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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 000}	INITIAL COMMENTS A follow up survey was completed on 3/28/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 109}	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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.	{V 109}		

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{V 109}	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 audited Qualified Professional (QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: CROSS REFERENCE: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 2 of 3 audited clients (Client #2 and Client #3). CROSS REFERENCE: G.S. 122C-62 Additional Rights in 24-Hour Facilities (V364). Based on record reviews and interviews the facility failed to ensure restriction of client rights to receive visitors and keep and use personal possessions (cigarettes) was reasonable, related to the clients' treatment or habilitation plan needs and was documented in the client's record for 1 of 3 audited clients (Client #2).	{V 109}		

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{V 109}	Continued From page 2 Review on 3/15/22 of the QP's Personnel Record revealed: -Date of Hire: Not provided during the survey. -Master of Arts in Teaching. Review on 3/8/22 of the QP's Job Description revealed: -"The QP must have ...the ability to coordinate and monitor the multiple services/supports needed to achieve the goals and desired outcomes of the individuals served ..." -Responsibilities included: -Identifying and communicating the "requests, needs, and supports" of everyone served. -"Supervising, integrating, and executing person centered plans (PCP's) ..." -"Performing ...modifications by means of feedback from the individuals supported as their wants, needs, and goals change." The following are examples of how the QP failed to demonstrate competency: -Client #2's rights were restricted and the QP did not document the restriction in the treatment plan or conduct an evaluation to continue the restriction every 7 days as required. -The PCP for Client #2 was completed by the QP and did not include specific goals, or intervention strategies to address Client #2's diet choices, verbal/physical aggression, sexually inappropriate behaviors, concealing medications, telephone calls to 911, elopement risk to obtain drugs and alcohol, or risk of setting fires. -There was no evidence that a PCP had been completed for Client #3 since his admission to the facility. -There was no evidence of specific goals, or intervention strategies to address Client #3's lack of impulse control, self-injurious behavior, suicide	{V 109}		

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{V 109}	Continued From page 3 risk, verbal/physical aggression, property destruction, risk of elopement, sexually inappropriate behaviors, risk of setting fires, impersonation of police officers/military personnel, or attempts to be hospitalized by lowering his sodium. Review on 3/16/22 of an initial Plan of Protection completed and signed by the Director of Operations on 3/16/22 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Please see attached Describe your plans to make sure the above happens. Implement attached by 4/1/2022 Rule Violation/Tag 10A NCAC27G.0205 Assessment and Treatment/Habilitation or Service Plan/Tag #V112/Cross Referenced into Type A1 1.All treatment/service plans will be completed with all team members and based on the current needs of the members. Documentation of current needs will be included in the client record. Rule Violation/Tag #/Citation Level: NCGS 122C-62 Additional Rights in 24-hour Facilities/Tag#V364/Cross Referenced into Type A1 2. Any restriction of rights will be taken before the client rights committee, included in the treatment plan, and reviewed by the QP every 7 -days. Rule Violation/Tag#/Citation Level: 10A NCAC27G.0204 Competencies of Qualified Professionals and Associate Professionals/Tag # V110/Standard 3. NCOGH, LLC (North Carolina Outreach Group Home, Limited Liability Company/Licensee) will ensure that all QP's/AP's (Associate Professional's) meet and follow all state standards to hold the position of QP/AP.	{V 109}		

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{V 109}	Continued From page 4 Rule Violation/Tag #/Citation Level: Competencies and Supervision of Paraprofessionals/Tag #V110/Standard 4. All paraprofessionals will receive an update to client specific trainings by 4/1/2022. Rule Violation/Tag #Citation Level: NCGS 122C-80/Tag#133/Criminal History Record Check Required for Certain Applicants for Employment/Tag V133/Standard 5. Per Policy all applicants must have a criminal record check 5 business days to making a conditional offer of employment and NCOGH, LLC will ensure that this policy is enforced and executed properly. Rule Violation/Tag #Citation Level: 10A NCAC27E.0109 Training in Seclusion, Physical Restraint and Isolation Time-Out/Tag V537/Standard 6. All Paraprofessionals will be kept up to date on NCI (Nonviolent Crisis Intervention) training and all other training per state/NCOGH, LLC policy." Review on 3/17/22 of an undated/unsigned 2nd Plan of Protection submitted by the Director of Operations (DOO) on 3/17/22 revealed: "Rule Violation/Tag 10A NCAC27G.0205 Assessment and Treatment/Habilitation or service Plan/Tag #V112/Cross Referenced into Type A1 1. Emergency Treatment team meeting will be held to discuss the current needs of the client on 3/17/2022. Any changes deemed necessary by the team will be made and implemented effective 3/17/2022 for the two clients in question. Rule Violation/Tag #/Citation Level: NCGS 122C-62 Additional Rights in 24-hour Facilities/Tag#V364/Cross Referenced into Type A1 2. Emergency Treatment team meeting will be held to discuss the current needs of the client on 3/17/2022. Any changes deemed necessary by	{V 109}		

