STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-759	A. BUILDING: _____ B. WING _____	05/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY FAMILY CARE HOME	3509 ALLENDALE DRIVE RALEIGH, NC 27604

(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	Continued From page 24 Schizoaffective disorder unspecified, Hypertension (HTN), Diabetes type 2, Hyperlipidemia, Myocardial infarction, Chronic diastolic heart failure, Bilateral primary osteoarthritis of hip Review on 5/19/22 of client #2's record revealed: - Admission date: 6/23/18 - Diagnoses: Schizoaffective disorder, Asthma, Diabetes Mellitus, History of Cerebrovascular accident (CVA), hypertension, Gastroesophageal Reflux Disease (GERD) Review on 5/19/22 of client #5's record revealed: - Admission date: 2/15/15 - Diagnoses: Schizophrenia, Hyperlipidemia, GERD Review on 5/23/22 of staff #1's personnel record revealed: - hire date of: 2/22/19 - medication administration training: 2/22/19 A. Failure to administer medications correctly leaving them unattended: Observation on 5/19/22 between 10:50 am and 12 noon revealed 5 clients (#1, #2, #3, #4, #5) at home with staff #1. Two plastic pill containers with medications inside each cup were on the dining table labeled with client #1 and #5's names. One plastic shopping bag on the back of a dining room chair contained inhalers for clients #1 and #2. Review on 5/19/22 of client #1's Medication Administration Record (MAR) dated May 2022 for morning medicatons revealed: Myrbetriq ER 50 millgram (mg) tablet, 1 daily (overactive bladder) QC Vitamin E softgel 400 IU (international unit)	V 118		

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V 118	Continued From page 25 100, 1 daily (supplement) Vitamin B 1 100 mg, 1 daily (supplement) Multivitamin, 1 daily (supplement) Loratadine 10 mg, 1 every morning (allergies) Ferrous sulfate 325 mg, 1 twice a day (anemia) Hydralazine 50 mg, 1 and 1/2 three times a day (hypertension) Prednisone 20 mg, 2 tablets for 10 days (steroid) Aripiprazole 5 mg, 1 daily (schizophrenia) Omeprazole dr 20 mg, 1 every morning (GERD) Furosemide 40 mg, 1 daily (diuretic) Amlodipine-Benazepril 10-20mg, 1 daily (hypertension) Albuterol Sulfate HFA, inhale 2 puff by every 4 hours as needed (asthma) Review on 5/19/22 of client #5's MAR dated May 2022 for morning medicatons revealed: : Docusate Sodium 100 mg softgel, 1 twice a day (laxative) Low-Ogestrel, 1 daily (contraceptive) Cetirizine HCL 10 mg, 1 every morning (allergies) Propranolol 20 mg, 1 twice a day (hypertension) Carbamazepine 100 mg 1 three times a day (seizures) Benztropine Mes 0.5 mg 1 twice a day (side effects) Hydroxyzine HCL 25 mg 1 in the am (anxiety) Paliperidone ER 9 mg, 1 every morning (antipsychotic) Vyvanse 50 mg capsule 1 every morning (Attention deficit disorder) Review on 5/19/22 of client #2's MAR dated May 2022 for inhalers revealed: ProAir HFA, inhale 2 puffs as needed every 4-5 hours (asthma), Fluticasone Propionate, instill 1-2 sprays in each nostril once daily prn (as needed) (congestion or runny nose)	V 118		

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V 118	Continued From page 26 Interview on 5/23/22 client #1 reported: - medications were administered in the basement out of the Medication Room - staff #1 administered medications one by one. - staff #1 put the medicine in the plastic cup and "watched to make sure you" take it. Interview on 5/23/22 client #2 reported: - staff #1 called clients individually to the Medication Room, gave them their medications at the closet (Medication Room) - the pills were in a cup. - she used to get her medicine upstairs at breakfast - staff #2 would put medications in the cup and put it by each person's chair. (breakfast and dinner) - other client's medication cups would be sitting by their place at the dining table. - clients #1, #5 and #3 were going out so their medicine was always upstairs by their breakfast. Interviews between 5/19/22 and 5/24/22 client #5 reported: - she did not feel well on 5/19/22 so she did not eat breakfast and therefore did not take her morning medications - gets her medications upstairs, recanted and stated she got her medications downstairs. - sometimes the medication was left out by their breakfast. Interviews between 5/19/22 and 5/24/22 staff #1 reported: - medications are normally administered in the basement at the Medication Room. - medications were on the table last Thursday (5/19/22) - she had carried the medications upstairs on	V 118		

