

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER THE AINUDDIN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 EAST RIVER ROAD LOUISBURG, NC 27549
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 4/5/22. The complaints were substantiated (intakes #NC00187091 & #NC00185873). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.</p> <p>Review of the client and staff census revealed: the Licensee/Owner/Qualified Professional and staff #1 were the only 2 staff that worked at the facility.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) was trained to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review on 3/29/22 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - hire date of 10/12/17. - no client specific training. <p>Interview on 3/31/22 staff #1 stated:</p> <ul style="list-style-type: none"> - she worked at the facility for 5 years. - she had not received client specific training since her employment began. - she had on the job experience through her previous employer in another state - her previous employer was a group home which served Intellectual Developmentally Disabled clients. <p>Interview between 3/29/22 and 3/31/22 the</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Licensee/Owner/Qualified Professional (L/O/QP) stated:</p> <ul style="list-style-type: none"> - in her current position, as the L/O/QP, she was responsible for the running of the home, staff training, personnel records management, and staff supervision. - staff #1 had not had client specific training as she had experience with the population served through her previous employer. <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 109		

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V 109	<p>Continued From page 3</p> <p>(6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 Qualified Professional (QP) (Licensee/Owner/QP (L/O/QP) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>A. Cross Reference 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V108). Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) was trained to meet the mh/dd/sa needs of the clients.</p> <p>B. Cross Reference 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V111). Based on record review and interview the facility failed to ensure 1 of 1 former</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>client (FC #7) had been assessed prior to the delivery of services.</p> <p>C. Cross Reference 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112). Based on record review and interview the facility failed to develop and implement strategies and goals to meet the needs for 2 of 2 audited current clients (#1, #6) and 1 of 1 former client (FC #7).</p> <p>D. Cross Reference 10A NCAC 27G .0206 CLIENT RECORDS (V113). Based on record review and interview, the facility failed to assure an identification face sheet, documentation of the screening and assessment; treatment/habilitation or service plan; and documentation of progress toward outcomes was maintained in the record for 2 of 2 audited current clients (#1, #6) and 1 of 1 former client (FC #7).</p> <p>E. Cross Reference 10A NCAC 27G .0208 CLIENT SERVICES (V115). Based on interviews the facility failed to make services available 24 hours a day, every day in the year for 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5).</p> <p>F. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V117). Based on observation, record review and interview the facility failed to ensure a medication retained the packaging label for 1 of 3 audited clients (#6).</p> <p>G. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118). Based on observation, record review and interview the facility failed to ensure medications were</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>administered on the written order of a physician for 1 of 3 audited clients (#6).</p> <p>H. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V119). Based on observation, record review and interview the facility failed to dispose of discontinued and expired medications for 1 of 3 audited clients (#6).</p> <p>I. Cross Reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V121). Based on record review and interview the facility failed to ensure psychotropic drug regimen reviews were completed at least every six months for 2 of 3 audited clients (#1 & #6).</p> <p>J. Cross Reference 10A NCAC 27G .5601 SCOPE (V289). Based on record review and interview the facility failed to ensure 2 of 3 audited clients (#1 & #6) had developmental disabilities.</p> <p>K. Cross Reference 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366). Based on record review and interview the facility failed to implement their incident reporting policy.</p> <p>L Cross Reference 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367). Based on record review and interview the facility failed to submit level II incident reports within 72 hours to the Local Managed Entity/Managed Care Organization (LME/MCO).</p> <p>M. Cross Reference 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (V542). Based on record review and interview, the facility failed to provide adequate financial records on all</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>transactions affecting 2 of 3 audited clients (#1 & #6).</p> <p>N. Cross Reference 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (V784). Based on observation and interview the facility failed to ensure therapeutic and habilitative activities were separate from sleeping areas affecting 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5).</p> <p>Review on 3/29/22 of the L/O/QP personnel record revealed:</p> <ul style="list-style-type: none"> - hire date of 1998. - no job description. - credentials: Bachelor of Science in Early Childhood Education <p>Interview between 3/25/22 and 4/5/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - she did not have a job description. <p>Review on 4/5/22 of the facility's Plan of Protection Version I dated 4/5/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? My plan of correction is have director and staff to go through training from an outside agency on medications, treatment plan and incident reporting. - Describe your plans to make sure the above happens. Outside agency will provide training. " <p>Review on 4/5/22 of the facility's Plan of Protection Version II dated 4/5/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to 	V 109		

