

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 209 OVERTON DRIVE ROCKY MOUNT, NC 27804
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on 4/22/22. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.

V 110 27G .0204 Training/Supervision Paraprofessionals

10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

(a) There shall be no privileging requirements for paraprofessionals.

(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.

(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.

(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.


(e) Competence shall be demonstrated by exhibiting core skills including:

- (1) technical knowledge;
- (2) cultural awareness;
- (3) analytical skills;
- (4) decision-making;
- (5) interpersonal skills;
- (6) communication skills; and
- (7) clinical skills.

(f) The governing body for each facility shall

RECEIVED

By DHSR Mental Health Licensure & Certification at 8:57 am, Jun 01, 2022

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Owner/Operator	5/3/2022

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a paraprofessional was supervised by a qualified professional (QP) affecting 1 of 1 audited paraprofessional staff (#1). The findings are:</p> <p>Review on 4/7/22 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hire date: 3/8/22 - Title: Paraprofessional <p>Review on 4/7/22 of the CEO (Chief Executive Officer) record revealed:</p> <ul style="list-style-type: none"> - Hire date: 8/1/02 - Title: CEO - No college degree <p>Interview on 4/7/22 Staff #1 reported:</p> <ul style="list-style-type: none"> - Didn't know who the QP was and thought the QP was the CEO. - No one other than the CEO had done supervision or trainings with him. <p>Interview on 4/13/22 & 4/22/22 the CEO reported:</p> <ul style="list-style-type: none"> - She had been trying to get in touch with the QP. - She did not have any other contact information for the QP. - She spoke with the QP about 3 weeks ago but because of the pandemic, she didn't visit the 	V 110	<p>Loving Care Owner/Operator will hire a new QP and ensure that QP meets all requirements according to 10A NCAC 27E.0104</p> <p>Loving Care Owner/Operator will ensure all paraprofessionals will be supervised and trained by a Qualified Professional. All copies of training and supervision will be kept in the staff folders.</p>	<p>Implement 5/21/22</p> <p>Owner</p>
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facility regularly.

- The QP hadn't been to the house in "a few months."
- "I shouldn't have to keep explaining why the QP is not visiting during a pandemic."
- If she couldn't get in touch with her in the next 2 weeks, she will find another QP.
- Staff #1 hadn't been at the facility a month and the month was not over so the QP still had time to supervise him.
- The CEO, trained any new staff and wouldn't explain the QP's role with the new staff.
- One of the QP's job duties was supervision of staff.

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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;

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(C) instructions for administering the drug;
(D) date and time the drug is administered; and
(E) name or initials of person administering the drug.
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:
Based on record review, interview and observation the facility failed to ensure 1 of 3 audited client (#4) medications were administered on the written order of a physician. The findings are:

Review on 4/7/22 of client #4's record revealed:
-Admitted 8/19/14
-Diagnoses: Schizophrenia Disorder, Cannabis Dependence, Generalized Anxiety Disorder, Bi-polar and Post Traumatic Stress Disorder (PTSD).

Review on 4/7/22 of client #4's Physician order dated 3/31/22 revealed:
-"Trelegy Ellipta 100mg Inhaler 1 puff every day and as needed throughout the day"(to treat chronic obstructive pulmonary disease including chronic bronchitis)

Observation on 4/7/22 at 3:30PM of client 4's medication box revealed no Trelegy Ellipta Inhaler was present

V 118

Loving Care Owner/Operator will ensure that all client medications are filled in a timely manner and all medications are administered according to 10A NCAC 27G. -0209.

Loving Care Owner/Operator will orient staff on ensuring that all clients medications are filled by the pharmacy before the medications run out. Copies of orientation will be file in the employee record.

Furthermore, Loving Care owner/operator will review the clients MAR and medication to ensure there are no discrepancies and each physician orders are accurately observed and administered and will ensure all medications are in the clients medication box
5/31/2022
Cargay

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Interview on 4/13/22 the Pharmacy technician stated:
-The Trelegy Eliipta Inhaler was filled on the 8th of this month (April), this medication had not been filled before.
-The inhaler was a 30 day supply, should be refilled monthly

Interview on 4/19/22 the Licensee stated:
-Client #4's inhaler was not at the group home as he should have it with him at the day program
- Client # 4 reported to her that he actually did not have the inhaler with him at the day program
- The inhaler should be with the client #4 at the day program

V 118

and medications are filled and picked up or delivered in a timely manner.