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V 118	Continued From page 27 5/19/22 because client #5 did not feel well and had asked her to bring the medications upstairs - client #1 "was being slow" that morning (5/19/22) and that was why she took the inhalers upstairs - her normal medication administration process is to call each client to the Medication Room one at a time and dispense the medication, observe that they took the medication and sign off on the MAR Interview on 5/20/22 staff #2 reported: - she was the primary staff assigned to the facility - she was considered "live in" staff - she had worked at the facility for 3 years - she administered medications in the basement out of the Medication Room. One person at a time. - she put the pills in the plastic cup. She observed them take the medications. Then she signed the MAR. - client #4 did not do well on the steps to and from the basement, so she would take her the medications upstairs. - client #4 is the only one she does that for. Interviews between 5/19/22 and 5/27/22 the Qualified Professional (QP) reported: - she visited the facility once or twice a month - the Administrator/Licensee monitored the medication process and oversight of the medication administration with the staff - she was unaware of the practice of the medications set out at the table and clients left without supervision while the medications were on the table Interviews between 5/24/22 and 5/27/22 the Administrator/Licensee reported:	V 118		

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V 118	Continued From page 28 - she visited the facility 3-4 times a week - the staff administer the medication out of the Medication Room and per doctor order's. - sometimes for client #4, they take it upstairs as she cannot come downstairs. - she was unaware of the staff leaving the clients medications beside their breakfast at the dining room table - " It's not advisable to do that. You cannot leave someone's medication on the table as someone could get someone else's medications." - unaware staff were taking a shopping bag upstairs with the clients' medication in the shopping bag B. MAR not signed after administration Observation on 5/19/22 between 10:50 am and 12 noon revealed: - medications for clients #1, #2 and #5 were left out on the table for morning medication - at 11:55am, clients #1 and #5 took their medications which had been left out on the table - MAR books were located downstairs for all clients - staff #1 did not sign off on the MAR immediately after clients #1 and #5 took their medication Review on 5/19//22 at 2:30pm of client #1's May 2022 MAR revealed: - all morning medications had been initialed Review on 5/19//22 at 2:30pm of client #2's May 2022 MAR revealed: - all morning medications had been initialed Review on 5/19//22 at 2:30pm of client #5's May 2022 MAR revealed: - all morning medications had been initialed	V 118		

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V 118	Continued From page 29 Interview on 5/19/22 staff #1 reported: - she signed off on the MAR because the clients still took the medications just not in the morning - she was in a "fluster" as state surveyors were on site C. Failure to administer medications as ordered: Review on 5/19/22 of client #2's March 2022-May 2002 MARs revealed: - Albuterol Sulfate inhalation solution 0.083% 2/5mg/3 millileter (ml), Inhale contents of one vial via nebulizer 4 times daily as needed for cough for wheezing or shortness of breath (asthma) - initialed on 3/7/22-3/31/22 every night - initialed 4/11/22-4/16/22 and 4/20/22-29/22 Observation on 5/19/22 from 10:50 am and 12 noon during the facility tour revealed: - nebulizer machine on bedside table of client #2 Interview on 5/19/22 staff #1 reported: - no one in the home had a nebulizer machine - upon seeing the nebulizer on client #2's bedside table, "it's a nebulizer, I guess she do have a nebulizer machine." Interview on 5/20/22 staff #2 reported: - no one in the home had a nebulizer machine Interview on 5/24/22 the Administrator/Licensee reported: - unaware of anyone in the home with a nebulizer machine Interview on 5/23/22 client #2 reported: - she had a nebulizer machine	V 118		