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V 109	<p>Continued From page 7</p> <p>ensure the safety of the consumers in your care? My plan of correction is have director and staff to go through training from an outside agency on medications, treatment plan and incident reporting. Outside agency will initial do all the assessments starting a chart (mark through starting a chart) for new clients and new admission.</p> <p>- Describe your plans to make sure the above happens.</p> <p>*Outside agency will provide training. *Staff will sleep in staff room in the future. *Form a client person fund (mark through form a client person fund). *Incident training reporting from the MCO (Managed Care Organization). * Facility will no longer close for the holiday. *Charts will all have DD (Developmental Disability) diagnosis. *Have RN (Registered Nurse) to do medication training. *The RN will free (mark through free) provide training for staff and medication management. *Staff will make sure all medications are in compliance and labeled are correct. Compliance means that medication have not expired. *[L/O/QP] am going to have the pharmacy to do my medication review. *Client will (mark through client will) *All staff will be given clients specific training"</p> <p>Review on 4/5/22 of the facility's Plan of Protection Version III dated 4/5/22 submitted and written by the L/O/QP revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? My plan of correction is have director and staff to go through training from an outside agency on medications, treatment plan and incident reporting. Outside agency will initially do all the</p>	V 109		
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V 109	<p>Continued From page 8</p> <p>assessments starting a chart (mark through starting a chart) for new clients and new admissions.</p> <p>- Describe your plans to make sure the above happens.</p> <p>*Outside agency will provide training.</p> <p>*Staff will sleep in staff room in the future.</p> <p>*Form a client person fund (mark through form a client person fund).</p> <p>*Incident training reporting from the MCO (Managed Care Organization).</p> <p>* Facility will no longer close for the holiday.</p> <p>*Clients (mark through clients and rewrite clients) will all have DD (Developmental Disability) diagnosis.</p> <p>*Have RN (Registered Nurse) to do medication training.</p> <p>*The RN will free (mark through free) provide training for staff and medication management.</p> <p>*Staff will make sure all medications are in compliance and labeled are correct. Compliance means that medication have not expired.</p> <p>*[L/O/QP] am going to have the pharmacy to do my medication review.</p> <p>*Client will (mark through client will)</p> <p>*All staff will be given clients specific training.</p> <p>*Staff will compose a form for the (mark through the) the person care money that will be dated and monies spent.</p> <p>*Have outside agency to do all clients records."</p> <p>The facility served clients diagnosed with Depressive Disorder, Major Depressive Disorder, Unspecified Disruptive Impulse Control and Conduct Disorder, Mixed Developmental Disorder and Intellectual Developmental Disability. The facility's organizational structure for supervision consisted of the Licensee fulfilling the roles of Licensee, Owner and QP. While responsible for the day to day operational needs</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>of the home, the L/O/QP was not able to maintain compliance in all of her areas of responsibilities. Personnel records revealed no client specific training for staff #1 and interviews with both the staff #1 and the L/O/QP revealed staff #1 had not received any client specific training in the 5 years of her employment at the facility. Initial assessments had not been completed on any new admissions, and treatment plans had not been updated for clients #1 and #6 since 2020. FC #7 did not have a treatment plan in her chart to identify goals, strengths, crisis plan, or interventions to address any behaviors. Client records were incomplete, and did not contain face sheets with diagnoses, admission or discharge dates, or progress notes. A medication label was missing for client #6's diabetic medication and some of client #6's Humalog pens expired May 2021 and September 2021. Discontinued and expired medications for client #6 were not disposed of according to facility policy and the discontinued and expired insulin pens were mixed in with client #6's current insulin medication. There were no current physician orders for client #6's Tradjenta and Lantus prescriptions. Psychotropic medications were not reviewed bi-annually and had not been reviewed since 2020. Clients #1 and #6 did not have a documented diagnosis of Intellectual Developmental Disabilities. The L/O/QP made it a common practice to close the 24 hour facility over holidays and had been doing so for four years. She had not ensured that incidents were investigated or reported to the appropriate agencies and did not maintain a log of client personal funds. The facility family room was used daily as the staff bedroom, while the staff bedroom was utilized as a storage room. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23</p>	V 109		

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V 109	Continued From page 10 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 former client (FC #7) had been assessed prior to the delivery of services. The findings are:</p> <p>Review on 3/29/22 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - admission date of 4/24/21 - discharge date of 2/23/22 - diagnoses: Intractable epilepsy without status epilepticus, mild intellectual disability, disruptive mood dysregulation disorder (DMDD) and mild asthma - no Admission Assessment. <p>During interview on 3/29/22 the Licensee/Owner/Qualified Professional stated:</p> <ul style="list-style-type: none"> - she did not have an Admission Assessment for FC #7. - she would ensure that the assessments were completed in the future. <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V 112		

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V 112	<p>Continued From page 12</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement strategies and goals to meet the needs for 2 of 2 audited current clients (#1, #6) and 1 of 1 former client (FC #7). The findings are:</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>A. Review on 3/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 9/21/2000. - diagnoses: Unspecified depressive disorder, major depressive disorder, unspecified disruptive impulse control and conduct disorder - no current treatment plan. - previous treatment plan dated 8/4/2020 - no goals and strategies in regards to safe sex practices <p>Interview on 3/25/22 client #1 reported:</p> <ul style="list-style-type: none"> - he and client #6 had a sexual relationship. - it was a consensual relationship. - they had planned to get married. - staff #1 and the Licensee/Owner/Qualified Professional (L/O/QP) were aware of the sexual relationship - the L/O/QP had not developed any goals on his treatment plan with him with regard to safe sex practices. <p>B. Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - no current treatment plan. - previous treatment plan dated 8/4/2020 - no goals and strategies in regards to safe sex practices <p>Interview on 3/29/22 & 3/31/22 client #6 reported:</p> <ul style="list-style-type: none"> - moved into the facility 8/22/2019. - had not asked what she wanted for her goals. - staff at the facility had not worked on any goals with her. - goals were to live on her own one day & how to budget her money 	V 112		

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V 112	<p>Continued From page 14</p> <ul style="list-style-type: none"> - she & client #1 "were a couple." - they engaged in sexual intercourse on Mondays, Tuesdays and Wednesdays. - she knew about sexually transmitted diseases. - they used condoms client #1 got from the barber shop. - staff #1 & the L/O/QP were aware they engaged in sexual intercourse. - staff #1 & the L/O/QP had not spoken with her about safe sex practices. <p>C. Review on 3/29/22 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - admission date of 4/24/21 - discharge date of 2/23/22 - diagnoses: Intractable epilepsy without status epilepticus, mild intellectual disability, disruptive mood Dysregulation disorder (DMDD) and mild asthma - no treatment plan. - previous treatment plan from a previous facility dated 2020 <p>During interview on 3/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - the clients had daily living skill goals such as: keep their bedrooms clean, dust, sweep and change bed linen - client #1 informed her around 3/20/22 she & client #6 were engaged in sexual intercourse - informed her they had sex on Monday, Tuesdays and Wednesdays - no sexual education provided - made the L/O/QP aware about client #1 & #6 <p>During interview on 3/30/22 the Day Program Director reported:</p> <ul style="list-style-type: none"> - the L/O/QP had not participated in any day program treatment team meetings. - the L/O/QP had asked for copies of the clients' day program treatment plans. 	V 112		