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{V 109}	Continued From page 5 the team will be made and implemented effective 3/17/2022. Clients' right meeting will also be held. Rule Violation/Tag #/Citation Level: 10A NCAC27G.0204 Competencies of Qualified Professionals and Associate Professionals/Tag # V109/Standard 3. The QP will call the emergency team meeting and oversee the writing of any updates the team determines need to be made to the plans, get signatures, document meeting and team discussion, and update staff on any and all changes made to goals. Rule Violation/Tag #/Citation Level: 10A NCAC27G.0203 Competencies and Supervision of Paraprofessionals/Tag #V110/Standard 4. All paraprofessionals will receive an update to client specific trainings by 4/1/2022. Rule Violation/Tag #Citation Level: NCGS 122C-80/Tag#133/Criminal History Record Check Required for Certain Applicants for Employment/Tag #V133/Standard 5. Per Policy all applicants must have a criminal record check 5 business days to making a conditional offer of employment and NCOGH, LLC will ensure that this policy is enforced and executed properly. Rule Violation/Tag #Citation Level: 10A NCAC27E.0109 Training in Seclusion, Physical Restraint and Isolation Time-Out/Tag V537/Standard 6. All Paraprofessionals will be kept up to date on NCI training and all other training per state/NCOGH, LLC policy." Review on 3/17/22 of a 3rd Plan of Protection completed and signed by the Director of Operations on 3/17/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Please see attached that was already sent this	{V 109}		

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{V 109}	Continued From page 6 am. Describe your plans to make sure the above happens. Director of Operations [Name of Director] will ensure that all steps of the plan are implemented and completed." This deficiency constitutes a recited deficiency. West Marion Supervised Living is licensed as a Supervised Living Facility for Adults with Intellectual and Developmental Disabilities. Client diagnoses included Bipolar Disorder (d/o) without Psychotic Features, Schizophrenia, Nicotine Dependence, Alcohol Dependence, Schizoaffective d/o, Diabetes, Hypertension, Hyperlipidemia, Gastroesophageal Reflux d/o, Hypothyroidism, and Vitamin D Deficiency. Client #2 and Client #3 were admitted to the facility with histories of suicide risk, setting fires, being sexually inappropriate with animals, women and children, self-injurious behaviors, verbal/physical aggression, property destruction, elopements, impersonating officers/military personnel, non-compliance with diet and medications, consuming large amounts of water to lower sodium levels to be hospitalized, and attempts to obtain drugs and alcohol. Client #2 and Client #3 did not have updated assessments to indicate that these behaviors were no longer an issue. The treatment plans utilized by the facility for Client #2 and Client #3 did not include goals, or intervention strategies to address these specific behaviors. Furthermore, information received from Client #3's guardian revealed that Client #3 could not be around animals, or children yet clients were often in areas of the community where animals and children could be present. Additionally, Client #2 wanted to smoke cigarettes and have visitation with his Sister but was	{V 109}		

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{V 109}	Continued From page 7 restricted from doing so. The QP failed to include a written statement in Client #2's record to indicate the detailed reason for the restrictions and did not include the restrictions on Client #2's treatment plan. The QP also failed to conduct an evaluation every 7 days to determine if the restriction could be removed. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000.00 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and	V 112		