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V 118	Continued From page 30 - she used it when she was coughing a lot - sometimes she put the liquid medicine in the machine and sometimes the staff did it D. Failure to document Blood Glucose checks: Record review on 5/24/22 of client #2's blood glucose log dated 1/5/22-5/24/22 revealed: - no blood glucose check times recorded from 1/5/22-4/26/22 for any of the 4 times per day checked. - recorded blood glucose times for only morning checks from 4/27/22-5/24/22. - no times for afternoon, evening or night Record review on 5/24/22 of client #1's blood glucose log dated 1/5/22-5/24/22 revealed: - no blood glucose check times recorded from 1/5/22-5/3/22 for any of the times checked. Interview on 5/24/22 the Administrator/Licensee reported: - the clients check their own blood glucose levels and show the staff, the staff then log the reading on the blood glucose log - the clients do not self administer their insulin, staff administer the insulin - both of the staff had training in diabetes Review on 5/27/22 of the facility's Plan of Protection dated 5/27/22 and signed by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The current staff person will be relieved of duty as soon as a replacement can be brought in. Until that time the administrator or QP will administer medications. This staff person will not be able to	V 118		

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V 118	Continued From page 31 work in this facility. The full time staff returns on Monday, May 30, 202. She will be reinserviced on medication administration, storage, following Dr's orders and understanding client's medication & medical needs within 24 hours of returning to work. This training will be conducted by a licensed professional, RN [Registered Nurse], pharmacist etc... " "Describe your plans to make sure the above happens. The QP will complete the medication administration responsibilities for tonight. The administrator will ensure that all staff members receive medication administration training on at least a quarterly basis. No staff person will work unless trained within 24 hours of hire and regular updates are completed by a licensed professional. " Six clients resided at the facility. Diagnoses ranged from Schizoaffective disorder, Schizophrenia, Hypertension (HTN), Diabetes type 2, Hyperlipemia, Myocardial infarction, Chronic diastolic heart failure, Bilateral primary osteoarthritis of hip, Anemia, Asthma, Diabetes Mellitus, History of cerebrovascular accident (CVA) and Gastroesophageal Reflux Disease (GERD). Clients were left unsupervised with medications such as Aripiprazole, Carbamazepine, Benztropine, Hydroxyzine HCL, Paliperidone, and Vyvanse left out on the dining room table. Staff #1 who was hired on 2/22/19 as a full-time live in staff at a sister facility and fill in staff for the facility, left the medications for two clients in the medication containers without supervision. Five clients were in the home during that time with access to the medication. Clients reported that staff routinely left the medications in	V 118		

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V 118	Continued From page 32 containers sitting on the dining table next to each client's chair with the clients' names on them for the clients to take during their breakfast. Although staff #1 had medication administration training, she failed to administer medications individually to each client, left medication unsupervised and had not assured client #1, and #5's MAR was accurate. Medications used in the treatment of asthma for clients #1 and #2 were left in a plastic shopping bag on the back of the dining chair unsupervised. Staff #1 failed to administer the medications or ensure the MAR for the inhalers was accurate. Client #2 had an order for a nebulizer machine and neither the Administrator, staff #1 or staff #2 were aware that client #2 used the nebulizer as needed. Client #2 had a diagnosis of asthma, and could not have used the machine without the staff providing the solution to put in the machine. Despite having initialed that the treatment had been given in March and April, staff were unaware of the nebulizer and the order to be used when needed. Staff #1 and #2 were both trained in diabetes management, although there is no documentation of diabetes management training in their respective personnel files. Blood glucose logs were not being maintained to reflect the times of the accu checks per physician orders. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE	V 289		

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V 289	Continued From page 33 (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is	V 289	V289 Supervised Living - Scope There has been ongoing training in this facility. QP has conducted trainings on supervision needs, reporting protocols, consequences for not reporting incidents, treatment planning & updating PCPs, fire and disaster drill requirements, incident reporting, client rights and other areas identified during the trainings. The portable bedside commodes were removed prior to the survey exit. A professional cleaning service cleaned the house. The staff and clients have been inserviced on their responsibilities to maintain the home in safe, clean and neat manner. The house has been inspected by an exterminator and exterminated based on their findings.	

