

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE</b> <b>SANFORD, NC 27330</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on May 27, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have complete personnel records affecting three of four audited staff (#1, #2 and #3). The findings are:</p> <p>Reviews on 5/19/22 and 5/27/22 of facility records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation that staff #1 met the minimum level of education, competency, work experience, skills and other qualifications for the position.</p>	V 107		

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V 107	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-There was no job description for staff #1.</li> </ul> <p>Staff #2:</p> <ul style="list-style-type: none"> <li>-No personnel record for staff #2.</li> <li>-Staff #2 had no specific hire date.</li> <li>-There was no documentation that staff #2 met the minimum level of education, competency, work experience, skills and other qualifications for the position.</li> <li>-There was no job description for staff #2.</li> </ul> <p>Staff #3:</p> <ul style="list-style-type: none"> <li>-No personnel record for staff #3.</li> <li>-Staff #3 had no specific hire date.</li> <li>-There was no documentation that staff #3 met the minimum level of education, competency, work experience, skills and other qualifications for the position.</li> <li>-There was no job description for staff #3.</li> </ul> <p>Interviews on 5/19/22 and 5/27/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 and staff #2 worked at the group home for a couple of years.</li> <li>-Staff #3 worked at the group home since September or October 2021.</li> <li>-All three staff were hired as Home Managers.</li> <li>-He had not completed a personnel record for staff #1, staff #2 or staff #3.</li> <li>-"I have no excuses for not doing staff personnel records for those staff."</li> <li>-He had been working a lot during the day because the home was so short staffed.</li> <li>-He neglected a lot of his Executive Director duties because he had to work with the clients more frequently.</li> <li>-Completing the personnel records was included in his duties as an Executive Director.</li> <li>-He confirmed he failed to complete personnel record for staff #1, staff #2 and staff #3.</li> </ul>	V 107		

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V 107	Continued From page 3  This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	<p>Continued From page 4</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure two of four audited staff (#2 and #3) had training in Cardiopulmonary Resuscitation (CPR); the facility failed to ensure four of four audited staff (#1, #2, #3 and the Executive Director) had training First Aid (FA) and the facility failed to ensure three of four audited staff (#1, #2 and #3) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>a. Review on 5/19/22 of client #1's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure, High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease and Gastroparesis.</p> <p>b. Review on 5/19/22 of client #2's record revealed: -Admission date of 6/30/89. -Diagnoses of Moderate Intellectual and Developmental Disability, Seizure Disorder, Hypertension and Hyperlipidemia.</p> <p>c. Review on 5/19/22 of client #3's record revealed: -Admission date of 2/4/17. -Diagnoses of Moderate Intellectual and</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder and History of Seizure Disorder.</p> <p>Reviews on 5/19/22 and 5/27/22 of facility records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation of FA training for staff #1. -There was documentation to indicate staff #1 received any training to meet the mental health and developmental disability needs of the clients in the facility.</p> <p>Staff #2: -No personnel record for staff #2. -Staff #2 had no specific hire date. - There was no documentation of CPR and FA training for staff #2. -There was documentation to indicate staff #2 received any training to meet the mental health and developmental disability needs of the clients in the facility.</p> <p>Staff #3: -No personnel record for staff #3. -Staff #3 had no specific hire date. -There was no documentation of CPR and FA training for staff #3. -There was documentation to indicate staff #3 received any training to meet the mental health and developmental disability needs of the clients in the facility.</p> <p>Review on 5/19/22 of a personnel record revealed: -The Executive Director had a hire date of</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>6/16/11.</p> <ul style="list-style-type: none"> <li>-The FA training expired on 3/9/20.</li> <li>-There was no documentation of a current FA training for the Executive Director.</li> </ul> <p>Interview on 5/27/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He worked at the group home since January 2020.</li> <li>-He worked alone with the clients at the group home during his shift.</li> <li>-He had not received too may trainings since working at the group home. He received CPR training, he never received FA training.</li> </ul> <p>Interview on 5/20/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She worked at the group home for a couple of years.</li> <li>-She worked alone with the clients during 3rd shift.</li> <li>-She had FA/CPR training, however she thought the training just recently expired. She had not received FA/CPR recertification training.</li> </ul> <p>Interviews on 5/19/22 and 5/27/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 and staff #2 worked at the group home for a couple of years.</li> <li>-Staff #3 worked at the group home since September or October 2021.</li> <li>-All three staff were hired as Home Managers.</li> <li>-Staff worked alone with the clients during their shifts at the group home.</li> <li>-He had been working a lot during the day because the home was so short staffed.</li> <li>-He neglected a lot of his Executive Director duties because he had to work with the clients more frequently.</li> <li>-Ensuring staff received the required trainings was included in his duties as an Executive Director.</li> </ul>	V 108		

