

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER
SAVIN GRACE II

STREET ADDRESS, CITY, STATE, ZIP CODE
**562 OLD DAM ROAD
SELMA, NC 27576**

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 4/14/22. The complaint was unsubstantiated (Intake# NC00186558). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118	On May 2, 2022, Savini Grace staff were re-trained on Medication Management. Each staff passed with 100% and fully understand their role and responsibility in regards to administering, reporting medication errors as well as ensuring that a doctors order accompany all medications given to any and all medications given to clients.	5/2/22

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

[Redacted Signature] LE CEO

(X6) DATE
6/1/22

RECEIVED
By DHSR Mental Health Licensure & Certification at 9:45 am, Jun 02, 2022

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V 118	<p>Continued From page 1</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 record review and interview, the facility did not administer medication on the written order of a physician affecting one of three audited clients (#3). The findings are:</p> <p>Review on 4/5/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 11-17-21 - 11 years old - Diagnoses: Post-Traumatic Stress Disorder (PTSD), Attention-Deficit Hyperactivity disorder (ADHD) and Disinhibited Attachment disorder-of childhood, Major Depressive disorder -recurrent/moderate, Reactive Attachment disorder - April 2022's MAR revealed: <ul style="list-style-type: none"> -Focalin XR 40 milligram (mg) capsules (caps) (ADHD) -Focalin XR 10mg caps (ADHD) -Clonidine 0.1 tablet (tab) -Sertraline 50mg tab (PTSD, Depression) -Risperidone ODT (Orally Disintegrating Tablets) 1mg tab (mood disorders) - No signed physician orders in the record for any of the above listed medications. <p>Interview on 4/6/22 Staff #2 reported:</p>	V 118	<p>The Qualified Professional will ensure that all medications are accompanied by a doctors order. The CEO, and the Qualified Professional will be responsible for reviewing medication order for every client entering into the facility and weekly ongoing.</p> <p>on 4/12/22 Savin Grace 4/12/22 CEO implemented a medication Review form that will be completed upon admission and within six months, each client will have medication reviewed by a psychiatrist. The medication Review forms will be reviewed every three months to ensure that each child</p>	

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Client #3's guardian "deals" with her medications - Her guardian obtained the refills and brought them to the facility - They didn't keep the physician orders in her record because her guardian kept them - "It has always been done that way" <p>Interview on 4/6/22 the Director reported:</p> <ul style="list-style-type: none"> - No physician orders for medications were in the record for client #3 - Her guardian kept her physician orders - Would start requesting that the guardian bring the physician orders with the medication refills. 	V 118	<p><i>has had a medication Review completed by a psychiatrist.</i></p>	
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (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. (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 interview and record review the facility</p>	V 121		

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V 121	Continued From page 3 failed to ensure a psychotropic drug review was completed for one of three audited clients (#2). The findings are: Review on 4/5/22 of Client #2's record revealed: - Admitted 9-24-21 - 14 years old - Diagnoses: Adjustment disorder with mixed emotions and conduct and post traumatic stress disorder (PTSD) - Physician's order dated 12/15/21 revealed: -Hydroxyzine HCL 50milligram (mg) - (anxiety and tension) -Prazosin 1mg- (nightmares and sleep disturbance) -Fluoxetine Hcl 20mg- (depression, obsessive compulsive disorder) -Asenapine 2.5mg - (schizophrenia) - No evidence of drug review at least every 6 months Interview on 4/6/22 the Director reported: - Hadn't had any psychotropic medication reviews completed - Didn't know they needed to get them done - Will call the pharmacy to have them completed	V 121		
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;	V 366	on 4/18/22 Savin Grace, CEO re-trained all staff on the timely reporting of all incidents within Savin Grace facility. All staff understand that responding and reporting all incidents are mandatory.	4/18/22

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V 366	Continued From page 4 (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. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals	V 366	The CEO created an incident log to accommodate all incidences that occur on and off site. The incident log will be kept in the incident log book and renewed weekly by the Associate Professional. The Associate Professional will be responsible for ensuring that all incidents were entered into the IRIS reporting system and a copy of the incident is printed and placed into the incident log book, readily available for review.	4/18/22

