dry wall on wall to the right.</p> <p>Observation on 3/22/22 at 12:20 PM of Bathroom #2 revealed: -Toilet was lose. -Toilet paper holder not attached to the wall. -Burn stains on the sink. -Baseboard paint was cracked. -Door was dirty/stained. -No lock on the door.</p> <p>Observation on 3/22/22 at 12:23 PM of the Dane area revealed: -Window was missing a glass pane and had a piece of cardboard inserted into the window pane. -Blinds were dirty and dusty.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/24/2022
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES II	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N MEBANE STREET BURLINGTON, NC 27217
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V 736	<p>Continued From page 15</p> <ul style="list-style-type: none"> -One of the couch cushions was covered in plastic bag. -Wall near couch had paint peeling off. <p>Interview on 2/23/22 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> -Facility rented the property. -He had reported the issues to the landlord. -Renovations to the home were set to start soon but acknowledged that nothing had started yet. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		