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

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V 133 Continued From page 5

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the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history 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

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V 133	<p>Continued From page 6</p> <p>criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (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. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the</p>	V 133		
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V 133	Continued From page 7 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 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	V 133		
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V 133	<p>Continued From page 8</p> <p>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.</p> <p>(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.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		
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This Rule is not met as evidenced by:
Based on record review and interview, the facility did not ensure a criminal history check was done prior to hiring affecting 2 of 2 audited staff (Staff #1 and the Qualified Professional/QP). The findings are:

Review on 4/7/22 of Staff #1's record revealed:
- Hire date: 3/8/22
- No background check in record.

Review on 4/7/22 of the Qualified Professional (QP) record revealed:
- Hire date: 12/18/21
- No background check in record.

Interview on 4/7/22 the CEO (Chief Executive Officer) reported:
- She had received an email stating that the process for the background check had changed.
- You could no longer get the background checks done at the police station.
- She previously tried to email the State about having the background checks done.
- "You need to look it up because they weren't doing background checks because of the pandemic".
- Spoke with someone from the State to guide her but she is still not sure what is going on with background checks.

V 367 27G .0604 Incident Reporting Requirements
10A NCAC 27G .0604 INCIDENT

V 133

Loving Care owner / Operator will ensure that a criminal history check will be done on all ~~personnel~~ ^{applicants} before hiring.

Loving Care owner / Operator will not hire an applicant who refuses a criminal history check.

Loving Care owner / Operator will submit a request to the SBI for a background check. Upon receipt of the background check

Loving Care/owner will review the background check to see if the application meets Loving Care criteria for employment.

Amplifier
5/18/2022
Company

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V 367	<p>Continued From page 10</p> <p>REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (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. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit, upon request by the LME, other information</p>	V 367	<p><i>Copies of all background checks will be filed in the employee records for review upon request.</i></p>	
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V 367	<p>Continued From page 11</p> <p>obtained regarding the incident, including:</p> <ul style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 209 OVERTON DRIVE ROCKY MOUNT, NC 27804
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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
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V 367 Continued From page 12

V 367

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to report level II incidents. The findings are:

Review on 4/7/22 of the IRIS (Incident Response Improvement System) revealed:

- No entries reported for any of the below 911 calls/responses to the facility

Review on 4/11/22 of the police call service log revealed:

- 3/21/22 police responded to assist EMS
- 4/3/22 police responded to a elopement
- 12/6/21 police responded to a disturbance call
- 12/29/21 police responded to an involuntary commitment call

Review on 4/11/22 of facility records revealed no documentation that the facility had responded to the 4 police calls to address the following:

- The clients health and safety needs
- Determining the cause of the incidents
- Developing and implementing corrective measures
- Developing and implementing measures to prevent similar incidents from occurring again
- Assigning staff to be responsible for implementation of the corrections
- Adhering to confidentiality requirements
- Maintaining documentation regarding these response measures

Loving Care Owner/Operator will ensure that all level II incidents are reported according to 10A NCAC 27 G.0603.

In order to prevent a recurrence of this POC Loving Care Owner/Operator will provide orientation to staff on the important of submitting all level II incident in the state Incident Response / Improvement System according to 10A NCAC 27 G.0603.

All copies of orientation will be filed in the employee records.

Copies of all level II incident reports will be filed in a binder label "Level II Incident Reports"

5/31/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 209 OVERTON DRIVE ROCKY MOUNT, NC 27804
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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
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V 367	Continued From page 13 Interview on 4/19/22 & 4/22/22 the Chief Executive Officer (CEO) stated: - There had only been 1 incident report that happened in 2020 where a client called 911 and requested to leave the home. - No other incident reports or incidents of police coming out to the group home in the last 3 - 6 months - Had not completed any IRIS reports for any of the police calls/responses listed above.	V 367	<i>Loving Care Gp will verbally inform guardians of any incidents involving their clients or local ems.</i>	
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LOVING CARE SUPERVISED LIVING
209 OVERTON DRIVE, ROCKY MOUNT 27804
252-200-8516

TO WHOM IT MAY CONCERN.

I AM SUBMITTING OUR PLAN OF CORRECTION; IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

THANKS,

MARGARET BRINKLEY