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V 366	<p>Continued From page 5</p> <p>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, 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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>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 written policies governing level II incidents. The findings are:</p> <p>Refer to V367 for specific details regarding police calls to this facility:</p> <ul style="list-style-type: none"> - Review on 4/11/22 of the police call service log revealed 11 police calls/responses between 10/4/21 - 3/29/22. <p>Multiple requests for the facility incident reports from 10/1/21 - 4/14/22 revealed no documented incident reports involving police responses to the facility for the time period requested.</p> <p>Review on 4/14/22 of facility records revealed no documentation that the facility had responded to the 11 police calls by addressing the following:</p> <ul style="list-style-type: none"> - The clients health and safety needs - Developing and implementing corrective measures - Assigning staff to be responsible for implementation of the corrections - Maintaining documentation regarding these response measures 	V 366		

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V 366	<p>Continued From page 7</p> <p>Interview on 4/6/22 Staff #2 reported:</p> <ul style="list-style-type: none"> - Wasn't really sure who was responsible because she just told the Director of incidents and "she did the rest." - Incident reports were filled out by the staff that "witnessed" the incident. <p>Interview on 4/6/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Staff that's on shift was responsible for doing incident reports. - She was notified of incidents in the facility and if 911 was called. - Believed the Director did IRIS. - She didn't do IRIS and was unsure if anyone else did IRIS. <p>Interview on 4/14/22 the Director reported:</p> <ul style="list-style-type: none"> - She had trained every staff on entering into IRIS. - She would oversee the IRIS entries and incident reports from now on. - All staff were responsible for entering into IRIS and filling out incident reports. 	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</p>	V 367		

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V 367	Continued From page 8 becoming aware of the incident. The report shall 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

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V 367	<p>Continued From page 10</p> <p>Review on 4/5/22 of the IRIS (Incident Response Improvement System) revealed:</p> <ul style="list-style-type: none"> - No entries reported for any of the below 911 calls/responses. <p>Review on 4/11/22 of the police call service log revealed:</p> <ul style="list-style-type: none"> - 10/4/22 police responded to a missing person call - 12/25/21 police responded to a disturbance call - 12/25/21 police responded to a disturbance call - 1/9/22 police responded to an assault call - 1/9/22 police responded to an assault call - 1/30/22 police responded to a disturbance call - 2/16/22 police responded to an involuntary commitment call - 3/4/22 police responded to an abnormal behavior call - 3/16/22 police responded to a missing person call - 3/25/22 police responded to a missing person call - 3/29/22 police responded to a assist Department of Social Service (DSS) call <p>Interview on 4/5/22 & 4/14/22 the Director reported:</p> <ul style="list-style-type: none"> - Police had been out to the facility. - She would start to oversee the incident reports and IRIS entries. <p>Interview on 4/6/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Staff that's on shift was responsible for doing incident reports. - She was notified of incidents in the facility and if 911 was called. 	V 367		

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V 367	Continued From page 11 - Believed the Director did IRIS.	V 367		
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 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	V 537	on 5/3/22 each employee 5/3/22 was trained in NCI Plus which included part A & B and passed with 100% Savin Grace, CEO contracted with Simpsons Training to conduct trainings to ensure that all staff are trained in NCI Plus Part A & B prior to servicing any child in our care and annually thereafter.	

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V 537	<p>Continued From page 12</p> <p>provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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 Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER SAVIN GRACE II	STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SELMA, NC 27576
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V 537	<p>Continued From page 14</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 3 audited staff (#1, #2 & Qualified Professional) were trained in seclusion, physical restraint and isolation time-out. The findings are:</p> <p> </p> <p>Review on of staff #1's personnel record revealed: -Hire date: 7/7/20</p>	V 537		