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V 108	<p>Continued From page 7</p> <p>-He and staff #1 were trained in CPR and AED (Automated External Defibrillator) on the same day. He did not realize there was a difference between AED and FA training. "I guess me and [staff #1] don't have FA training since it is different from the AED training." Staff #2 and staff #3 don't have FA or CPR training.</p> <p>-He didn't realize staff were required to have client specific training.</p> <p>-He confirmed himself, staff #1, staff #2 and staff #3 had no training in FA.</p> <p>-He confirmed staff #2 and staff #3 had no training in CPR.</p> <p>-He confirmed staff #1, staff #2 and staff #3 had no training to meet the mental health and developmental disability needs of the clients in the facility.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by</p>	V 109		



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V 109	<p>Continued From page 8</p> <p>exhibiting core skills including:</p> <ul style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ul> <p>(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.</p> <p>(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.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of one Qualified Professional (The Executive Director) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are:</p> <p> </p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 107) Based on record reviews and interviews, the facility failed to have complete personnel records affecting three of four audited staff (#1, #2 and</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>#3).</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 108) Based on record reviews and interviews, the facility failed to ensure two of four audited staff (#2 and #3) had training in Cardiopulmonary Resuscitation (CPR); the facility failed to ensure four of four audited staff (#1, #2, #3 and the Executive Director) had training First Aid (FA) and the facility failed to ensure three of four audited staff (#1, #2 and #3) had training to meet the needs of the clients as specified in the treatment/habilitation plan.</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag 118) Based on observation, record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3); the facility failed to ensure medications were administered by an unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting two of four audited staff (#1 and #3).</p> <p>Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag 131) Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting three of four audited staff (#1, #2 and #3).</p> <p>Cross Reference: G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT (Tag 133) Based on record reviews and interviews, the</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting three of four audited staff (#1, #2 and #3).</p> <p>Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (Tag 536) Based on record reviews and interviews, the facility failed to ensure four of four audited staff (#1, #2, #3 and the Executive Director) had training on the use of alternatives to restrictive interventions.</p> <p>Review on 5/27/22 of a Plan of Protection written by the Executive Director dated 5/27/22 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care: "The immediate action is to start personnel files. Consulting with board members to assist in gathering all necessary information for staff members. Currently needed are background checks, educational history, previous employment verifications and scheduled training upon hiring. Specific training are client specific, NCI (National Crisis Intervention) Part A, CPR (Cardiopulmonary Resuscitation)/First Aid and Medication Administration. Staff and board meeting will be scheduled to address the lack of documentation in medical record books." "Describe your plans to make sure the above happens: "Staff meetings will be held with board members as soon as possible. Discussions in this meeting will be informing staff of upcoming mandatory trainings needed for compliance. Board members will work to ensure all personnel documents are completed. Board members will then ensure [Executive Director] monitors documentation daily."</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>The facility served clients with diagnoses that included: Mild and Moderate Intellectual and Developmental Disabilities, Schizophrenia-Paranoid type, Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder, Diabetes Type II, High Blood Pressure, High Cholesterol and Gastroesophageal Reflux Disease. Staff #1, staff #2 and staff #3 worked alone with the clients during their shifts. Staff #1, staff #2 and staff #3 had no job descriptions, HCPR checks, Criminal Background checks and other documentation to determine if they were qualified for the position. Staff #1 had no training in FA, Alternatives to the Restrictive Interventions, Medication Administration and Client Specific. Staff #2 had no training in CPR/FA, Alternatives to the Restrictive Interventions and Client Specific. Staff #3 had no training CPR/FA, Alternatives to the Restrictive Interventions, Medication Administration and Client Specific. The Executive Director was responsible for ensuring staff had personnel records that included the required documentation and trainings. The Executive Director was responsible for ensuring he scheduled staff to be trained in FA/CPR, Alternatives to the Restrictive Interventions, Client Specific and Medication Administration. The clients were on a lot of medications and had some serious medical conditions. Staff #1 and staff #3 were administering medications and had no medication administration training. Staff did not consistently sign off on the Medication Administration Records to indicate the medication was administered. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE SANFORD, NC 27330</b>
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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 109	Continued From page 12  each day the facility is out of compliance beyond the 45th day.	V 109		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 5/19/22 of facility records revealed: -Fire and Disaster Drill Log-The last documented fire drill was on 2/21/21. -There were no additional fire or disaster drills documented since 2/21/21.</p> <p>Interview on 5/27/22 with client #1 revealed: -They had not done any fire and disaster drills with staff in about a year.</p>	V 114		