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V 289	Continued From page 34 mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205(a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review and interviews the facility failed to operate within the scope of the program affecting three of three audited clients (#1, #2 and #5). The findings are: A. Cross reference: 10A NCAC 27G .0201 Governing Body Policies (v105). Based on observation, record review and interview, the facility failed to implement governing body policies regarding the adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the disposal of sharps and ensuring the safeguard of client records. B. Cross reference: 10A NCAC 27G .0202	V 289		

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V 289	Continued From page 35 Personnel Requirements (v108). Based on record review and interview the facility failed to ensure 2 of 2 paraprofessional staff (#1, #2) were trained to meet the mh/dd/sa needs of the clients. C. Cross reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (v112). Based on record review and interviews, the facility failed to develop and implement treatment plan strategies as well as goals to meet the needs for 2 of 3 audited clients (#1 and #2). D. Cross reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (v114). Based on observation, record review and interview the facility failed to complete fire and disaster drills at least quarterly. E. Cross reference: 10A NCAC 27G .5602 Supervised Living for Adults with Mental Illness-Staff (v290). Based on observation, record review, and interviews, the facility failed to ensure 2 of 3 audited clients (#1 and #2) were capable of remaining in the home or community without supervision. F. Cross reference: 10A NCAC 27G .5603 Supervised Living for Adults with Mental Illness -Operations (v291). Based on record review and interviews the facility failed to coordinate with other qualified professionals who were responsible for the treatment/habilitation of 1 of 3 audited clients (#2). G. Cross reference: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (v366). Based on record review and interview the facility failed to implement their incident reporting policy.	V 289		

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V 289	Continued From page 36 H. Cross reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (v367). Based on record review and interview the facility failed to submit level II incident reports within 72 hours to the Local Managed Entity/Managed Care Organization (LME/MCO). I. Cross reference: 10A NCAC 27F .0103 Health, Hygiene and Grooming (v540). Based on observation, record review and interview, the facility failed to ensure each client had the right to dignity and privacy in the provision of personal health, and hygiene affecting 2 of 3 audited clients (#1 and #2). J. Cross reference: 10A NCAC 27G .0303 Location and Exterior Requirements (v736). Based on observation and interview, the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. K. Cross reference: 10A NCAC 27G .0303 (d) Pest Control (v738). Based on observation and interviews, the facility failed to ensure the facility was free of insects and rodents. Review on 5/27/22 of the facility's Plan of Protection dated 5/27/22 and signed by the Qualified Professional (QP) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The current staff is going to be relieved as soon as a replacement is identified. The administrator will ensure that this happens within the next 24 hours. V105 The [Qualified Professional] QP and	V 289		

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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 289	Continued From page 37 administrator will confer tonight regarding governing body policies on standards of practice regarding record storage, having appropriate disposal for biohazard waste, privacy and confidentiality of client information. The QP will retrain staff on confidentiality, record storage and access and ensure that a sharps container is purchased tonight and will instruct clients on how to dispose of their lancets, pin tops, etc. appropriately. V107 The administrator will ensure that all employees have completed personnel records, including all trainings, [Health Care Personnel Registry] HCPR check, criminal background checks, etc. Because the administrator works directly with the clients, she will complete all trainings as required for direct care staff. V108 The QP will reinservice the full time staff on treatment plans prior to the beginning of her shift on Monday, May 30, 2022. The administrator will schedule diabetes training with a licensed professional to be completed as quickly as their scheduled will allow. V111 The QP will reassess the 2 clients and update the treatment plans within 24 hours. The update will be shared with the client and full time staff when she returns and any other incoming staff upon hire. V112 The supervision assessments are kept in the records and reviewed regularly with staff. The QP will now keep documentation of these reviews in the individual personnel file for clients. V114 The QP has reinserviced the administrator as of 5/25 and again on 5/27/22 on disaster drills. This is expected to be completed no less than monthly on varying shifts. QP will monitor. V290 QP will conduct weekly training and review on supervision assessments with staff for the next 30 days. Any staff person who is not willfully ignoring or not following the treatment plan will be	V 289		

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	MHL092-759	A. BUILDING: _____ B. WING _____	05/31/2022

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V 289	Continued From page 38 removed and disciplinary action will be taken, up to and including termination. V291 The administrator does the appointments for clients. It will be her responsibility to in-services staff on any changes upon return from appointments. Additionally, it will be her responsibility to contact the QP to inform the QP of any changes to that client's treatment. It will be the responsibility of the administrator to contact the medical professional when there are consistent refusal to complete blood sugar checks or when the blood sugar levels fall within the guidelines of the instructions provided by the healthcare professional. V366 & 367 It shall be the responsibility of the person witnessing or becoming aware of a reportable incident (leaving without notification, injury, police involvement, hospitalization, death, allegations of abuse, neglect or exploitation etc..) to report it directly to the QP in a timely manner. The QP will then follow up on any needed information, conduct investigations when appropriate and enter information into IRIS within 24 hours, 72 hours or complete the investigation within 5 days. V540 The QP met with the staff and the 2 clients and discussed the concern about the need for privacy when completing toileting, grooming, hygiene activities. The administrator will ensure that the portable toilets are removed from the room. Both individuals have access to a bathroom directly outside of the room that they are able to use. V736 The administrator has contracted with a contractor who initiated the repairs on yesterday, May 26, 2022. The administrator will provide the contractor with the list of areas needing immediate attention. QP met with him briefly to discuss those areas needing immediately attention this week. All work will be completed by	V 289		

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V 289	Continued From page 39 23 days. This will include the ceiling in the downstairs hallway, the leak was addressed yesterday, the vegetation growing outside the home, repairing door jambs , etc.. The administrator addressed the cleanliness (or lack of) of the rooms with the residents earlier in the week. She will conduct weekly inspection of rooms to ensure that the staff are assisting the clients as needed to ensure a clean and safe environment. V738 The administrator has contracted with Terminix. They are scheduled to exterminate on Thursday, June 2, 2022." "Describe your plans to make sure the above happens. The administrator will follow up immediately on requests for repairs. She will conduct weekly inspections to ensure this is done. The QP will reassess all clients and will do monthly treatment team meetings over the next 90 days to ensure staff fully understand what their responsibilities are. Documentation and signature from the employee acknowledging that the training has taken place and they fully understand will be kept on file." Review on 5/31/22 of the facility's amended Plan of Protection dated 5/31/22 and signed by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Please remove any reference to tag v107. " Six clients resided at the facility. Diagnoses included Schizoaffective disorder, Schizophrenia, Hypertension (HTN), Diabetes type 2, Hyperlipemia, Myocardial infarction, Chronic	V 289		

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V 289	Continued From page 40 diastolic heart failure, Bilateral primary osteoarthritis of hip, Anemia, Asthma, Diabetes Mellitus, History of cerebrovascular accident (CVA) and Gastroesophageal Reflux Disease (GERD). Clients #1 and #2 engaged in behavior such as walking off from the facility unsupervised, panhandling and soliciting neighbors and community members for money, cigarettes, cookies and rides. These behaviors resulted in 7 incidents of police intervention. Staff failed to notify the QP of the frequency and degree of these behaviors, which resulted in a lack of supports and no treatment plan goals/interventions being implemented to address the behaviors. Clients #1 and #2 were assessed and deemed inappropriate for community unsupervised time due to their health issues and behaviors. Staff #1 was unaware that the clients were deemed inappropriate for unsupervised time in the community as she was not trained on the client treatment plans when she assumed her shift. When staff continued to allow client #1 and #2 to engage in these behaviors, and failed to communicate to the QP, clients #1 and #2 were placed at risk. Client #2 eloped from the facility on 2/26/22 for over 5 hours and missed her 2 pm Hydralazine medication. Police intervention was required to locate and return the client to the facility, but staff did not call for assistance until over 5 hours later. The QP was unaware of the incident, and therefore did not update client #2's treatment plan to address the elopement issue. The facility failed to ensure that incident reports were made for the above mentioned incidents or that internal investigations were completed. Staff #1 and staff #2 were hired in 2019. Staff #2 was the primary staff assigned to the facility. Staff	V 289		

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V 289	Continued From page 41 #1 was considered fill in staff and had been at the facility for 3 weeks while staff #1 took time off. Both staff lacked training in treatment planning and strategy implementation. Neither of the staff could identify any of the clients' treatment goals or the staff role in the client's progression toward each goal. Client records were left out in the open of the basement family room area, exposing all confidential client information. Clients #1 and #2 were both diabetic and prescribed insulin. Staff were unable to articulate medical interventions for elevated blood glucose levels. Staff #1 and staff #2 had different perceptions on how to treat the two clients in the event their respective blood sugar levels were high and the facility did not have physician orders to follow until 5/26/22 to instruct the staff accordingly. Client #2 had 7 incidents of elevated blood sugars with no physician contact and therefore no coordination of care. Due to a leak from the shower into the basement ceiling, the facilty smoke alarm was triggered intermittently and would sound off at all times of the day and night. The clients had become desensitized to the alarm and no longer reacted and failed to exit the facility. This posed a safety issue for the 6 clients of the facility. No disaster drills were documented and the clients were unaware of procedures to respond to a disaster if one should occur. Additional safety concerns were found in the facility in the form of expired fire extinguishers, plastic coffee cans being used as cigarette dispensaries and plastic coffee creamer bottles being used as a sharps disposal box for blood glucose lancets. Door frames were split and did not allow doors to lock or shut properly, light bulbs were out, ceiling fans and light fixtures were hung too low and were a safety hazard. The	V 289		

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V 289	Continued From page 42 facility was assessed with a roach infestation and had not had any treatments scheduled. Clients and staff had observed a mouse in the facility, but no effort was made to address the rodent issue. Client #1 and #2 shared a bedroom. They both had individual bedside commodes in the room, but the room was not equipped to afford either client with privacy as there was no partition or curtain. The Administrator/Licensee visited the facility between 3-4 times a week to pick up and drop off clients from various appointments. While she was responsible for incident reports, the physical environment of the facility, and staff medication administration and medication reviews, she was frequently engaged with a client at an appointment and unable to maintain those responsibilities. Staff communicated incidents directly to the Administrator/Licensee and assumed she would notify the QP of any issues, but the QP was not made aware and unable to report incidents or develop goals/interventions to address issues. The QP was responsible for the training of the staff in treatment planning and progress toward goals. She indicated she had completed this training with the staff, however staff were unable on interview to communicate any goals/strategies for any of the clients. This collective lack of services such as care, habilitation, for clients demonstrated by staff #1 and #2, the QP and the Administrator constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2.000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		

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V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug	V 290	V290 Supervised Living – Scope All staff are aware of the supervision needs. Training has been ongoing. QP met with staff and the individual clients to review the outcome of recent and previous assessments. Staff are aware that disciplinary action, up to and including termination will occur for not following the appropriate reporting procedures when a client has left the facility without notification. This training included: outcome of client's individual assessment, factors contributing to that decision, review of each assessment with the clients and questioning to ensure that everyone understood the seriousness of	

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V 290	Continued From page 44 withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure 2 of 3 audited clients (#1 and #2) were capable of remaining in the home or community without supervision. The findings are: Review on 5/19/22 of client #1's record revealed: - Admission date: 3/22/21 - Diagnoses: Anemia Unspecified, Schizoaffective disorder unspecified, Hypertension (HTN), Diabetes type 2, Hyperlipidemia, Myocardial infarction, Chronic diastolic heart failure, Bilateral primary osteoarthritis of hip - Supervision Assessment dated 1/10/22 revealed: "...moves about the neighborhood or community with continual staff supervison requiring staff to be within audible, visual, and/or physcial proximity of the individual..." - "...due to limited mobility, community access is restricted. [client #1] must be accompanied by someone else when in the community... - "....is not recommended that she be approved for unsupervised time in the home or community at this time..." Review on 5/19/22 of client #2's record revealed: - Admission date: 6/23/18 - Diagnoses: Schizoaffective disorder, Asthma,	V 290	V290 Continued: following the plan. Clients were advised that continued disregard for treatment plan goals and rules may result in discharge. Client #1 has been discharged. The guardian and administrator have already started discussions on discharging client #2. Going forward the QP plans to meet with the group home administrator and staff to conduct training, discuss active treatment, appts, concerns, etc..	

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V 290	Continued From page 45 Diabetes Mellitus, History of Cerebrovascular accident (CVA), hypertension, Gastroesophageal Reflux Disease (GERD) - Supervision Assessment dated 2/2/22 revealed: "...moves about the neighborhood or community with continual staff supervison requiring staff to be within audible, visual, and/or physcial proximity of the individual..." - "...her history of leaving without notification in other housing placements, she is not being approved for unsupervised time in the community..." Refer to V112 regarding client #1 and #2 panhandling, and soliciting neighbors/community members for money/food/cookies/rides Observation on 5/19/22 at 10:20 am on arrival of facility revealed: - client #1 entered a cab - staff #1 outside the facility watched client #1 enter the cab Interviews between 5/19/22 and 5/24/22 staff #1 reported: - was "fill in" staff at this facility - had been there 3 weeks and primarily worked at a sister facility - was considered "live in" staff - was aware that clients #1 and #2 walked away from the facility and asked the neighbors for cigarettes and rides to the store - was aware that client #1 and #2 called for cabs to go to the store - had never called a cab for client #1 and #2 - thought client #1 and #2 had an hour of unsupervised time in the community - thought they had unspervised time because the clients left the facility, so she assumed they had the unsupervised time	V 290		

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V 290	Continued From page 46 - had been keeping a log of her own accord of "walk off" incidents since April 2022. Review on 5/23/22 of staff #1's "walk off log"book revealed: - 7 incidents from 4/30/22-5/22/22 of clients #1 and #2 walking off from the facility - 2 incidents of client #1 getting into a cab Interview on 5/20/22 staff #2 reported: - was the primary staff assigned to the facility. - was considered "live in staff" - normally worked 3 weeks and was off 2 weeks, but lately she always worked longer if the Administrator/Licensee needed her to work over - had recently taken some time off and had not worked in the facility for 3 weeks - was aware of clients #1 and #2 walking away from the facility, they had done this numerous times - did not believe any of the clients in the facility had unsupervised time in the community - clients #1-#2 would say that they were going to get "exercise" and slip away and "panhandle" on the corner of the street - had informed the Administrator/Licensee of the clients' recent behaviors of taking a cab or getting rides from strangers - had kept a log of incidents of the two clients walking off from the facility - did not have the log book with her to share the incidents - the Administrator/Licensee had talked to the clients about their behaviors Interviews between 5/19/22 and 5/27/22 the Qualifed Professional (QP) reported: - unaware of the above mentioned incidents. - staff had not communicated with her regarding any of the above incidents.	V 290		

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V 290	Continued From page 47 - neither client #1 or #2 had any unsupervised time in the community - did not know why staff #1 assumed they had unsupervised time, or why staff #1 allowed them to take cabs - staff had contacted the Administrator/Licensee and believed the Administrator/Licensee had communicated with her. Interview on 5/25/22 the Administrator/Licensee reported: - unaware why staff #1 thought the clients had unsupervised time - was aware of client #1 and client #2 walking around the neighborhood and that the staff had reported the clients were asking for money/cigarettes and rides, getting cabs but she had not witnessed this behavior. - client #1 did not follow any of the facility rules This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness-Scope (v289) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the	V 291		

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V 291	Continued From page 48 qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate with other qualified professionals who were responsible for the treatment/habilitation of 1 of 3 audited clients (#2). The findings are: Review on 5/19/22 of client #2's record revealed: - Admission date: 6/23/18 - Diagnoses: Schizoaffective disorder, Asthma, Diabetes Mellitus, History of Cerebrovascular accident (CVA), hypertension, Gastroesophageal Reflux Disease (GERD) - Medication Administration Record (MAR) dated 3/1/22-5/31/22: Accu-Check Guide Test Strip, use as directed to check blood sugar three times daily.	V 291	V291 Supervised Living – Operations The administrator has met with the medical providers to apprise them of the concerns. The medical team has provided parameters for contacting the medical provider. Staff have been inserviced on that as well. Going forward the administrator will ensure that this information is shared with the providers during appointments. The administrator does all appointments and has the responsibility to share this information with the providers at those appts.	