Division of Health Service Regulation

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V 537	Continued From page 15 -Mindset Foundations deescalation techniques 7/3/21 -No evidence of training part B seclusion, physical restraint and isolation time-out Review on of staff #2's personnel record revealed: -Hire date: 6/26/21 -Mindset Foundations deescalation techniques 6/17/21 -No evidence of training part B seclusion, physical restraint and isolation time-out Review on of the Qualified Professional's personnel record revealed: -Hire date: 5/3/2014 -Mindset Foundations deescalation techniques 6/26/21 -No evidence of training part B seclusion, physical restraint and isolation time-out Interview on 4/6/22 the Licensee stated: -She was aware that she hadn't scheduled for the instructor to teach part B to complete the part B seclusion, physical restraint -She was responsible for setting up trainings for the staff and ensuring the trainings were completed -She would set up the part B to the Mindset training as soon as possible	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736	Savin Grace, Co hired a Contractor to make necessary repairs noted within the site visit on 4/18/22 The closet door in client #1 room	4/18/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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V 736	Continued From page 16 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 4/5/22 at 3:25PM revealed: Client #1's room - water stains on the ceiling - closet door not on track and leaning - wood molding around the top of the ceiling coming apart from the ceiling - bed has a 3 drawers at the bottom and the middle drawer was missing Client #2's room - piece of the hinge that shuts and connects the door to the frame was broken and stuffed with tissue - wood broken in the door frame Client #3's room - main door broken and not attached to the wall - door leaned up against the wall - blinds were broken in numerous places - black marker stains on the wall behind the head of the bed Living Room - blinds broken - the middle of the ceiling fan that had the chain attached was hanging and only connected by wires	V 736	WDS replaced on track ' wood molding around Ceiling was repaired on 4/18/22 The underbed drawer that was missing was removed due to damage that was unable to be replaced/Repaired The painting of all rooms including Ceilings noted of The home began and will be Completed by June 4, 2022 Client #2 Wood door frame is scheduled to be repaired on or before June 4, 2022 - Client #3 Door was repaired on 4/18/22	6/4/22

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V 736	<p>Continued From page 17</p> <ul style="list-style-type: none"> - 2 of 3 lightbulbs missing from the ceiling fan - black chair had rips and was missing some leather from the armrest and the wood was exposed <p>Bathroom #1</p> <ul style="list-style-type: none"> - black marks, peeling paint and unfinished paint on the walls - rusted standing toilet paper holder - missing towel bar - rust and dust surrounding the vents in the ceiling <p>Bathroom #2</p> <ul style="list-style-type: none"> - towel bar missing - dust in and surrounding the vents in the ceiling <p>Kitchen</p> <ul style="list-style-type: none"> - missing and/or loose floor boards <p>Interview on 4/5/22 Staff #1 reported:</p> <ul style="list-style-type: none"> - Client #2's door was broken from her kicking it in. - Client #3's door was broken. - Environmental issues were reported to the Director. <p>Interview on 4/6/22 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - She did a walk through of the facility at least 2-3 times per week when she was there. - Reported all maintenance issues to the maintenance man. - Normally took the maintenance man about a week to complete maintenance requests. - Didn't know that client #3's door was broken. <p>Interview on 4/5/22 & 4/14/22 the Director reported:</p>	V 736	<p>Mini blinds were ordered and installed - 5/12/22</p> <p>The room will be painted on or before June 4, 2022</p> <p>Living Room -</p> <p>Blinds have been ordered and installed 4/20/22</p> <p>Ceiling fan was replaced with a new fixture and installed on 4/11/2022</p> <p>Light bulbs were placed in fixture.</p> <p>Bathroom was painted on 5/5/2022 -</p> <p>Rusted Standing toilet tissue holder was thrown out.</p> <p>Rust vents were replaced</p> <p>Towel bar was installed in bathroom on 4/7/22</p>	

Division of Health Service Regulation

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V 736	Continued From page 18 <ul style="list-style-type: none"> - It was hard to keep things fixed in the facility because the clients kept breaking them. - She had called maintenance to fix things but the clients would just break them again. - She knew that she needed to keep replacing the blinds and getting things fixed and had work orders in already. - She would make sure all the things got fixed. - Client #3's bedroom door had been fixed. 	V 736	<p>Kitchen -</p> <p>Missing floor board are to be repaired on or before 6/4/2022</p> <p>The CEO will conduct Monthly walk throughs to ensure that any items in need of repair are documented and completed in a timely manner. Staff are required to notify CEO immediately and document any repairs. The CEO will have repairs completed within 72 hours.</p>	



5/14/2022

SAVIN GRACE, LLC
562 OLD DAM ROAD
SELMA, NC 27576
(919) 351-0465

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

RE: SAVIN GRACE, II- 562 OKD DAM ROAD, SELMA, NC 27576
MHL# 051-173
INTAKE # NC00186558

On 4/14/2022 a complaint and annual survey was conducted at that time the complaint was unsubstantiated, however deficiencies were found. All tags were cited were standard level deficiencies.