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V 112	Continued From page 8 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address the treatment needs for 2 of 3 audited clients (Client #2 and Client #3). The findings are: Review on 3/3/22 of Client #2's record revealed: -Date of Admission: 1/3/22. -Diagnoses: Mild Intellectual Developmental Disability; Bipolar Disorder without Psychotic Features; Paranoid Schizophrenia; Nicotine Dependence; Alcohol Dependence; Diabetes. -A Behavioral Support Plan (BSP) completed on 1/14/21 indicated: Client #2 had a history of alcoholism; a history of police involvement due to intimidation; verbal aggression; negative demeanor; could become threatening towards others; liked to drink sodas and smoke cigarettes; his soda intake was limited due to his diagnosis of diabetes; cigarettes were limited to 10 per day by his doctor; he would pick cigarette butts up off the ground if he was not being monitored; he would display verbal and physical aggression; he tended to talk to unseen people; threatened to harm himself; and wandered to obtain drugs and alcohol.	V 112		

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V 112	Continued From page 9 Interview on 3/9/22 with Client #2's guardian revealed: -Client #2 required constant supervision 24 hours per day, 7 days per week. -Client #2 was previously living in an Alternative Family Living (AFL) where he physically assaulted the AFL provider's husband, which led to his placement at West Marion Group Home. -"His ideal would be to sit and chain smoke all day long and wander around to try and get drugs and alcohol. He has a history of eloping from 1:1 staff and trying to buy drugs. He doesn't have good sexual boundaries and tries to touch women inappropriately. He is a severe diabetic and tries to drink alcohol, sodas, eat unhealthy food and energy drinks 24/7 and cheeks his medications if he wasn't being supervised. He doesn't like anyone to tell him what to do and I'm afraid something would happen to him if he didn't have somebody looking after him ...he ...likes to call 911 to go to the hospital ...He makes threats to others ... He has never put anyone in the hospital but he has hit people and punched people that is for sure. He does not discriminate and punched a female staff about 3 years ago. He would probably attack a female over a male ... I think he was sneaking and putting cigarettes in his room and burned a hole in the floor and turned the alarms off in his room, burned a hole in the comforter and put ashes on the floor. I think this was at the current home." -Client #2 would set a fire just to be destructive, but not to try to burn the house down. Review on 3/7/22 of Client #2's Person-Centered Plan (PCP) dated 1/5/22 revealed: -"[Client #2] needs assistance with ...Diet ..." -The plan had the following goals: -Complete tasks such as house cleaning and	V 112		

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personal hygiene with no more than 3 verbal prompts.

-Attend all medical appointments and take all medications as prescribed with no more than 3 verbal prompts.

-Develop a monthly budget and manage money with no more than 3 verbal prompts.

-There were no specific goals, or strategies to address Client #2's diet choices, threatening behaviors towards self and others, verbal aggression, physical aggression, talking to unseen people, picking up cigarette butts off the ground, wandering to obtain drugs and alcohol, sexually inappropriate behaviors, concealing medications in his cheeks, telephone calls to 911, or risk of setting fires.

Review on 3/3/22 of Client #3's record revealed:
-Date of Admission: 1/3/22.
-Diagnoses: Schizoaffective Disorder; Mild Intellectual Developmental Disability; Hypertension; Hyperlipidemia; Gastroesophageal Reflux Disease (GERD); Hypothyroidism; Type 2 Diabetes.
-There was no evidence that an admission assessment had been completed on Client #3 since his arrival at West Marion Supervised Living.
-An assessment completed on 12/1/20 indicated: Client #3 had a history of self-injurious behavior (SIB); history of physical and sexual abuse; had the inability to sense emotions; was careless; lacked sympathy; struggled with violent outbursts which resulted in physical violence; believed children could have sex if they wanted to; was at risk of suicide when he was upset; had thoughts of harming children, or anyone in his way when he was angry; had no impulse control, especially when it comes to being verbally, physically and sexually aggressive.

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-A Positive Behavior Support Plan (PBSP) last revised on 3/18/20 identified Client #3's target behaviors as property destruction; physical aggression; verbal aggression; elopement; threats of hurting others.
-A Member Care Plan from the Local Management Entity/Manage Care Organization (LME/MCO) affirmed that Client #3 had a history of setting fires; he loved to smoke but could not have access to lighters; had sexually inappropriate behaviors including with children; could not be around children, or animals "at all" because they are triggers.

Interview on 3/9/22 with Client #3's Guardian revealed:
-Client #3 was " ... almost shot by the police when he confronted officers and marines. He tries to dress up as a police officer, or Marine. He cannot wear boots, or military outfits ... He loves to go to the hospital and calls 911 daily. He goes AWOL (absent without leave) often and police have to be called. [Client #3] served 9 days in jail for destruction of property and he has bragged about trying to kill a QP (Qualified Professional). He is a sex offender and has a high risk to assault a child and can't be around animals because he was trying to catch a dog and have sex with it ...He is a sociopath and if he can get away with something, he will do it. He threatened to kill the President (Obama) and he called the Federal Marshal's office and the FBI surrounded a group home for him doing this ...He ...always had lots of behaviors of doing these things ... He has a history of property destruction, physical, verbal and sexual aggression and suicide risk ...[Client #3] is not a registered sex offender. I was told he has a sex offender assessment and could not be around children ...We were told he would go outside and stare at the kids in the school across

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from the day program. There is a school right across the street from the day program ...He used to threaten to kill himself as a behavior to get into the hospital and when people started ignoring that, he would do other things like drink lots and lots of water to lower his sodium to be able to go to the hospital and they (staff) tried to give him Gatorade. He is smart. He would take the Gatorade bottle into the bathroom and fill it with water to lower his sodium, so now staff need to monitor him ..."

Review on 3/3/22 of Client #3's Individualized Service Plan (ISP) dated 6/1/21 revealed:
-The plan had the following goals:
-Learn to accept boundaries with no more than 2 verbal prompts without acting out negatively.
-Assist with chores within the home, load dishwasher, take out trash.
-Maintain cleanliness of personal space within the group home with no more than 2 verbal prompts per trial. Ensure cleanliness of personal space daily, by making his bed, picking up his area and picking up after himself.
-There were no specific goals, or strategies to address Client #3's lack of impulse control, self-injurious behavior, suicide risk, verbal, physical and sexual aggression, property destruction, risk of elopement, sexually inappropriate behaviors with children, being triggered by animals, risk of setting fires, impersonation of police officers and military personnel, or attempts to go to the hospital by lowering his sodium.

Review on 3/8/22 of a T-Log (progress note) entered into the facility's computer program revealed:
-On 3/6/22 Client #3 had "threatening behaviors

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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 112	Continued From page 13 ...lightly shoved" another client. Interview on 3/7/22 with Staff #1 revealed: -On 3/6/22 Client #3 "was moody, hateful and shoved a peer." Interview on 3/7/22 with Staff #2 revealed: -He "did not have the best training." -When asked about client goals he stated that he had not seen a goal plan and did not know how to access client goals. -Later in the interview he stated that he was aware of client goals because he had to document the number of verbal prompts used daily beside each goal on the computer. -He did not know about Client #2's past history. -He knew that Client #3 "struggled with sexual things." -Client #3 had not displayed verbal, or physical aggression. -Client #3 recently pushed a peer. -He was not working at the facility when the altercation took place between Client #3 and the peer, but it was documented. -When asked about boundary issues with Client #3, he stated that he would stop the behavior, "call [Owner] so they can deal with it ...probably contact higher ups to get them over there (to the facility) ..." Interview on 3/10/22 with Staff #2 revealed: -He stated, "I have not seen any intervention plans yet. I am not 100% sure what that is." -Client #2's goal was "to not push boundaries." -When asked about the goals and strategies for Client #3 he replied, "He doesn't really have any issues. He asks for things a lot like constant asking for a snack and I remind him we just had one. He asks for drinks and snacks quite a bit. No other issues out of [Client #3] at all."	V 112		

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	MHL059-071	A. BUILDING: _____ B. WING _____	R-C 03/28/2022

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V 112	Continued From page 14 -When asked if any of the clients were on a special diet he stated, "Yes, [unaudited client] has bad blood sugar and I keep him away from sugar, but none of the other guys struggle with their sugar and they get a regular diet." -When questioned about what safeguards were in place at the group home since some clients were 1:1 at the day program, he replied, "We have a television and they listen to music." Interview on 3/16/22 with the Director of Operations revealed: - She stated, "I understand documentation on a plan, but why address behavior that was never an issue...No children, or animals are near [Client #3] ever. It's a far reach." Review on 3/18/22 of a letter from the Guardian of Client #2 and Client #3 dated 3/17/22 revealed: -Client #2 and Client #3 " ...go out in the community often and do amazing activities such as hiking, swimming, going out for boat rides, and even trips to the beach, and other areas ..." Interview on 3/9/22 with the Qualified Professional (QP) revealed: -When developing treatment plan goals and strategies, he would review "any and all background information" he could obtain on a client. -He received a lot of background information from the Guardian of Client #3 and he tried to "build goals around that." -Client #3 could not be left alone with women and could not be unsupervised in public. -Client #2 "was living on his own but was having a lot of issues with money management, diet and not taking medications. He is very inappropriate with women, so we are working with socialization and boundaries with him and how to manage	V 112		

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V 112	Continued From page 15 money..." -If a client had a need " ...and cheeks pills for meds, we would make a goal for that ..." -He could not always address every need of the clients. He stated, " ...there's different stuff, but how much can you tackle with one plan. It gets overwhelming for everybody if gets too extensive." Interview on 3/10/22 and 3/16/22 with the QP revealed: -Client #2 "doesn't wander to get drugs or alcohol anymore. That was in the past several years ago I believe ..." -Client #2 had not displayed any verbal, or physical aggression since being admitted. -Client #2's diabetes was managed with medications and a low sugar, low carbohydrate diet. -Client #3's verbal aggression, physical aggression and sexually inappropriate behaviors with children was taken care of through supervision and placement. -Client #3 had goals with his Day Support Program. -Client #3 was never around children, or animals. -In regard to the strategies to address behaviors being on the treatment plan, he stated, "This should never be on these documents. You're stretching. You're not doing your job correctly. You're harassing us ..." 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 112		

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V 133	Continued From page 16	V 133		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall	V 133		

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V 133	Continued From page 17 return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:	V 133		

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V 133	Continued From page 18 (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or	V 133		

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V 133	Continued From page 19 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.	V 133		

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V 133	Continued From page 20 (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request a criminal history background check within 5 days of hire for 1 of 3 (Staff #2) audited staff. The findings are: Review on 3/3/22 of Staff #2's personnel record revealed: -Date of hire: 1/11/22. -Hired as a Paraprofessional. -Criminal background check completed on 3/3/22.	V 133		

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V 133	Continued From page 21 Interview on 3/3/22 with the Human Resource (HR) Manager revealed: -She thought she had requested Staff #2's background check when he was hired. -After reviewing the document she had in his file, she stated she only entered Staff #2's information but had not submitted it. -She completed the criminal background check on 3/3/22.	V 133		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made	V 364		

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V 364	Continued From page 22 collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;	V 364		

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V 364	Continued From page 23 and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.	V 364		

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V 364	Continued From page 24 (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the	V 364		

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V 364	Continued From page 25 client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure restriction of client rights to receive visitors and keep and use personal possessions (cigarettes) was reasonable, related to the client's treatment or habilitation plan needs and was documented in the client's record for 1 of 3 audited clients (Client #2). The findings are:	V 364		

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V 364	Continued From page 26 Review on 3/3/22 of Client #2's record revealed: -Date of Admission: 1/3/22. -Diagnoses: Mild Intellectual Developmental Disability; Bipolar Disorder without Psychotic Features; Paranoid Schizophrenia; Nicotine Dependence; Alcohol Dependence; Diabetes. -A Behavioral Support Plan (BSP) completed on 1/14/21 indicated: Client #2 liked to drink sodas and smoke cigarettes; his soda intake was limited due to his diagnosis of diabetes; cigarettes were limited to 10 per day by his doctor; he would pick cigarette butts up off the ground if he was not being monitored; Review on 3/7/22 of Client #2's Person-Centered Plan (PCP) dated 1/5/22 revealed: -The plan had the following goals: -Complete tasks such as house cleaning and personal hygiene with no more than 3 verbal prompts. -Attend all medical appointments and take all medications as prescribed with no more than 3 verbal prompts. -Develop a monthly budget and manage money with no more than 3 verbal prompts. -There was no written statement in Client #2's record that indicated the detailed reason for restricting visits with his sister or not being able to possess and smoke cigarettes. -There was no evaluation of the restrictions by the QP at least every 7 days to document whether to remove or renew the restrictions. Interview on 3/3/22 with Client #2 revealed: -He has been living at the facility for a "little bit." -Does not like living at the facility; he can't smoke cigarettes at the house. -"The boss man (Owner) took my cigarettes ...I don't know what he did with the cigarettes."	V 364		

