STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual survey was completed on June 7, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 3 of 3 audited staff (#3, Residential Manager and Qualified Professional (QP)). The findings are: Finding #1 Review on 6/6/22 of staff #3's personnel record revealed: -Hire date 7/22/20. -CPR/First Aid Certificate of Completion dated 5/28/20. Interview on 6/6/22 staff #3's stated: -She had been employed for 2 years with the company and 1 month at the current facility. -She had not had any recent trainings. -She worked alone. -1 staff worked on each shift. Finding #2 Review on 6/6/22 of the Residential Manager's personnel record revealed: -Hire date 2/16/21. -No evidence of CPR/First Aid training. Interview on 6/7/22 the Residential Manager	V 108		

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V 108	Continued From page 2 stated: -She worked at the facility since February 2021. -She was trained in CPR/First Aid. -She worked alone. -1 staff worked on each shift. Finding #3 Review on 6/6/22 of the QP/Executive Director's personnel record revealed: -Hire date 4/23/18. -CPR/First Aid Certificate of Completion dated 4/6/20. -Staff worked alone during their shift. -He had not worked a shift at the group home. Interview on 6/2/22 - 6/7/22 the Executive Assistant stated: -She began in her role as executive assistant in February 2022. -She was unable to locate current trainings in CPR/First Aid for the staff.. -She had CPR/First Aid and additional trainings scheduled for all staff within 2 weeks. Interview on 6/6/22 - 6/7/22 the QP/Executive Director's stated: -The Executive Assistant was responsible for ensuring staff were trained. -He was responsible for the client rights trainings for staff.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or	V 112		

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V 112	Continued From page 3 legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to develop and implement goals and strategies to meet the individual needs for 2 of 3 audited clients (#3,#4) and to get written consent or agreement from the legally responsible person for 1 of 3 audited clients (#3). The findings are: Finding #1 Review on 6/6/22 - 6/7/22 of client #3's record revealed: -55 year old male. -Admitted on 8/12/19.	V 112		

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V 112	Continued From page 4 -Diagnosis of Severe Intellectual Disability. -Physician order dated 1/26/22 "Please follow 1800 calorie diet/day. Encourage low carb/low sugar diet. Follow portion sizes for bread, rice, pasta, potatoes, sweets, fruit. Focus on protein and vegetables in diet. Limit snacking after 7pm. Drink at least 4-5, 8oz (ounces) glasses of water daily. Limit soda/sweet tea (follow serving sizes)." Review on 6/6/22-6/7/22 of client #3's treatment plan dated 10/3/21 revealed: -There were no goals or strategies related to diet. -The plan was not signed by client #3's legal guardian. Interview on 6/7/22 client #3 stated: -He had a legal guardian. -There were no limits on his food. -He helped cook sometimes with staff. Finding #2 Review on 6/6/22 - 6/7/22 of client #4's record revealed: -49 year old female. -Admitted on 3/19/15. -Diagnosis of Mild Intellectual Disability. -Physician order dated 2/8/22 "...Please follow 1800 calorie diet/day. Encourage low carb/low sugar diet. Follow portion sizes for bread, rice, pasta, potatoes, sweets, fruit. Focus on protein and vegetables in diet. Limit snacking after 7pm. Drink at least 4-5, 8oz (ounces) glasses of water daily. Limit soda/sweet tea (follow serving sizes)..." Review on 6/6/22-6/7/22 of client #4's treatment plan dated -There were no goals or strategies related to diet. Interview on 6/7/22 client #4 stated:	V 112		

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V 112	Continued From page 5 -She was pre diabetic. -The doctor told her to watch what she ate and exercise. -Staff had not limited what she ate. Interview on 6/7/22 the Residential Manager stated: -Client #3 had an 1800 calorie diet. -Staff controlled client #3's food portions and limited his soda, bread and carbohydrates intake. Interview on 6/6/22 - 6/7/22 the Qualified Professional/Executive Director's stated: -He was responsible for the development of the client treatment plans. -Client #3's legal guardian was his mother. -Client #3's treatment plan not signed by his legal guardian was an oversight. -He would look at putting client #3 and client #4's dietary restrictions into their treatment plans.	V 112		
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	V 118		