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V 112	<p>Continued From page 15</p> <ul style="list-style-type: none"> - she explained to the L/O/QP the facility goals would not be "equivalent" to the goals at the day program. - she emailed the L/O/QP a blank treatment plan template per the L/O/QP request. <p>During interviews between 3/29/22 and 3/31/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - she was responsible for updating the clients' treatment plans. - she had requested copies of the clients' treatment plans from the day program. - the day program was unable to provide the treatment plans. - she requested a blank treatment plan template be emailed but had not been able to download the template. - the clients worked on goals such as: personal care, "how to cook & wash clothes & encouraged [client #1] to remain out of other people business." - she planned to whiteout the old treatment plans and complete it with current goals for all clients. - staff #1 recently informed her client #1 & #6 were in engaged in sexual intercourse at the facility - she spoke with them about safe sex practices - did not document what she spoke with them about <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 113	27G .0206 Client Records	V 113		

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V 113	<p>Continued From page 16</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable</p>	V 113		

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V 113	<p>Continued From page 17</p> <p>disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure an identification face sheet, documentation of the screening and assessment; treatment/habilitation or service plan; and documentation of progress toward outcomes was maintained in the record for 2 of 2 audited current clients (#1, #6) and 1 of 1 former client (FC #7). The findings are:</p> <p>A. Review on 3/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 9/21/2000. - diagnoses: Unspecified depressive disorder, major depressive disorder, unspecified disruptive impulse control and conduct disorder - no current treatment plan. - no documentation of progress toward outcomes or progress notes. <p>B. Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - no face sheet which included date of admission - no current treatment plan. <p>Interview on 3/29/22 client #6 reported:</p> <ul style="list-style-type: none"> - moved into the facility on 8/22/19 	V 113		

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V 113	<p>Continued From page 18</p> <p>C. Review on 3/29/22 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - admission date of 4/24/21 - discharge date of 2/23/22 - diagnoses: Intractable epilepsy without status epilepticus, mild intellectual disability, disruptive mood dysregulation disorder (DMDD) and mild asthma - no face sheet with client's discharge date. - no treatment plan. - no admission assessment. - no discharge summary. - no documentation of progress toward outcomes or progress notes. <p>Review on 3/30/22 of FC#7's discharge summary provided on 3/30/22 via text message revealed:</p> <ul style="list-style-type: none"> - discharge date of 2/23/22. - dated by Licensee/Owner/Qualified Professional (L/O/QP) on 2/23/22. <p>During interviews between 3/29/22 and 3/31/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - as the QP, she was responsible to maintain the clients' records. - she had not completed the discharge summary for FC #7. - she would send the discharge summary via fax or secure email once completed. - she would make sure the assessments were completed in the future. <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 113		

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V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to make services available 24 hours a day, every day in the year for 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5). The findings are:</p>	V 115		

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V 115	<p>Continued From page 20</p> <p>During interview on 3/31/22 client #1 reported:</p> <ul style="list-style-type: none"> - been at the facility since 2000 - the facility closed 1 day for Thanksgiving, Christmas Eve and Christmas Day. - he went to his uncle's house for Thanksgiving and his aunt's house for Christmas. <p>During interview on 3/31/22 client #2 reported:</p> <ul style="list-style-type: none"> - been at the facility since 1998 - the facility closes every year for the holidays - he went to his sister's house during the holidays <p>During interview on 3/31/22 client #3 reported:</p> <ul style="list-style-type: none"> - been at the facility since 2002. - the facility closed over the holidays - she stayed with the Licensee/Owner/Qualified Professional (L/O/QP) when the facility closed for the holidays. <p>During interview on 3/25/22 FC #7's legal guardian reported:</p> <ul style="list-style-type: none"> - the facility closed one day for Thanksgiving and two days for Christmas - this presented a hardship for her as she was 2 hours away from the facility and worked full time. - staff #1 and the L/O/QP "got nasty" with her because she had difficulty picking FC #7 up during the holidays. <p>During interview on 3/31/22 client #4 reported:</p> <ul style="list-style-type: none"> - been at the facility for 3 years - facility closed for the holidays since she had been there - closed 1 day for Thanksgiving and 2 days for Christmas - stayed with her sister during the holidays 	V 115		

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V 115	Continued From page 21 During interview on 3/31/22 client #6 reported: - came to the facility in 2019 - facility closed 1 day for Thanksgiving & closed from Christmas through the New Year - she stayed with her mother during the holidays During interview on 3/31/22 the L/O/QP reported: - closed 1 day for Thanksgiving and 2 days for Christmas - all the clients went home for those holidays with the exception of client #3 - client #3 spent time at her (L/O/QP) personal home - there was no need to keep the facility open for 1 client - the facility had closed for the last 4 years for Thanksgiving and Christmas This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 115		
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	V 117		

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V 117	<p>Continued From page 22</p> <p>with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a medication retained the packaging label for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - a FL2 dated 10/6/21: Humalog kwik pen 100 units three times a day <p>Observation on 3/29/22 at 2:54pm of client #6's insulin revealed:</p> <ul style="list-style-type: none"> - a locked plastic white container brought from the refrigerator by the Licensee/Owner/Qualified 	V 117		

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V 117	<p>Continued From page 23</p> <p>Professional (L/O/QP)</p> <ul style="list-style-type: none"> - the locked container consisted of Humalog insulin pens - there were no packaging labels on the Humalog insulin pens that consisted of: the client's name, prescriber's name, the strength or the quantity <p>During interview on 3/29/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - client #6 no longer used the Humalog insulin pens - she threw the packaging label in the trash <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be</p>	V 118		

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V 118	<p>Continued From page 24</p> <p>recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - no physician's order for Tradjenta 5 milligrams (mg) daily - no physician's order for the Lantus 10 units twice a day - an unsigned physician summary from the primary physician's office dated 3/4/22..."stop taking Tradjenta 5mg " <p>Review on 3/31/22 of a letter dated 3/31/22 from</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER THE AINUDDIN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 EAST RIVER ROAD LOUISBURG, NC 27549
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V 118	<p>Continued From page 25</p> <p>client #6's primary physicians office revealed:</p> <ul style="list-style-type: none"> - "discontinue... Tradjenta for her diabetes..." <p>Review on 3/29/22 of the January, February & March 2022 MARs for client #6 revealed:</p> <ul style="list-style-type: none"> - Tradjenta had been administered until 3/4/22 & then "discontinue" was handwritten on the MAR - Lantus was administered twice a day since January 1, 2022 <p>Observation on 3/29/22 at 3:00pm of client #6's medication box revealed:</p> <ul style="list-style-type: none"> - 3 unopened bottles of Tradjenta for client #6 <p>During interview on 3/31/22 a pharmacy representative reported:</p> <ul style="list-style-type: none"> - a physician's order dated 10/5/21 for Tradjenta - Tradjenta was filled on 10/20/21 for a 1 month supply - on 11/12/21 the Tradjenta was discontinued by another physician - the pharmacist had continued to fill the Tradjenta based on the 10/20/21 physician's order - on 3/24/22 the Tradjenta was picked up by staff - Lantus 10 units twice a day were prescribed on 3/4/22 <p>During interview on 3/29/22 & 3/31/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - all prescriptions are escripted to the pharmacy - client #6's primary physician wrote a letter today (3/31/22) regarding orders for the diabetes medications - picked up all the clients' medications on 3/24/22 & noticed the Tradjenta when she arrived at the facility 	V 118		

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V 118	Continued From page 26 Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably	V 119		

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V 119	<p>Continued From page 27</p> <p>expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of discontinued and expired medications for 1 of 3 audited clients (#6). The findings are:</p> <p>Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - a unsigned physician summary from the primary physician's office dated 3/4/22...handwritten "Stop taking Humalog & Tradjenta" - a FL2 dated 8/28/20: Albuterol 90 microgram as needed <p>Review on 3/31/22 of a letter dated 3/31/22 from client #6's primary physicians office revealed:</p> <ul style="list-style-type: none"> - "discontinueHumalog & Tradjenta for her diabetes..." <p>Review on 3/29/22 of the March 2022 MAR for client #6 revealed:</p> <ul style="list-style-type: none"> - Tradjenta had been administered until 3/4/22 & "discontinue" was handwritten on the MAR <p>Observation on 3/29/22 at 2:54pm & 3pm of client #6's medications revealed:</p>	V 119		

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V 119	<p>Continued From page 28</p> <ul style="list-style-type: none"> - a locked plastic white container brought from the refrigerator by the Licensee/Owner/Qualified Professional (L/O/QP) - 20 Humalog insulin pens mixed in with the Lantus insulin pens - 4 of the Humalog insulin pens had expired September 2021 & 1 Humalog insulin pen expired May 2021 - Albuterol expired 8/28/21 - 3 unopened bottles of Tradjenta <p>During interview on 3/29/22 & 3/31/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - unused medications should be returned to the pharmacy - client #6 no longer used the Humalog insulin pen or the Albuterol - she kept the Albuterol in case she needed it - the Humalog insulin pens should not be mixed in with the Lantus insulin pens - on 3/31/22 the pharmacy would not take the expired and discontinued medications back - she planned to remove the labels from the medications and throw them in the trash can and flush the Tradjenta pills <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 119		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p>	V 121		

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V 121	<p>Continued From page 29</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure psychotropic drug regimen reviews were completed at least every six months for 2 of 3 audited clients (#1 & #6). The findings are:</p> <p>Review on 3/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 9/21/2000. - Diagnoses: Unspecified depressive disorder, major depressive disorder, unspecified disruptive impulse control and conduct disorder - a FL2 dated 7/27/21: Trazadone 100 milligram, take 2 tablets at bedtime (sleep) - no 6 month drug regimen reviews in the record <p>Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia - a FL2 dated 8/28/20: Trazadone 100mg bedtime 	V 121		

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V 121	<p>Continued From page 30</p> <ul style="list-style-type: none"> - no 6 month drug regimen reviews in the record <p>During interview on 3/29/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - psychotropic drug regimen reviews had not been completed since 2020 - the pharmacy closed & drug regimen reviews had not been completed <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 121		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. 	V 132		

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V 132	<p>Continued From page 31</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to investigate an allegation of abuse and neglected to notify the Department within 5 working days for 2 of 2 staff (#1 and Licensee/Owner/Qualified Professional (L/O/QP). The findings are:</p> <p>Observation on 3/25/22 at 11:30 am of the L/O/QP listening to two recordings of staff #1 verbally abusing the facility clients.</p> <p>Refer to V512 regarding details of the incident that occurred at the facility:</p>	V 132		

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V 132	<p>Continued From page 32</p> <ul style="list-style-type: none"> - staff #1 was heard on a taped recording verbally abusing clients (#1-#6) of the facility - the L/O/QP was aware of the family/legal guardian's and client's concerns regarding staff #1's behavior and failed to intervene <p>Interview on 3/25/22 client #1's family member reported:</p> <ul style="list-style-type: none"> - she believed the clients were being abused verbally by staff #1 and had reported the abuse to the L/O/QP and requested a meeting with her. - she had reported concerns about staff #1's behavior to the L/O/QP last year. - the L/O/QP told her that staff #1 "wasn't going anywhere." <p>Interview on 3/25/22 the FC#7's legal guardian reported:</p> <ul style="list-style-type: none"> - every time she tried to talk to the L/O/QP about staff #1 or her concerns, she "brushed her off." - she spoke to the L/O/QP in November 2021 about her concerns, but the L/O/QP did not do anything about them. <p>Observed on 3/31/22 at 12:16pm & 12:23pm the L/O/QP contacted Health Care Personnel Registry (HCPR) revealed:</p> <ul style="list-style-type: none"> - at 12:16pm the L/O/QP provided a confirmation email dated 3/30/22 sent to HCPR - attempted to pull up the form on her personal computer that was sent to HCPR but it was blank. - at 12:23pm she contacted the HCPR office to confirm the email was received - no answer and a message was left. <p>Observed on 4/5/22 at 12:37pm the L/O/QP contacted Health Care Personnel Registry (HCPR) revealed:</p> <ul style="list-style-type: none"> - she left a message for HCPR staff at 	V 132		

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V 132	<p>Continued From page 33</p> <p>12:37pm.</p> <p>During further interview on 3/31/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - she contacted HCPR and a representative instructed her to complete a form on the website - the form was emailed to HCPR on 3/30/22. <p>During interview on 3/31/22 a representative with HCPR reported:</p> <ul style="list-style-type: none"> - had not received any notifications of neglect or abuse from the facility. - their agency would not accept any investigations of neglect or abuse by email due to Health Insurance Portability and Accountability (HIPPA). <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 132		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p>	V 289		

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V 289	<p>Continued From page 34</p> <p>(2) two or more adult clients. Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205</p>	V 289		

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V 289	<p>Continued From page 35</p> <p>(a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited clients (#1 & #6) had developmental disabilities. The findings are:</p> <p>A. Review on 3/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 9/21/2000. - diagnoses: Unspecified depressive disorder, major depressive disorder, unspecified disruptive impulse control and conduct disorder <p>B. Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date - diagnoses of Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia <p>During interview on 4/5/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - client #1 was born with fetal alcohol syndrome - client #6 had an Intellectual Developmental Disorder (IDD) diagnosis - had documentation to verify client #1 & #6's IDD diagnosis - their primary physician will update their FL2's 	V 289		

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V 289	Continued From page 36 to reflect the IDD diagnoses No additional documentation was presented by the L/O/QP to support an IDD diagnosis for clients #1 and #6 prior to exit on 4/5/22. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 289		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.	V 366		

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NAME OF PROVIDER OR SUPPLIER THE AINUDDIN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 EAST RIVER ROAD LOUISBURG, NC 27549
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V 366	<p>Continued From page 37</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides,</p>	V 366		

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V 366	<p>Continued From page 38</p> <p>if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their incident reporting policy. The findings are:</p>	V 366		

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V 366	<p>Continued From page 39</p> <p>Refer to V367 regarding details of incidents that occurred at the facility</p> <ul style="list-style-type: none"> - 2 police calls to the facility <p>During interview on 3/31/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - aware of the police calls - had not completed any further investigations of the incidents - responsible for investigating incidents and submitting in the incident response improvement system - would contact the Local Management Entity/Managed Care Organization for further instructions on how to submit level II incident reports <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall</p>	V 367		

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V 367	<p>Continued From page 40</p> <p>be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of</p>	V 367		

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V 367	<p>Continued From page 41</p> <p>Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit level II incident reports within 72 hours to the Local Managed Entity/Managed Care Organization (LME/MCO). The findings are:</p>	V 367		

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V 367	<p>Continued From page 42</p> <p>Review between 3/25/22 and 4/5/22 of the North Carolina Incident Response Improvement System revealed:</p> <ul style="list-style-type: none"> - no level II incident reports <p>Review on 3/29/22 of the facility's internal incident reports revealed the following:</p> <ul style="list-style-type: none"> - 2 incident reports completed on 1/29/22 & 1/30/22 - Former Client (FC#7) had wandered from the facility and the police returned her - the incident reports were completed by staff #1 <p>Review on 3/29/22 of the local police records revealed:</p> <ul style="list-style-type: none"> - the police were called to the facility on the above dates for FC#7 <p>During interview on 3/31/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - she did not submit any incident reports to the LME/MCO - would contact the LME/MCO for further instructions on how to submit level II incident reports through the incident response improvement system <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights	V 500		

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V 500	<p>Continued From page 43</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p>	V 500		

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V 500	<p>Continued From page 44</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to report allegations of abuse and neglect to the Department of Social Services (DSS) for 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5). The findings are:</p> <p>Observation on 3/25/22 at 11:30 am of the Licensee/Owner/Qualified Professional (L/O/QP) listening to two recordings of staff #1 verbally abusing the facility clients.</p> <p>Refer to V512 regarding details of the incident that occurred at the facility:</p> <ul style="list-style-type: none"> - staff #1 was heard on a taped recording verbally abusing clients (#1-#6) of the facility 	V 500		

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V 500	<p>Continued From page 45</p> <ul style="list-style-type: none"> - the L/O/QP was aware of the family/legal guardian's and client's concerns regarding staff #1's behavior and failed to intervene. <p>Interview on 4/5/22 the L/O/QP reported:</p> <ul style="list-style-type: none"> - she had not yet reported the verbal abuse she listened to on 3/25/22 to DSS. - she would make a report to DSS. <p>This deficiency is cross referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 500		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs</p>	V 512		

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V 512	<p>Continued From page 46</p> <p>(a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5) were abused by 1 of 1 paraprofessional staff (#1) and neglected by the Licensee/Owner/Qualified Professional (L/O/QP). The findings are:</p> <p>A. Cross Reference G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (V132). Based on record review, observation and interview the facility failed to investigate an allegation of abuse and neglected to notify the Department within 5 working days for 2 of 2 staff (#1 and Licensee/Owner/Qualified Professional (L/O/QP).</p> <p>B. Cross Reference 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (V500). Based on record review and interview the facility failed to report allegations of abuse and neglect to the Department of Social Services (DSS) for 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5).</p> <p>I. Review on 3/29/22 of the staff #1's personnel record revealed: - hire date of 10/12/17.</p> <p>Review on 3/29//22 of the L/O/QP's personnel record revealed: - hire date of 1998.</p>	V 512		

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V 512	<p>Continued From page 47</p> <p>Review on 3/29/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 9/21/2000. - diagnoses: Unspecified depressive disorder, major depressive disorder, unspecified disruptive impulse control and conduct disorder <p>Review on 3/29/22 client # 2's record revealed:</p> <ul style="list-style-type: none"> - admission date: 1998 - diagnoses: Hypertension, Type 2 Diabetes, Chronic Kidney Disease, Hyperlipidemia <p>Review on 3/29/22 client # 3's record revealed:</p> <ul style="list-style-type: none"> - admission date: 9/8/02 - diagnoses: Mixed Developmental Disorder; Hypertension, Hyperlipidemia, Hyperthyroidism <p>Review on 3/29/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> - no admission date. - diagnoses: Asthma, Mental Health Disorder, Seizure Disorder, Diabetes Mellitus Type 2, Hypertension & Hyperlipidemia <p>Interview on 3/25/22 client #1's family member reported:</p> <ul style="list-style-type: none"> - she believed the clients were being abused verbally by staff #1 and had reported the abuse to the Licensee/Owner/QP (L/O/QP) and requested a meeting with her. - she had reported concerns about staff #1's behavior to the L/O/QP last year. - the L/O/QP told her that staff #1 "wasn't going anywhere." - she believed the L/O/QP had difficulty finding staff to work at the facility. - she offered to work at the facility as she was a Licensed Practical Nurse (LPN). <p>Review on 3/25/22 of two recordings provided by client #1's family member from 3/17/22 at 3:02 pm and 3/17/22 at 3:17 pm of verbal abuse by</p>	V 512		

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V 512	<p>Continued From page 48</p> <p>staff #1 revealed:</p> <ul style="list-style-type: none"> - staff #1 yelled at clients. - staff #1 threatened punishment to clients in the form of extra chores. - staff #1 threatened expulsion from the facility to clients #1, #4, #5. - examples of staff #1's comments: <ul style="list-style-type: none"> ".....why in the h**I would you do that?" ".....you d**n skippy, you got an extra chore." ".....I don't give a s**t that you went in that day program and told them what I said." ".....They [day program staff] don't run a m***** f***** thing in this house." ".....But your a***s is lazy" ".....tell on your d**n self" ".....you don't fold your s**t up right, tell on your d**n self" ".....that f*****g s**t pisses me the f**k off" ".....they (day program staff) don't run s**t here and they don't run me" ".....so you may need to pack your s**t and go" ".....ain't nobody got time for this bull s**t" ".....now y'all ain't going to the beach. how the f**k does that make you feel?" ".....you wouldn't be my friend if my life depended on it. My friends go to work, have a job, and can pay their bills. You wouldn't be my friend even if I was a client cuz you are a lying snitch." "....your a*s would get beat if you weren't a client" ".....I'm gonna make y'all's weekend a living hell" ".....you didn't tell all that s**t." ".....so you f*****d yourself up" "....you're a snake and a mother f*****g rat." "..... [client #1] you got two chores to do this weekend, and you're cleaning both of the god d**n bathrooms" "..... I'm sick of this bull s**t" "[client #1] he's leaving and I'm happy for that, because I know you're a lying a*s" "you're a snake in the grass. you better be 	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER THE AINUDDIN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 EAST RIVER ROAD LOUISBURG, NC 27549
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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 512	<p>Continued From page 49</p> <p>glad you're a client" "that s**t isn't right man" ".....the culprit is [client #4], she went in there, and she told on me." "ain't no way in h**l I would sit up here and laugh with you and grin with you" ".....if I was a client, I'd bang you in your mouth" ".....[L/O/QP] said that what goes on in here, stays in here, that's why [client #1] is leaving, [client #4] and [client #5] are leaving" "client #5 is too much work" "I wish you would mess up that room. We are gonna go upstairs and you're gonna sweep up that God d**n trash" "y'all sit there until I tell y'all to get up, how about that?" "[client #1] you're gonna get all this trash up tomorrow morning, better yet, we gonna do it today cuz I ain't got s**t to do, and when you're finished, you're gonna go to the bathroom and get all this mother f****g trash in the van." ".....I'm not playing with y'all." ".....Y'all are full of crap" "..... who went in the day program and told on me? who did it? who did it? well I got something for all of y'all's a***s." "..... y'all some sneaky little Negroes." ".....[client #1] when are you leaving? Cuz I'm about sick of your a*s." ".....[client #4] you gotta pack because you gotta go, you don't get a second chance" "....lying little heifer" "....if you don't act right you get an extra chore, isn't that what I said?" "and [client #5] I got something for you, you wanna show your a*s?" "cuz I'm not cleaning up no s**t."</p> <p>Observation and Interview on 3/25/22 at 11:30 am of the L/O/QP listening to the recordings</p>	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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V 512	<p>Continued From page 50</p> <p>revealed:</p> <ul style="list-style-type: none"> - she played with objects on her desk. - she did not appear to be upset by the content of the recordings as evidenced by her flat and unemotional affect. - she would talk to staff #1 and provide staff #1 with sensitivity training. <p>Interviews between 3/25/22 and 3/29/22 client #1 reported:</p> <ul style="list-style-type: none"> - staff #1 said stuff to them about the day program manager not running the group home. - staff #1 did not want them to tell the day treatment program manager what she said or did to the clients. - staff #1 cursed at the clients in the facility. - she called them names. - she called him a "p****y, a sissy, and a b****h." - staff #1 threatened him that he was going to be discharged. - staff #1 threatened "to put him on the floor and slap him backwards." <p>Interview on 3/25/22 client #3 reported:</p> <ul style="list-style-type: none"> - staff #1 yelled and cursed at the other clients in the facility. <p>Interview on 3/29/22 client #6 reported:</p> <ul style="list-style-type: none"> - she moved into the facility on 8/22/19. - staff #1 had them complete chores such as: clean their bedrooms, dust their bedroom, sweep hallway, clean bathrooms, wash clothes and iron - if it was not done correctly, staff #1 would give extra chores - she was not ok with having to do extra chores - client #1 disrespected staff #1 one time and had to clean the entire house - she had to mop all the floors, clean 2 bathrooms and sweep the floors 	V 512		

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V 512	<p>Continued From page 51</p> <p>Interview on 3/25/22 the Day Treatment Program Director reported:</p> <ul style="list-style-type: none"> - the clients had complained about staff #1. - they did not like doing their chores. - she gave the clients her personal cell number to call her if they had problems over the weekend. - she believed the clients were afraid of being discharged and having nowhere to go. - she felt the clients had been threatened with discharge. - she contacted the L/O/QP and told her the clients complained about staff #1. - she had not made a report to the Department of Social Services (DSS) about any of the client concerns. <p>Interviews between 3/25/22 and 3/30/22, staff #1 reported:</p> <ul style="list-style-type: none"> - employed 5 years at the home. - she worked Thursday afternoon through Monday morning. After 11 pm she was "sleep staff" and did not get paid. - duties: worked with clients on their goals, daily living skills, administered medications, assigned chores. - the clients were "very manipulative and lie." - they complained about their chores, if they didn't do the chore, she would call the L/O/QP and let her know and she would deal with it on Monday. - the clients usually were assigned an extra chore when they refused to do their chores - she didn't make anyone do chores, she couldn't force them to do the chore. - the L/O/QP said that they have to do the chores, it was in their goals. - she believed "[client #1] complained to the day treatment program that the [L/O/QP] was getting high." 	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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V 512	<p>Continued From page 52</p> <ul style="list-style-type: none"> - she had never worked with such "manipulative and lying clients." - she was aware that what she said on the recording was wrong, but she was just overwhelmed with the lying of the clients. <p>Interview between 3/25/22 and 4/5/22, the L/O/QP reported the following:</p> <ul style="list-style-type: none"> - she worked at the facility Monday afternoon through Thursday morning. - during that time she was "live in staff." - staff #1 "did not do anything wrong." - staff #1 "does not take anything off of anyone." - the clients complained about having to clean and do their chores. - staff #1 made the clients do their chores. - staff #1 "was strict, and by the book, she was not laid back like herself." - the clients had complained to her about staff #1 making them do chores, they never told her she was cursing at them. - it was hard to find staff to work at the facility. <p>II. Interview on 3/25/22 the FC#7's legal guardian reported:</p> <ul style="list-style-type: none"> - FC #7 was mistreated by a worker and a client that lived at the facility. - "[staff #1] was nasty. Had a bad attitude." - "every time I tried to talk to the [L/O/QP] about [staff #1] or my concerns, she (L/O/QP) brushed me off." - FC #7 was slapped by client #6 because she was told by staff #1 to slap her. - she spoke to the L/O/QP in November 2021 about her concerns, but the L/O/QP did not do anything about them. - FC#7 ran away from the facility because staff #1 told client #6 to slap her in the face. - she believed FC #7 was depressed and 	V 512		

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V 512	<p>Continued From page 53</p> <p>suicidal due to the treatment she received at the facility.</p> <p>Review on 3/29/22 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - admission date of 4/24/21. - discharge date of 2/23/22. - diagnoses: Intractable epilepsy without status epilepticus, mild intellectual disability, disruptive mood dysregulation disorder (DMDD) and mild asthma <p>Review on 3/31/22 of FC #7's local hospital records revealed:</p> <ul style="list-style-type: none"> - admission date: 1/31/22 - Behavioral Health Assessment and Referral dated 1/31/22: "23 year old female with reported diagnosis of IDD (Intellectual Developmental Disability) and epilepsy who was petitioned by her Peer Support Specialist. The patient is a resident at a local group home. According to the affidavit, she advised petitioner that she wanted to kill herself by hanging." - "...she adds "I ran off from the group home cuz this girl hit me...the lady had told her to...I said I was going to cut my legs off, my hands off" - "...BH (Behavioral Health) Clinician spoke with petitioner by phone. ...she adds that another group home resident was allowed to hit the patient....she confirmed this." <p>Interview between 3/25/22 and 3/29/22 client #1 reported:</p> <ul style="list-style-type: none"> - client #6 and FC #7 were having a verbal altercation and client #6 slapped FC #7. - he heard staff #1 tell client #6 "to slap her again." - client #6 then slapped FC #7 a second time. - he heard staff #1 tell FC #7 if she reported it to the day treatment program she would deny it. 	V 512		

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V 512	<p>Continued From page 54</p> <p>Interview on 3/29/22 client #4 reported:</p> <ul style="list-style-type: none"> - client #6 washed dishes downstairs - she (client #4) was upstairs - heard staff #1 tell client #6 that FC #7 cursed at her boyfriend client #1 - client #6 said "wait a minute now" - heard a loud hit but do not know who or where the person was hit <p>Interview on 3/29/22 client #6 reported:</p> <ul style="list-style-type: none"> - recalled the day she slapped FC #7 - she had went to church and came back - went in the kitchen and washed dishes - staff #1 told her FC #7 cursed at client #1 - staff #1 said FC #7 told client #1 to "shut the F**k up" - she told FC #7 to apologize "to her man" - FC #7 told her "B***h get out of my face" - "I went to her tail" "beat her up" - staff #1 told her (client #6) to slap FC #7 since she cursed at her (client #6) - she slapped FC #7 in the face - no marks or bruises - FC #7 ran away the next day <p>Interviews between 3/25/22 and 3/30/22, staff #1 reported:</p> <ul style="list-style-type: none"> - client #6 and FC #7 had a verbal altercation. - client #6 and FC #7 exchanged curse words. - she did not tell client #6 to slap FC #7. <p>Interview between 3/25/22 and 4/5/22, the L/O/QP reported the following:</p> <ul style="list-style-type: none"> - she was aware that client #6 and FC #7 had a verbal altercation and client #6 slapped FC #7. - she was not aware that staff #1 told client #6 to slap FC #7. <p>III. During interview on 3/25/22 the L/O/QP reported:</p>	V 512		