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	MHL059-071	A. BUILDING: _____ B. WING _____	R-C 03/28/2022

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V 364	Continued From page 27 - "I can't smoke cigarettes at the house but my sister let me buy a pack and she let me smoke 3 of them." -He liked living at his prior facility because he was allowed to smoke. -"I want to see my sister ... I want my sister to come and see me once in a while." -"...I can't be outside ...that's all I want is to be outside and be able to smoke a cigarette." Interview on 3/3/22 and 3/8/22 with the Director of Operations (DOO) revealed: -Client #2's sister was not allowed to visit; that was a guardian decision. -Client #2's sister was buying him cigarettes and he was shoving them in his rectum so it was a safety issue. -The decision for him not to smoke happened before he was admitted to the facility because it was a safety issue and fire hazard. -It was her understanding that there were issues in the past with the sister per the guardian. -His sister "broke parameters" (did not follow visitation rules) during several visits. -Client #2 would hide cigarettes and smoke in his room; it was causing risk to himself and other clients. -The treatment team made the decision that he could not smoke. -He was offered patches and Nicorette gum but didn't like it. -Client #2's current treatment plan "has possibly not been updated to indicate this" (smoking). -The Client Rights Committee meeting for Client #2 took place "long before" he was admitted to the current facility. Interview on 3/9/22 with Client #2's guardian revealed: -Client #2's cigarettes "are limited I think because	V 364		

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V 364	Continued From page 28 of [Client # 1]." -He had a doctor note to not smoke more than 5 cigarettes per day but now he doesn't have the money to smoke. -"He would be allowed to smoke but he would have to be supervised and that has been the problem"; if he had cigarettes and a lighter, he would not turn them over to staff. -His sister was allowed to visit but she cannot buy him cigarettes. Interview on 3/9/22 with the Qualified Professional (QP) revealed: -Client #2 was not allowed to smoke because he has abused the privilege and stolen from staff. -He cannot be trusted with cigarettes and lighters; he was hiding lighters and cigarettes and trying to light them from the stove. -There were other clients in the facility that have arson in their history and they cannot be around lighters. -Client #2's sister bought him cigarettes and she was not to come for a while per the guardian. -The restrictions were in place until Client #2 starts "following orders ...directions, performing well and doing what he needs to do." -"We checked in with the guardian weekly." -The QP thinks it is documented in his behavior plan but he is not sure if it's documented. Interview on 3/7/22 and 3/10/22 with Staff #2 revealed: -Client #2 was not allowed to be around cigarettes; "...we keep all nicotine away from him..." -There is no smoking at the facility. -Client #2 wanted cigarettes "all the time." -When Client #2 was craving cigarettes, he helps "put his mind towards something else to distract him."	V 364		

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V 364	Continued From page 29 -He did not have visitors anymore; at one time Client #2's sister brought him cigarettes 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 364		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 537		

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behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
(4) strategies for the safe implementation of restrictive interventions;
(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
(6) prohibited procedures;
(7) debriefing strategies, including their importance and purpose; and
(8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);

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(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualification and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) evaluation of trainee performance; and
(D) documentation procedures.
(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this

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V 537	Continued From page 32 Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that staff are retrained	V 537		

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V 537	Continued From page 33 annually in seclusion, physical restraint and isolation time-out for 1 of 3 audited staff (Staff #1). The findings are: Review on 3/3/22 of Staff #1's personnel record revealed: -Hired on 12/9/20. -Hired as a Paraprofessional. -Training in restrictive intervention completed 12/16/20. -There was no documentation indicating that Staff #1 had been retrained annually in restrictive interventions. Interview on 3/7/22 with Staff #1 revealed: -Today was his last day working with NC Outreach Group Homes. -He had not restrained any of the clients at the facility.	V 537		