Savin Grace, CEO [REDACTED] have implemented a Plan of Correction to all deficiencies noted as follows:

V118 27G .0209 (C) MEDICATION REQUIREMENTS

Savin Grace staff WAS RE-TRAINED ON MEDICATION ADMINISTRATION, each staff passed with 100% and fully understand their responsibility when given medication and reporting medication errors as well as ensuring that a doctors order accompany any medication given to any child placed in Savin Grace care, The Qualified Professional will ensure that all medications given will have a doctors order in the medication administration record. The Qualified Professional and the CEO, will be responsible for reviewing the medications and doctors' orders for every client entering into the facility upon admission. The Qualified Professional will be in charge of ensuring that each medication ordered by a doctor accompany a doctor's order that will be filed in the client medication administration record. The CEO will review all medications weekly for new doctors' orders and to ensure that the doctors order is placed in the medication administration record.

V121 27G .0209 (F) MEDICATION REQUIREMENTS

Savin Grace, CEO [REDACTED] implemented a medication review form on April hat has become a part in the intake process, the medication review form will be completed upon admission and within six- months of client stay at Savin Grace facility. The Associate Professional will be charged with the task to ensure that the medication review form is completed and necessary appointments are made within six- months with the child's psychiatrist to review all psychotropic medications. This form will be filed in the client record along with the doctor's review of the medications. The medication review forms will be reviewed every 3- months to ensure that each child has a medication review within six months of placement.

The black chair was removed from the facility on 4/11/22

Bathroom

The bathroom was painted on 5/5/2022

Rusted standing toilet tissue holder was thrown out

The rust around vents was cleaned and painted

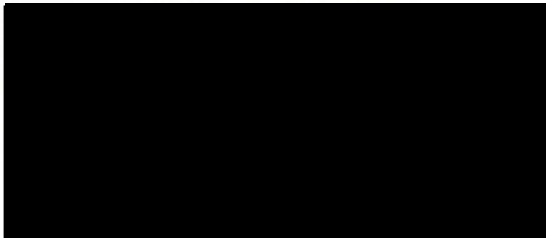
Towel bar was installed in the bathroom on 4/7/22 giving time for paint to dry

Kitchen

Savin Grace, CEO contacted the landlord to repair missing floorboards, the given estimated time to repair this deficiency is May21, 2022

All noted deficiencies regarding the tag noted will be completed by June4, 2022, Savin Grace, CEO has already begun the process of getting the items repaired and will send photos of completed items as they are completed,

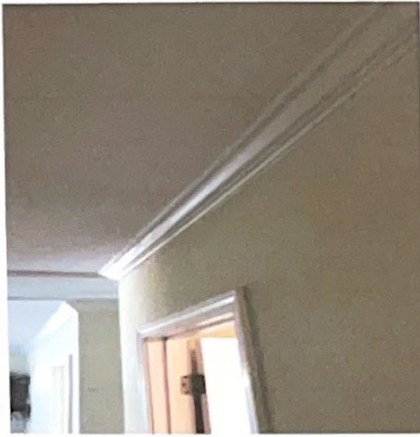
The CEO, [REDACTED] will do a monthly walkthrough to ensure that any items in need of repair are documented and completed in a timely manner. The staff of Savin Grace, will inform the CEO immediately and document any repairs noted. The CEO will have the its repaired in a timely manner within 72 hours.



CEO 5/14/2022

CEO 6/1/2022

SAVIN GRACE, LLC – 562 OLD DAM ROAD, NC 27576 (919) 351-0465



CEILING MOLDING REPAIRED



LIGHT FIXTURE IN BATHROOM REPLACED



LIVING ROOM LIGHT FIXTURE REPLACED

**SAVIN GRACE, LLC
562 OLD DAM ROAD
SELMA, NC 27576
(919) 351-0465**

PSYCHOTROPIC MEDICATION REVIEW FORM

Pages 1 and 2 of this form **MUST** be completed for every appointment and attached to the consult sheet for review with the prescribing physician

Person's Name:	Admission Date:
Date of Birth:	Age:
Residential Provider:	Residential Provider Contact: (919) 351-0465
Physician's Name:	Date of last quarterly Psychotropic Medication Review:

CURRENT DIAGNOSES: Do not include diagnoses "by history," diagnoses that are resolved, or medical conditions that have resolved

Psychiatric Diagnosis	
Intellectual/Developmental Diagnosis	
Medical Diagnosis	

CURRENT MEDICATIONS: List all medications with dosages **OR** attach most recent Medication Administration Record (MAR) to this form

Medication	Dosage, Route, Frequency	Reason for medication

PSYCHOTROPIC MEDICATION CHANGES WITHIN THE LAST YEAR (e.g., "Risperdone decreased from 3 mg per day to 2 mg per day")

Date	Medication Change	Reason for Change

ALLERGIES:

CURRENT WEIGHT:

HEALTH STATUS CHANGES AND MEDICATION SIDE EFFECTS since last medication appointment. Check all that apply (Click on box).