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V 512	<p>Continued From page 55</p> <ul style="list-style-type: none"> - after the completion of the 3/25/22 Plan of Protection, could she leave staff #1 with the clients for a short period of time - needed to run to her personal home to pick up some clothes to remain with the clients at the facility for unknown period of time <p>Observation & interview the L/O/QP on 3/25/22 between 5:32 pm & 5:46 pm revealed:</p> <ul style="list-style-type: none"> - at 5:32 pm the L/O/QP left with all the clients in the facility's van - staff #1 remained in the facility - knocked on the facility's door and there was no answer - telephoned the L/O/QP & she reported staff #1 needed to wash her clothes at the facility - thought it was ok since all the clients were with her - would notify staff #1 she needed to leave the facility - at 5:46 pm staff #1 left the facility <p>Review on 3/25/22 of the facility's Plan of Protection Version I dated 3/25/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? My immediate plan is to discuss the tape that was played to group home director. Director will take proper actions. - Describe your plans to make sure the above happens. My plan of correction is to have [staff #1] go through sensitivity training. So that she would have a better understanding of self and others." <p>Review on 3/25/22 of the facility's Plan of Protection Version II dated 3/25/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to 	V 512		

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V 512	<p>Continued From page 56</p> <p>ensure the safety of the consumers in your care? My immediate plan is to discuss the tape that was played to group home director. Director will take proper actions.</p> <ul style="list-style-type: none"> - Describe your plans to make sure the above happens. <p>My plan of correction is to have [staff #1] go through sensitivity training. So that she would have a better understanding of self and others.</p> <ol style="list-style-type: none"> 1. Talk with [staff #1] about tape 2. Contact the Health Care Reg. (HCPR) 3. Do my own investigation with staff and contact HCPR. She will be removed until all the investigations are complete, by HCPR and DHSR. Staff will be removed until all are done." <p>Review on 4/5/22 of the facility's Plan of Protection Version I dated 4/5/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? My immediate plan of correction is remove [staff #1] from facility until investigation is done. Director will contact the health care registry and department of social service. - Describe your plans to make sure the above happens. * Remove [staff #1] from the facility. * Report to social services. * Report to health care personnel registry." <p>Review on 4/5/22 of the facility's Plan of Protection Version II dated 4/5/22 submitted and written by the L/O/QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? My immediate plan of correction is remove [staff #1] from facility until investigation is done. Director will contact the health care registry and department of social service. 	V 512		

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V 512	<p>Continued From page 57</p> <ul style="list-style-type: none"> - Describe your plans to make sure the above happens. * Remove [staff #1] from the facility. * Report to social services. * Report to health care personnel registry. * Seek an outside QP to meet the needs of the clients." <p>The facility served clients diagnosed with Depressive Disorder, Major Depressive Disorder, Unspecified Disruptive Impulse Control and Conduct Disorder, Mixed Developmental Disorder; and Intellectual Developmental Disability. The clients were all subjected to verbal abuse by staff #1. Review of a taped recording revealed staff #1 cursed clients, called them names, threatened them with punishment (extra chores) and discharge. When the clients reported staff #1's behavior to the day treatment program staff, they were subjected to verbal abuse and threats by staff #1. The clients and family members attempted to report the behavior to the Licensee/Owner/QP over the past 6 months. The Licensee/Owner/QP did not investigate their concerns and failed to report the allegations to the Department of Social Services (DSS) and Health Care Personnel Registry. After she learned of the verbal abuse, the L/O/QP's only immediate plan of action was to speak with staff #1 and provide staff #1 with sensitivity training. FC #7 was allowed to be physically abused by client #6 at the direction of staff #1, causing FC #7 to attempt elopement. The Licensee/Owner/QP neglected the clients in the facility by failing to protect them from the abusive behavior of staff #1. By failing to report the clients' allegations to investigative authorities, the abusive behavior was tolerated and allowed to not only continue, but escalate to physical harm of FC #7. This deficiency constitutes a Type A 1</p>	V 512		

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V 512	Continued From page 58 rule violation for serious abuse and neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or	V 542		

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V 542	<p>Continued From page 59</p> <p>habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate financial records on all transactions affecting 2 of 3 audited clients (#1 & #6). The findings are:</p> <p>Review on 4/5/22 of client #1 & #6's financial records revealed:</p> <ul style="list-style-type: none"> - a pharmacy printout attached to a piece of notebook paper with handwritten deductions from their allowance of \$66.00 - no date on the handwritten document - several deductions from the \$66.00 but the deductions were not specified - nothing to show how the remaining funds were carried over to the next month <p>During interview on 3/31/22 client #1 reported:</p> <ul style="list-style-type: none"> - he received \$66.00 a month minus medical co-pays of \$7 and \$10.00 for the cable bill <p>During interview on 3/31/22 client #6 reported:</p> <ul style="list-style-type: none"> - received \$66.00 a month minus medical co-pays and \$10.00 for the cable bill <p>During interview on 3/31/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - she attached the handwritten document to their pharmacy printout each month to show their 	V 542		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER THE AINUDDIN'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1514 EAST RIVER ROAD LOUISBURG, NC 27549
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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 542	Continued From page 60 co-pays - deductions included monthly co-pays and \$10.00 from clients that wanted cable - she would come up with another financial form This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 542		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure therapeutic and habilitative activities were separate from sleeping areas affecting 2 of 2 audited current clients (#1, #6), 1 of 1 former client (FC#7), and 4 of 4 non-audited clients (#2-#5). The findings are:	V 784		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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V 784	<p>Continued From page 61</p> <p>Observation on 3/25/22 between 4:26pm & 4:42pm revealed the following:</p> <ul style="list-style-type: none"> - staff bedroom consisted of the following: <ul style="list-style-type: none"> the head and foot board of the bed against a wall a mattress against the bedroom window miscellaneous items throughout the bedroom floor like: luggage bags, pocketbooks & clothes - a leather sectional sofa in the living room <p>During interview on 3/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - there was no storage place, therefore the staff's bedroom was used for storage - the facility was far out in the country, no security system, therefore, she preferred to sleep on the leather sectional sofa in the living room - also, the clients' bedrooms were upstairs and she could hear their movements better when she slept on the living room sofa <p>During interview on 3/31/22 the Licensee/Owner/Qualified Professional reported:</p> <ul style="list-style-type: none"> - she and staff #1 preferred to sleep on the living room sofa to better hear the clients' movements upstairs <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 784		