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V 118	Continued From page 6 all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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 reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician and MARs were kept current for 3 of 3 audited clients (#2,#3, #4). The findings are: Finding #1 Review on 6/6/22 of client #2's record revealed: -34 year old male. -Admitted on 5/18/21. -Diagnoses of Mood Disorder not otherwise specified, Mild Intellectual Disability and Dwarfism by Development History. Review on 6/6/22 of client #2's signed physician orders dated 2/15/22 revealed: -Benefiber Powder Packet 1 packet daily for constipation.	V 118		

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V 118	Continued From page 7 -Famotidine 20mg (milligrams) twice daily for epigastric pain. -Vitamin D2 1.25mg every week for Vitamin D Deficiency. Review on 6/6/22 of client #2's MARs from March 2022 to May 2022 revealed the following: -Benefiber Powder Packet was blank on 3/6/22. -Famotidine 20 mg was blank on 3/4/22, 4/15/22(7am), 4/30/22 and 5/1/22(6pm). -Vitamin D2 1.25mg was documented as administered 3 times within a week on 3/15/22, 3/19/22 and 3/22/22. Interview on 6/4/22 client #2 stated he received his medications daily. Finding #2 Review on 6/6/22 of client #3's record revealed: -55 year old male. -Admitted on 8/12/19. -Diagnosis of Severe Intellectual Disability. Review on 6/6/22 of client #3's signed physician orders revealed: 11/29/21 - Lorazepam 1mg daily. (seizure) 11/29/21 - Quetiapine ER (Extended Release) 300mg twice daily. (mental/mood) 11/29/21 - Carbamazepine 200mg twice daily. (seizure) 1/29/22 - Dextroamphetamine-Amphetamine 20mg twice daily. (Attention Deficient Hyperactive Disorder) Review on 6/6/22 of client #3's MARs from March 2022 to May 2022 revealed the following blanks: -Lorazepam 1mg on 3/5/22 and 3/6/22. -Quetiapine ER 300mg on 3/13/22(6pm). -Carbamazepine 200mg on 5/1/22(6pm) and 5/30/22(6pm).	V 118		

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V 118	Continued From page 8 -Dextroamphetamine-Amphetamine 20 mg on 3/5/22, 3/6/22, 4/26/22(6pm), 5/1/22(6pm) and 5/30/22(6pm). Interview on 6/7/22 client #3 stated he received his medications daily. Finding #3 Review on 6/6/22 of client #4's record revealed: -49 year old female. -Admitted on 3/19/15. -Diagnosis of Mild Intellectual Disability. Review on 6/6/22 of client #4's signed physician orders revealed: -FL2 dated 6/29/21 Ranolazine ER 500mg twice daily. (chest pain) -FL2 dated 6/29/21 Ziprasidone 20mg 2 capsules at bedtime with food. (mental/mood) -2/8/22 - Ear Wax Drops 6.5% 5-10 drops into affected ear twice daily for 10 days for impacted cerumen. -8/4/21 - Fluticasone 50 mcg (microgram) nasal spray daily for nasal congestion. -No signed order for Furosemide 20mg twice daily. (edema) Review on 6/6/22 of client #4's MARs from March 2022 to May 2022 revealed: -Ranolazine ER 500mg was blank on 4/26/22(6pm). -Ziprasidone 20mg was blank on 3/6/22. -Ear Wax Drops 6.5% was documented as administered 3/1/22 - 3/5/22. -Fluticasone 50 mcg was blank on 4/23/22 and 4/24/22. -Furosemide 20mg was administered March to May with blanks on 3/5/22(7am), 3/6/22(7am) and 4/26/22(6pm).	V 118		

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V 118	Continued From page 9 Interview on 6/7/22 client #4 stated she had received her medications daily. Interview on 6/7/22 the Residential Manager stated: -Client had received their medications as ordered by their physician. -Staff had administered medications to client but "forgot to document." Interview on 6/6/22 - 6/7/22 the Qualified Professional/Executive Director stated: -He was responsible for reviewing the medications and MARs monthly.	V 118		