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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE</b> <b>SANFORD, NC 27330</b>
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V 114	<p>Continued From page 13</p> <p>Interview on 5/27/22 with client #2 revealed: -They had not done fire and disaster drills with staff in several months</p> <p>Interview on 5/27/22 with client #3 revealed: -Staff had not done any fire and disaster drills with them.</p> <p>Interview on 5/27/22 with staff #1 revealed: -He had not done any fire or disaster drills with the clients within the last year.</p> <p>Interview on 5/20/22 with staff #2 revealed: -She had not been doing any fire or disaster drills. -She had not done drills during 3rd shift in about a year.</p> <p>Interview on 5/19/22 with the Executive Director revealed: -The group home had three separate shifts. -He was responsible for creating the calendar and ensuring staff completed the fire and disaster drills as scheduled. -He neglected to ensure the fire and disaster drills were completed as required. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3); the facility failed to ensure medications were administered by an unlicensed person trained by a registered nurse, pharmacist or other legally</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/27/2022</b>
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V 118	<p>Continued From page 15</p> <p>qualified person and privileged to prepare and administer medications affecting two of four audited staff (#1 and #3). The findings are:</p> <p>The following is evidence the facility failed to ensure the MAR was kept current.</p> <p>a. Review on 5/19/22 of client #1's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure (HBP), High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease (GERD) and Gastroparesis.</p> <p>Review on 5/19/22 of physician's orders for client #1 revealed: -Order dated 4/21/22 for Latanoprost Solution .005% (Glaucoma), instill one drop into each eye at bedtime; Rhopressa Solution 0.002% (Reduction of elevated intraocular pressure), instill one drop into each eye every evening. -Order dated 3/23/22 for Prilosec 20 milligrams (mg) (Heartburn), two capsules s daily; Nephrocap/Triphrocap 1 mg (Vitamin Deficiency), one capsule daily -Order dated 1/20/22 for Sensipar 30 mg (Calcium Reducer), 3 tablets every evening; Sevelamer Carbonate 800 mg (Control Phosphorus Levels), three tabs three times daily</p> <p>-Order dated 11/23/21 for Catapres 0.1 mg (HBP), one tablet three times daily; Peridex Chlorhexidine Gluconate 0.12% (Gingivitis), rinse mouth daily as directed; Cardura 4 mg (HBP), one tablet in the morning; Adalat CC 90 mg (HBP), one tablet in morning; Lasix 80 mg (Fluid Retention), one tablet twice daily; Coreg 25 mg</p>	V 118		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE</b> <b>SANFORD, NC 27330</b>
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V 118	<p>Continued From page 16</p> <p>(Heart Failure), one tablet twice daily; Colace 100 mg (Stool Softener), one capsule at bedtime; Reglan 5 mg (GERD), one tablet at bedtime; Novolog Inject Flexpen (Control high blood sugar), inject 8-12 units subcutaneously three times daily and Blood Pressure, check three times daily.</p> <p>-Order 6/1/21 for Risperdal 2 mg (Schizophrenia), one tablet daily; Risperdal 0.5 mg, one tablet at bedtime.</p> <p>-Order dated 4/27/21 for Apresoline 100 mg (HBP), one tablet three times daily; Pravachol 40 mg (High Cholesterol), one tablet daily.</p> <p>Review on 5/19/22 of MAR's for client #1 revealed:</p> <p>-May 2022-There were blank boxes for the following medications: Novolog Inject Flexpen on 5/1 all three doses, 5/3 7am dose, 5/4 7am and 5pm doses, 5/6 7am and 5pm doses, 5/7 7am dose, 5/8 7am and 5pm doses, 5/15 7am and 5pm doses, 5/18 7am dose and 5/19 7am dose.</p> <p>-Blood Pressure checks on 5/1, 5/7, 5/8, 5/14 and 5/15 11:30am times.</p> <p>-Sensipar 30 mg on 5/4, 5/8 and 5/15.</p> <p>-Catapres 0.1 mg and Apresoline 100 mg on 5/1 7am and 7pm doses, 5/3 7am dose, 5/4 all three doses, 5/6 7am dose, 5/8 all three doses, 5/10 7am dose, 5/15 4pm and 7pm doses, 5/18 7am dose and 5/19 7am dose.</p> <p>-Sevelamer Carbonate 800 mg on 5/1 7am, 5/3 7am dose, 5/4 7am and 5pm doses, 5/6 7:30am dose, 5/7 7am dose, 5/8 7am and 5pm doses, 5/10 7am dose, 5/15 5pm dose, 5/18 7am dose and 5/19 7am dose.</p> <p>-Peridex Chlorhexidine Gluconate 0.12% on 5/1 thru 5/19.</p> <p>-Prilosec 20 mg and Nephrocap/Triphrocap 1 mg on 5/1, 5/3, 5/4, 5/6-5/8, 5/10, 5/18 and 5/19.</p> <p>-Adalat CC 90 mg, Pravachol 40 mg and Cardura</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>4 mg on 5/1, 5/3, 5/4, 5/6-5/8, 5/10, 5/18 and 5/19.</p> <p>-Reglan 5 mg, Risperdal 0.5 mg, Risperdal 2 mg, Latanoprost Solution .005%, Rhopressa Solution 0.002% and Colace 100 mg on 5/1, 5/4, 5/8 and 5/15.</p> <p>-Lasix 80 mg on 5/4 5pm dose and 5/8 5pm dose.</p> <p>-Coreg 25 mg 5/1 both doses, 5/3 7am dose, 5/4 both doses, 5/6 7am doses, 5/7 7am dose, 5/8 both doses, 5/19 7am dose, 5/15 7pm dose, 5/18 7am dose and 5/19 7am dose.</p> <p>-April 2022-There were blank boxes for the following medications:</p> <p>-Novolog Inject Flexpen on 4/2 11:30am and 5pm doses, 4/3 7am dose, 4/5 7am dose, 4/7 5pm dose, 4/9 all three doses, 4/10 all three doses, 4/12 7am dose, 4/13 7am dose, 4/14 5pm dose, 4/15 7am and 5pm doses, 4/16 and 4/17 all three doses, 4/18 7am and 5pm doses, 4/20 7am dose, 4/23 11:30 and 5pm doses, 4/24 7am and 11:30am doses, 4/25 thru 4/27 7am doses, 4/28 and 4/29 7am and 5pm doses, 4/30 7am doses.</p> <p>-Blood pressure checks on 4/2, 4/16, 4/23, 4/25 and 4/30 11:30am times.</p> <p>-Sensipar 30 mg on 4/2, 4/15 thru 4/17, 4/28 and 4/29.</p> <p>-Catapres 0.1 mg and Apresoline 100 mg on 4/2 7pm dose, 4/3 7am dose, 4/5 7am dose, 4/12 7am dose, 4/15 4pm and 7pm doses, 4/16 and 4/17 all three doses, 4/24 7am and 4pm doses, 4/29 7pm dose and 4/30 7am dose.</p> <p>-Sevelamer Carbonate 800 mg on 4/2 11:30am and 5pm doses, 4/3 7am dose, 4/5 7am dose, 4/10 11:30am doses, 4/12 7am dose, 4/15 5pm dose, 4/16 and 4/17 all three doses, 4/23 11:30am dose; 4/24 7am and 11:30am doses, 4/28 and 4/29 5pm doses, 4/30 7am and 11:30am doses.</p> <p>-Peridex Chlorhexidine Gluconate 0.12% on 4/3</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>thru 4/30.</p> <p>-Prilosec 20 mg, Nephrocap/Triphrocap 1 mg, Pravachol 40 mg, Cardura 4 mg and Adalat CC 90 mg on 4/3, 4/5, 4/12, 4/16, 4/17, 4/24 and 4/30.</p> <p>-Risperdal 2 mg, Risperdal 0.5 mg and Colace 100 mg on 4/2, 4/15 thru 4/17, 4/28 and 4/29.</p> <p>-Lasix 80 mg on 4/2 5pm dose, 4/10 11:30am dose, 4/15 5pm dose, 4/16 and 4/17 both doses, 4/18 7am dose, 4/24 11:30am dose, 4/28 and 4/29 5pm doses and 4/30 11:30am dose.</p> <p>-Coreg 25 mg on 4/2 7pm dose, 4/3 7am dose, 4/5 7am dose, 4/10 7am dose, 4/12 7am dose, 4/15 7pm dose, 4/16 and 4/17 both doses 4/24 7am dose, 4/28 and 4/29 7pm doses and 4/30 7am dose.</p> <p>-Reglan 5 mg on 4/2, 4/3, 4/15 thru 4/17, 4/28 and 4/29.</p> <p>-Latanoprost Solution .005% and Rhopressa Solution 0.002% on 4/23, 4/24, 4/28 and 4/29.</p> <p>-March 2022- There were blank boxes for the following medications:</p> <p>-Novolog Inject Flexpen on 3/5 5pm dose, 3/6 7am and 11:30am doses, 3/17 7am dose, 3/19 11:30am dose, 3/20 7am and 11:30am doses, 3/26 all three doses, 3/27 7am and 11:30am doses.</p> <p>-Blood pressure checks on 3/6, 3/19, 3/20, 3/26 and 3/27 11:30am times.</p> <p>-Sensipar 30 mg on 3/17, 3/19, 3/25 and 3/26.</p> <p>-Catapres 0.1 mg on 3/2 and 3/3 4pm and 7pm doses, 3/5 and 3/6 4pm doses, 3/17 4pm and 7pm doses, 3/20 7am dose, 3/26 4 pm and 7pm doses, 3/27 thru 3/31 4pm doses.</p> <p>-Apresoline 100 mg on 3/5 and 3/6 4pm doses, 3/17 4pm and 7pm doses, 3/26 4pm and 7pm doses and 3/27 4pm dose.</p> <p>-Sevelamer Carbonate 800 mg on 3/5 and 3/6 11:30am doses, 3/19 11:30 am dose, 3/20 7am</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>and 11:30am doses, 3/27 7am and 11:30am doses.</p> <p>-Peridex Chlorhexidine Gluconate 0.12% on 3/5, 3/7 thru 3/12, 3/14 thru 3/31.</p> <p>-Risperdal 2 mg on 3/26.</p> <p>-Reglan 5 mg, Colace 100 mg, Adalat CC 90 mg, Cardura 4 mg, Pravachol 40 mg and Nephrocap/Triphrocap 1 mg on 3/20 and 3/27.</p> <p>-Lasix 80 mg on 3/5 5pm dose, 3/20 11:30am dose and 3/27 11:30am dose.</p> <p>-Coreg 25 mg on 3/6 7pm dose, 3/17 7pm dose, 3/20 7am dose 3/26 7pm dose and 3/27 7am dose.</p> <p>-Risperdal 0.5 mg on 3/17 and 3/26.</p> <p>-Prilosec 20 mg on 3/6, 3/20 and 3/27.</p> <p>b. Review on 5/19/22 of client #2's record revealed:</p> <p>-Admission date of 6/30/89.</p> <p>-Diagnoses of Moderate Intellectual and Developmental Disability, Seizure Disorder, Hypertension and Hyperlipidemia.</p> <p>Review on 5/19/22 of physician's orders for client #2 revealed:</p> <p>-Order dated 4/30/21 for Tegretol XR 400 mg (Seizure Disorder), one tablet every 12 hours; Depakote 500 mg (Seizures or Bipolar Disorder), one tablet twice daily, Seroquel 200 mg (Schizophrenia, Bipolar Disorder and Depression), one tablet every night at bedtime, Zoloft 100 mg (Depression, Social Anxiety, Panic Disorder), 1 and ½ tablets daily and Blood Pressure check on Saturdays.</p> <p>-Order dated 4/29/21 for Maxzide 25 mg (HBP), one tablet daily; Tenormin 50 mg (HBP), one tablet daily; Pravachol 40 mg, one tablet daily and Aspirin low 81 mg (Reduce risk of heart attack), one tablet daily.</p> <p>-Order dated 9/25/18 for Fish Oil 1200 mg</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>(Reduce inflammation, Improve Hypertriglyceridemia), two capsules twice daily and Tegretol XR 200 mg, one tablet twice daily.</p> <p>Review on 5/19/22 of MAR's for client #2 revealed:</p> <ul style="list-style-type: none"> <li>-May 2022-There were blank boxes for the following medications:</li> <li>-Maxzide 25 mg and Tenormin 50 mg, on 5/1, 5/2, 5/3, 5/6 thru 5/8, 5/10, 5/13 thru 5/15, 5/17 thru 5/19.</li> <li>-Pravachol 40 mg, Zolof 100 mg and Aspirin 81 mg on 5/1, 5/2, 5/3, 5/6 thru 5/8, 5/10, 5/12 thru 5/15, 5/17 thru 5/19.</li> <li>-Tegretol XR 200 mg, Tegretol XR 400 mg, Fish Oil 1200 mg and Depakote 500 mg on 5/1 both doses, 5/3, 5/4, 5/5 and 5/6 7am doses, 5/8 both doses, 5/10, 5/12 and 5/13 7am doses, 5/14 and 5/15 both doses, 5/17 thru 5/19 7am doses.</li> <li>-Seroquel 200 mg on 5/1, 5/8, 5/14 and 5/15.</li> <li>-Blood Pressure Check on 5/14.</li> </ul> <p>-April 2022-There were blank boxes for the following medications:</p> <ul style="list-style-type: none"> <li>-Maxzide 25 mg, Tenormin 50 mg, Aspirin 81 mg and Pravachol 40 mg on 4/3, 4/10, 4/12, 4/14 thru 4/17, 4/20 thru 4/24 and 4/26 thru 4/30.</li> <li>-Zolof 100 mg on 4/3, 4/12, 4/14 thru 4/17, 4/20 thru 4/24 and 4/26 thru 4/30.</li> <li>-Tegretol XR 200 mg, Tegretol XR 400 mg, Fish Oil 1200 mg and Depakote 500 mg on 4/2 7am, 4/3 both doses, 4/10 both doses, 4/12 and 4/14 7am doses, 4/15 thru 4/17 both doses, 4/20 thru 4/23 7am doses, 4/24 both doses, 4/26 and 4/27 7am dose, 4/28 and 4/29 both doses,4/30 7am dose.</li> <li>-Seroquel 200 mg on 4/2, 4/3, 4/10, 4/15 thru 4/17, 4/24, 4/28 and 4/29.</li> <li>-Blood Pressure Check on 4/9, 4/16, 4/23 and 4/30.</li> </ul>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE SANFORD, NC 27330</b>
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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 118	<p>Continued From page 21</p> <p>March 2022-There were blank boxes for the following medications:                      -Maxzide 25 mg, Tenormin 50 mg and Pravachol 40 mg on 3/26.                      -Aspirin 81 mg on 3/8 thru 3/12, 3/15 thru 3/20, 3/22 thru 3/27, 3/29 thru 3/31.                      -Tegretol XR 200 mg, Tegretol XR 400 mg, Fish Oil 1200 mg and Depakote 500 mg on 3/6, 3/17, 3/20, 3/26 and 3/27 7pm doses.                      -Seroquel 200 mg on 3/6, 3/17, 3/20, 3/26 and 3/27.                      -Blood Pressure Check on 3/5, 3/19 and 3/26.</p> <p>c. Review on 5/19/22 of client #3's record revealed:                      -Admission date of 2/4/17.                      -Diagnoses of Moderate Intellectual and Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder and History of Seizure Disorder.</p> <p>Review on 5/19/22 of physician's orders for client #3 revealed:                      -Order dated 9/1/21 for Strattera 25 mg (ADHD), two capsules in the morning; Tegretol XR 200 mg, one tablet twice daily; Seroquel XR 200 mg, one tablet every evening, Atarax 50 mg (Anxiety, Itching cause by allergies), one tablet at bedtime and Blood pressure check weekly.                      -Order dated 8/2/19 for Cholecalciferol 1000 units (Vitamin deficiency), three tablets daily.</p> <p>Review on 5/19/22 of MAR's for client #3 revealed:                      -May 2022-There were blank boxes for the following medications:                      -Cholecalciferol 1000 units on 5/1 thru 5/4, 5/6 thru 5/7, 5/12 thru 5/15 and 5/17 thru 5/19.                      -Strattera 25 mg on 5/1, 5/3, 5/4, 5/6 thru 5/8,</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>5/10, 5/12 thru 5/15 and 5/17 thru 5/19.</p> <p>-Tegretol XR 200 mg on 5/1 both doses, 5/3 7am dose, 5/4 both doses, 5/6 and 5/7 7am doses, 5/8 both doses, 5/10 7am dose, 5/12 and 5/13 7am doses, 5/14 and 5/15 both doses and 5/17 thru 5/19 7am doses.</p> <p>-Seroquel XR 200 mg on 5/1, 5/4, 5/8, 5/14 and 5/15; Atarax 50 mg on 5/1 thru 5/4, 5/8, 5/14 and 5/15.</p> <p>-April 2022-There were blank boxes for the following medications:</p> <p>-Cholecalciferol 1000 units and Strattera 25 mg on 4/3, 4/12, 4/15 thru 4/17, 4/20 thru 4/24, 4/26 thru 4/30.</p> <p>-Tegretol XR 200 mg on 4/2 7pm, 4/3 both doses, 4/10 7pm dose, 4/12 7am dose, 4/15 thru 4/17 both doses, 4/20 thru 4/23 7am doses, 4/24 both doses, 4/26 and 4/27 7am doses, 4/28 thru 4/30 both doses.</p> <p>-Seroquel XR 200 mg on 4/2, 4/3, 4/10, 4/15 thru 4/17, 4/24 thru 4/29.</p> <p>-Atarax 50 mg on 4/2, 4/3, 4/10, 4/15 thru 4/17, 4/24 thru 4/29.</p> <p>-Blood Pressure check no documentation.</p> <p>-March 2022-There were blank boxes for the following medications:</p> <p>-Cholecalciferol 1000 units and Strattera 25 mg on 3/6, 3/8 thru 3/12, 3/15 thru 3/19, 3/22 thru 3/27 and 3/29 thru 3/31.</p> <p>-Tegretol XR 200 mg on 3/6 both doses, 3/8 thru 3/12 7am doses, 3/13 7pm dose, 3/15 and 3/16 7am doses, 3/17 both doses, 3/22 thru 3/25 7am doses, 3/26 and 3/27 both doses, 4/26 and 4/27 7am doses, 3/29 thru 3/31 7am doses.</p> <p>-Seroquel XR 200 mg and Atarax 50 mg on 3/6, 3/13, 3/17, 3/26 and 3/27.</p> <p>-Blood Pressure check no documentation.</p>	V 118		

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V 118	<p>Continued From page 23</p> <p>"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"</p> <p>Interview on 5/20/22 with staff #2 revealed: -The clients recieved their medications, however she did not consistently sign off on their MAR's. -"I am often in a rush to leave the group home in the mornings because I have other things to do." -She confirmed staff failed to keep the MAR's current for clients #1, #2 and #3.</p> <p>Interview on 5/19/22 with the Executive Director revealed: -There were no issues with clients getting their prescribed medications. -Staff will not consistently sign off on the MAR's to indicate that medication was administered. He had also neglected to sign off on the MAR as required a few times if he worked a shift at the group home. -He confirmed staff failed to keep the MAR's current for clients #1, #2 and #3.</p> <p>The following is evidence the facility failed to ensure staff was trained in medication administration.</p> <p>Review on 5/19/22 of facility's records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation of medication administration training for staff #1.</p> <p>Staff #2: -No personnel record for staff #3.</p>	V 118		



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V 118	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>-Staff #3 had no specific hire date.</li> <li>-There was no documentation of medication administration training for staff #3.</li> </ul> <p>a. Review on 5/19/22 of MAR's for client #1 revealed: -May, April and March 2022-Staff #1 and staff #3's initials were listed.</p> <p>b. Review on 5/19/22 of MAR's for client #2 revealed: -May, April and March 2022-Staff #1 and staff #3's initials were listed.</p> <p>c. Review on 5/19/22 of MAR's for client #3 revealed: -May, April and March 2022-Staff #1 and staff #3's initials were listed.</p> <p>Interview on 5/27/22 with staff #1 revealed: -He had been working at the group home since January 2020. -He had not received too may trainings since working at the group home. -He administered medication to the clients during his shift at the group home. He never received medication administration training.</p> <p>Interviews on 5/19/22 and 5/27/22 with the Executive Director revealed: -Staff #1 worked at the group home for a couple of years. -Staff #3 worked at the group home since September or October 2021. -Both staff were hired as Home Managers. -Staff worked alone with the clients during their shifts at the group home. -He had been working a lot during the day because the home was so short staffed. -He neglected a lot of his Executive Director</p>	V 118		

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V 118	Continued From page 25  duties because he had to work with the clients more frequently. -Ensuring staff received the required trainings was included in his duties as an Executive Director. -He confirmed there was no documentation of medication administration training for staff #1 and staff #3.  This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting three of four audited staff (#1, #2 and #3). The findings are:	V 131		

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V 131	<p>Continued From page 26</p> <p>Reviews on 5/19/22 and 5/27/22 of facility records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation the HCPR was accessed for staff #1 prior to employment.</p> <p>Staff #2: -No personnel record for staff #2. -Staff #2 had no specific hire date. -There was no documentation the HCPR was accessed for staff #2 prior to employment.</p> <p>Staff #3: -No personnel record for staff #3. -Staff #3 had no specific hire date. -There was no documentation the HCPR was accessed for staff #3 prior to employment.</p> <p>Interviews on 5/19/22 and 5/27/22 with the Executive Director revealed: -Staff #1 and staff #2 worked at the group home for a couple of years. -Staff #3 worked at the group home since September or October 2021. -All three staff were hired as Home Managers. -He had not completed a personnel record for staff #1, staff #2 or staff #3. -"I have no excuses for not doing staff personnel records for those staff." -He had been working a lot during the day because the home was so short staffed. -He neglected a lot of his Executive Director duties because he had to work with the clients more frequently. -Ensuring the personnel records had the required documentation was included in his duties as an Executive Director.</p>	V 131		

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V 131	Continued From page 27  -He confirmed the facility failed to ensure the HCPR was accessed for staff #1, staff #2 and staff #3 prior to employment.  This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 131		
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	V 133		

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V 133	Continued From page 28  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 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	V 133		

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V 133	<p>Continued From page 29</p> <p>(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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an</li> </ol>	V 133		

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V 133	Continued From page 30  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 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,	V 133		

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V 133	<p>Continued From page 31</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 133		



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V 133	<p>Continued From page 32</p> <p>facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting three of four audited staff (#1, #2 and #3). The findings are:</p> <p>Reviews on 5/19/22 and 5/27/22 of facility records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation a criminal history record check was completed for staff #1.</p> <p>Staff #2: -No personnel record for staff #2. -Staff #2 had no specific hire date. -There was no documentation a criminal history record check was completed for staff #2.</p> <p>Staff #3: -No personnel record for staff #3. -Staff #3 had no specific hire date. -There was no documentation a criminal history record check was completed for staff #3.</p> <p>Interviews on 5/19/22 and 5/27/22 with the Executive Director revealed: -Staff #1 and staff #2 worked at the group home for a couple of years. -Staff #3 worked at the group home since September or October 2021. -All three staff were hired as Home Managers. -He had not completed a personnel record for staff #1, staff #2 or staff #3. -"I have no excuses for not doing staff personnel records for those staff." -He had been working a lot during the day because the home was so short staffed.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2412 KNOLLWOOD DRIVE</b> <b>SANFORD, NC 27330</b>
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V 133	<p>Continued From page 33</p> <p>-He neglected a lot of his Executive Director duties because he had to work with the clients more frequently.</p> <p>-Ensuring the personnel records had the required documentation was included in his duties as an Executive Director.</p> <p>-He confirmed the facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment for staff #1, staff #2 and staff 3.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data</p>	V 536		

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V 536	Continued From page 34  gathered. (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 provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace	V 536		

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V 536	<p>Continued From page 35</p> <p>behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience</p>	V 536		

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V 536	<p>Continued From page 36</p> <p>teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 536		

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V 536	<p>Continued From page 37</p> <p>facility failed to ensure four of four audited staff (#1, #2, #3 and the Executive Director) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Reviews on 5/19/22 and 5/27/22 of facility records revealed the following:</p> <p>Staff #1: -No personnel record for staff #1. -Staff #1 had no specific hire date. -There was no documentation of training on the use of alternatives to restrictive interventions.</p> <p>Staff #2: -No personnel record for staff #2. -Staff #2 had no specific hire date. -Staff #2's National Crisis Intervention Plus (NCI+) training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Staff #3: -No personnel record for staff #3. -Staff #3 had no specific hire date. -There was no documentation of training on the use of alternatives to restrictive interventions.</p> <p>Review on 5/19/22 of a personnel record revealed: -The Executive Director had a hire date of 6/16/11. -The Executive Director's NCI + training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Interviews on 5/19/22 and 5/27/22 with the</p>	V 536		

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V 536	<p>Continued From page 38</p> <p>Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 and staff #2 worked at the group home for a couple of years.</li> <li>-Staff #3 worked at the group home since September or October 2021.</li> <li>-All three staff were hired as Home Managers.</li> <li>-Staff worked alone with the clients during their shifts at the group home.</li> <li>-He had been working a lot during the day because the home was so short staffed.</li> <li>-He neglected a lot of his Executive Director duties because he had to work with the clients more frequently.</li> <li>-Ensuring staff received the required trainings was included in his duties as an Executive Director.</li> <li>-The agency did NCI + for training on the use of alternatives to restrictive interventions.</li> <li>-There were no NCI + instructors in the area and he could not find another instructor to do the training.</li> <li>-He confirmed there no documentation of training on the use of alternatives to restrictive interventions for himself, staff #1, staff #2 and staff #3.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 39</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 5/19/22 at approximately 10:05 am revealed:</p> <ul style="list-style-type: none"> <li>-Kitchen area-The panel to bottom portion of refrigerator was missing.</li> <li>-Bathroom #1-There were yellowish stains on the wall near the toilet. The toilet seat was stained.</li> <li>-Empty bedroom #1-There was clothing, a wheelchair and a television in a pile on the bed. There were Christmas decorations and other items on the nightstand. There was a mattress leaning against the wall.</li> <li>-Empty bedroom #2-There were three chest of drawers, a highboy, two dressers, a nightstand, metal bed frame and two mattresses.</li> <li>-Bathroom #2-The toilet rim and bowl were both stained.</li> </ul> <p>Interview on 5/19/22 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-He thought most of the issues with the group home was corrected after the survey a couple of years ago.</li> <li>-The items in empty bedroom #1 belonged to a former client. The Department of Social Services (DSS) was that client's guardian. His DSS guardian never came or sent anyone to the group home to pick up his belongings.</li> <li>-The items in empty bedroom #2 belonged to the</li> </ul>	V 736		



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V 736	<p>Continued From page 40</p> <p>agency. Client #2 purchased some new furniture and stored his old furniture in that empty bedroom.</p> <p>-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		