<input type="checkbox"/> Activity level +/- <input type="checkbox"/> Appetite +/- <input type="checkbox"/> Bruising <input type="checkbox"/> Constipation <input type="checkbox"/> Confusion <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dizziness	<input type="checkbox"/> Drooling <input type="checkbox"/> Drowsiness <input type="checkbox"/> Dry mouth <input type="checkbox"/> Falls <input type="checkbox"/> Fever <input type="checkbox"/> Homicidal ideation/behavior <input type="checkbox"/> Incontinence <input type="checkbox"/> Lethargy	<input type="checkbox"/> Mental status deterioration <input type="checkbox"/> Muscle stiffness <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Pain <input type="checkbox"/> Painful skin rash/blisters <input type="checkbox"/> Seizures <input type="checkbox"/> Sleep changes +/-	<input type="checkbox"/> Substance use- Alcohol <input type="checkbox"/> Substance use-Nicotine <input type="checkbox"/> Substance use-Illicit drugs <input type="checkbox"/> Suicidal ideation/behavior <input type="checkbox"/> Swelling <input type="checkbox"/> Thirst	<input type="checkbox"/> Tremor <input type="checkbox"/> Restlessness/inability to remain still <input type="checkbox"/> Weight changes +/- <input type="checkbox"/> Worsening of psychiatric symptoms <input type="checkbox"/> Other _____
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CURRENT PSYCHOSOCIAL STRESSORS within the last six months. Check all that apply (Click on box). Include stressors that continue to affect the person even if the initial onset of the stressor was prior to 6 months ago.

<input type="checkbox"/> Abuse <input type="checkbox"/> Educational problems <input type="checkbox"/> Occupational problems <input type="checkbox"/> Legal problems	<input type="checkbox"/> Health problems <input type="checkbox"/> Housing problems <input type="checkbox"/> Financial problems <input type="checkbox"/> Grief/Loss/Separation <input type="checkbox"/> Issues with sexuality/ relationships	<input type="checkbox"/> Pain/infection as a cause of behavior <input type="checkbox"/> Parenting stress <input type="checkbox"/> Problems with primary support group <input type="checkbox"/> Problems related to social environment <input type="checkbox"/> Psychological trauma/Anniversary of trauma <input type="checkbox"/> Other _____
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Person's Name _____

Date of Birth: _____

Appointment Date: _____

FREQUENCY OF TARGET BEHAVIORS over last 6 months:

Target Behaviors-Residential						

Target Behaviors-Day						

Describe target behaviors:

Check all incidents related to the person's mental health diagnosis or target behaviors since the last medication appointment and describe below: (Click on box).

- ER/CPEP Visits
 Psychiatric Hospitalization
 Police
 Physical Restraints
 Property Damage
 Suicide Threats

Describe incidents:

DAILY FUNCTIONING

Rate the person's participation in the following daily activities since the last medication appointment (Click on box).

Relating to Others				
1. Shows interest in socializing with others	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
2. Gets along with people he/she does not know well	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
3. Gets along with people who are close to him/her	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
Life Activities				
4. Helps with household work	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
5. Is cooperative in work or day activities	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
6. Participates in activities or interventions to learn new skills	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
7. Adheres to a daily schedule (with or without assistance)	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
Health and Safety				
8. Performs or cooperates with all self-care (e.g., eating, bathing)	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
9. Takes medications as directed	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
10. Maintains regular sleep patterns	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
11. Avoids dangerous situations	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
Coping				
12. Manages strong emotions	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
13. Works cooperatively with others at home	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
14. Accepts help when it is needed	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
Leisure and recreation				
15. Transitions easily from one activity to the next	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
16. Helps plan community activities for leisure or recreation	<input type="checkbox"/> Usually or Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Not Able
Comments:				

Summary Completed By: (Signatures indicate that BEHAVIOR DATA AND PRIOR QUARTERLY REPORTS were reviewed in preparing this report.)

Printed Name/ Signature:	Role:
Printed Name/ Signature:	Role:
Date reviewed with team:	Date reviewed with prescribing physician: