STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-277	A. BUILDING: _____ B. WING _____	07/08/2022

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RENU LIFE EXTENDED INC	201 WINDSOR CREEK PARKWAY GOLDSBORO, NC 27530

(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 000	INITIAL COMMENTS An annual and complaint survey was completed on July 8, 2022. One complaint was unsubstantiated (intake #NC00188961) and one complaint was substantiated (intake #NC00190564). 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 24 and currently has a census of 21. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 1 (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, observations and interviews the facility failed to administer medications as ordered by a physician and failed to keep MARS current affecting 3 of 3 audited clients (#5, #6 and #15) The findings are: Review on 6/21/22 of client #5's record revealed: - 24 year old female admitted 7/26/21. - Diagnoses included Traumatic Brain Injury (TBI), Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder. - Signed Physician's order dated 12/30/21 for bupropion (antidepressant) 75 milligrams (mg) 1/2 tablet daily for 7 days then increase to 1 tablet daily; dated 10/08/21 for cholecalciferol (vitamin D3 deficiency) 125 micrograms (mcg) 1 tablet daily; and signed 5/20/22 for ciclopirox 8% solution (antifungal) apply to affected toenails, on skin and nail bed daily. Review on 6/21/22 of client #5's MARs for April - June 2022 revealed: - Transcription for bupropion 75 mg 1/2 tablet daily at 8:00 am; staff initials documented administration of 1/2 tablet daily.	V 118		

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V 118	Continued From page 2	V 118		

- Transcription for cholecalciferol 1 tablet daily at 8:00 am; blank for 6/11/22 with documentation of "no supply of medication."
- No transcription for ciclopirox 8% solution daily at 8:00 am on the May MAR; blanks for 6/01/22 and 6/02/22 with no documented explanation.

Observation on 6/22/22 at approximately 10:45 am of client #5's medications on hand revealed:
- Bupropion 75 mg take 1 tablet daily, dispensed 6/22/22.
- Cholecalciferol 125 mcg take 1 tablet daily dispensed 6/22/22.
- Ciclopirox 8% solution apply to affected toenails, on skin and nail bed daily, dispensed 6/01/22.

During interview on 6/22/22 client #5 stated she took her medications daily with staff assistance and had never missed any.

Review on 6/21/22 of client #6's record revealed:
- 46 year old male admitted 2/06/07.
- Diagnoses included TBI, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines.
- Signed Physician's orders dated 2/10/22 and 3/10/22 for aspirin (pain relief) 81 mg 1 tablet daily, cetirizine (antihistamine) 5 mg 1 tablet daily, magnesium (dietary supplement) 400 mg 1 tablet at bedtime; signed 3/02/22 for probiotic capsules (digestion) 2 every morning; and signed 3/31/22 for Ultram (pain relief) 50 mg 1 tablet twice daily as needed (prn), signed 5/18/22 for Ultram 50 mg 1 tablet three times daily as needed.

Review on 6/21/22 of client #6's MARs for April - June 2022 revealed:
- Transcription for aspirin 81 mg 1 tablet daily at 8:00 am; blanks for 4/09/22 - 4/14/22 with no

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V 118	Continued From page 3 documented explanation. - Transcription for probiotic capsules 2 every morning at 8:00 am; blanks for 4/09/22 - 4/14/22 with no documented explanation. - Transcription for cetirizine 5 mg 1 tablet daily at 8:00 am with documentation of administration daily. - Transcription for magnesium 400 mg 1 tablet at bedtime 8:00 pm with documentation of administration daily. - No transcription for Ultram 50 mg on the April 2022 MAR; transcription for Ultram 50 mg 1 tablet three times daily prn on the May 2022 MAR. Observation on 6/22/22 at approximately 11:05 am of client #6's medications on hand revealed: - Over the counter aspirin 81 mg with expiration date of 7/2023. - Over the counter cetirizine 10 mg with expiration date of 9/2022. - Over the counter probiotic capsules with expiration date of 3/2023. - Over the counter magnesium 500 mg with expiration date of 7/2022. - Ultram 50 mg 1 tablet three times daily prn,. During interview on 6/22/22 client #6 stated he took his medications daily with staff assistance and he had never missed any. Review on 6/21/22 of client #15's record revealed: - 50 year old male admitted 7/09/13. - Diagnoses included TBI, History of fracture of the cervical spine, Paraplegia, and Diabetes. - Documentation of hospitalization 6/11/22 - 6/20/22. - Physician's orders dated 2/10/22 for Fosamax (bone health) 70 mg 1 tablet weekly before breakfast or other medications.	V 118		

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V 118	Continued From page 4 Review on 6/21/22 of client #15's MARs for April - June 2022 revealed: - Transcription for Fosamax 70 mg 1 tablet weekly before breakfast or other medications with blanks for 4/25/22, 5/02/22, 5/09/22, 5/16/22, 6/13/22, and 6/20/22 and "No supply of medicine" documented. - Staff documentation Fosamax was administered once in June (Monday 6/06/22), once in May (Monday 5/30/22) and three times in April (Monday 4/04/22, Monday 4/11/22, and Monday 4/18/22). Observation on 6/22/22 at approximately 11:20 am of client #15's medications on hand revealed: - Fosamax 70 mg "Take Thursday at 7:00 am" dispensed 6/22/22. During interview on 6/22/22 client #15 stated he took his medications daily with staff assistance "they're always right on time." During interview on 6/22/22 staff #3 stated client #6's cetirizine and magnesium were purchased over the counter. She administered one cetirizine daily as indicated on the MAR. She did not realize the strength of the cetirizine and magnesium was not as ordered by the Physician. During interviews on 6/21/22, 6/22/22 and 6/27/22 the Resident Care coordinator (RCC) stated: - Client medications were delivered from the pharmacy weekly on Wednesday afternoons and were always available for administration. - Clients received their medications as ordered. - She did not know why there were blanks on the MARs. - She did not realize the strength of client #6's over the counter cetirizine and magnesium were not as ordered by the physician.	V 118		

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V 118	Continued From page 5 - Client #5's MARs were not updated to reflect the increase of her bupropion 75 mg to 1 tablet from 1/2 tablet. - Client #15 took his Fosamax on Mondays. - She would discuss medication issues with staff to ensure compliance. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is	V 132		

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V 132	Continued From page 6 providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation within 5 working days affecting 1 former staff (#4). The findings are: Review on 6/21/22 of client #6's record revealed: - 46 year old male admitted 2/06/07. - Diagnoses included TBI, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines. During interview on 6/22/22 client #6 stated: - Former staff #4 (FS#4) came into his room to help him get out of bed and ready for the day.	V 132		

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V 132	Continued From page 7 - He asked FS#4 to help him with his bedpan, but she didn't respond quickly enough and he soiled himself in his bed. - His girlfriend, client #5, was in the hall and FS#4 brought her into his room, pulled the bed sheets up from his feet toward his head exposing his body. - FS#4 "showed [client #5] me laying in my poop." - "I told everybody, but I can't remember who I told; it was humiliating; I felt about that big" (client #6 was observed to hold his thumb and forefinger about 1/4 inch apart). - He remembered telling the Qualified Professional #2 (QP#2) about the incident. - The incident happened "a while ago." Review on 6/21/22 of client #5's record revealed: - 24 year old female admitted 7/26/21. - Diagnoses included Traumatic Brain Injury (TBI), Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder. During interview on 6/22/22 client #5 stated: - She was client #6's girlfriend; - "[Client #6] had a bm (bowel movement) on himself in bed and she (FS#4) called me over to his room and embarrassed him; it was [FS#4], but she doesn't work here anymore; she got fired." Review on 6/21/22 of FS#4's personnel record revealed: - Date of hire 8/02/21, title Direct Support Staff. - Two week notice submitted 4/10/22. - Date of termination 4/21/22. - Training dated 8/05/21 in "Client Rights: Prevention, Abuse, Neglect & Exploitation"; "Being a Competent Brain Injury Professional", dated 8/02/21 in "Brain Injury Basics", and dated 7/27/21 in the Licensee's "Resident Rights" and	V 132		

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V 132	Continued From page 8 Abuse, Neglect and Exploitation policies. During interview on 6/22/22 FS#4 stated: - She was not involved in any incident with client #6. - Facility management told client #5 and client #6 what to say. - She left her job at the facility voluntarily. Review on 6/21/22 and 6/22/22 of facility records revealed no documentation the facility reported an allegation of abuse to the HCPR. During interview on 6/27/22 QP#2 stated he was notified of the incident/allegation but did not report it to any outside agency; his only role in the internal investigation was to notify client #6's designated contact person of the incident. During interviews on 6/21/22 and 6/22/22 the President of the facilty stated: - She was aware of the allegation of abuse made by client #6. - Former staff #4 did not deny the incident occurred and did not seem to understand that abuse could be emotional or mental harm. - The Director of Programs was responsible for notifying HCPR of allegations of abuse. - She did not think HCPR was notified of the allegation of abuse. During interview on 6/27/22 the Director of Programs stated: - The facility conducted an internal investigation of the allegation of abuse against FS#4. - The allegation against FS#4 was substantiated. - FS#4 gave her 2 week notice. - She told FS#4 not to return to work during the 2 week notice. - HCPR was not notified of the allegation of	V 132		

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V 132	Continued From page 9 abuse within 5 working days.	V 132		
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 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	V 291		

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V 291	Continued From page 10 failed to ensure that no more than six clients with mental illness or developmental disabilities were served. The findings are: Review on 6/21/22 of the facility's license issued by the Division of Health Service Regulation (DHSR) effective 1/01/22 revealed a licensed capacity of 24. Review on 6/21/22 of the DHSR Mental Health Licensure and Certification Section "Client and Staff Census" form completed by the Resident Care Coordinator revealed 21 current clients served by the facility. Review on 6/22/22 of a letter dated 6/22/21 addressed to the President of RENU Life Extended, Inc. from the Acting Chief of DHSR Mental Health Licensure and Certification Section revealed "RE: Approval of Request for Waiver of Rule 10A NCAC 27G .5603(A). . . . Approval of the waiver will allow the facility to be licensed with a capacity of 24. . . In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 5603 (a) cannot exceed the expiration date of the 2021 license, which is December 31, 2021; and therefore shall be subject to renewal consideration upon the request of the licensee." During interview on 6/22/22 the President of the facility stated the facility did not request to renew the waiver for 2022. She would submit a request for an updated waiver immediately. She understood a waiver for increased occupancy should be requested annually and separately from the facility's license renewal. The facility was currently serving 21 clients.	V 291		

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V 366	Continued From page 11	V 366		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond	V 366		

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V 366	Continued From page 12 by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not	V 366		

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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 366	Continued From page 13 available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review observation and interview the facility failed to implement written policies governing their response to incidents as required. The findings are: Review on 6/27/22 of the facility's "Incident Reporting" policy effective 2/01/98 and revised 6/25/18 revealed: - ". . . Level II and III incidents will be reported using the I.R.I.S. system implemented by DHHS." - ". . . For Level II or III incidents: Incidents are entered into the I.R.I.S. system . . . " - " . . . 10. The Resident Manager will notify other authorities or persons as deemed appropriate to include: County DSS (Department of Social	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-277	A. BUILDING: _____ B. WING _____	07/08/2022

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V 366	Continued From page 14 Services) . . . DHSR Mental Health Licensure & Certification Section DHSR Health Care Personnel Registry . . . " - ". . . All incident reports are reviewed monthly in the Q Meeting to discuss possible patterns and determine any necessary changes in an attempt to eliminate future incidents of a similar nature. . . ." - " . . . Critical Incidents shall be defined as one or more of the following: . . . Abuse and neglect, Alleged Exploitation and/or harassment . . . " Review on 6/21/22 of the North Carolina Incident Response Improvement System (IRIS) for reports submitted 4/01/22 - 6/20/22 revealed no Level II or Level III incident reports submitted by the facility. Review on 6/21/22 of facility records revealed no level II or level III incident reports completed 4/01/22 - 6/20/22. Review on 6/21/22 of client #6's record revealed: - 46 year old male admitted 2/06/07. - Diagnoses included TBI, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines. During interview on 6/22/22 client #6 stated: - Former staff #4 (FS#4) came into his room to help him get out of bed and ready for the day. - He asked FS#4 to help him with his bedpan, but she didn't respond quickly enough and he soiled himself in his bed. - His girlfriend, client #5, was in the hall and FS#4 brought her into his room, pulled the bed sheets up from his feet toward his head exposing his body. - FS#4 "showed [client #5] me laying in my poop."	V 366		

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V 366	Continued From page 15 - "I told everybody, but I can't remember who I told; it was humiliating; I felt about that big" (client #6 was observed to hold his thumb and forefinger about 1/4 inch apart). - He remembered telling the Qualified Professional #2 (QP#2) about the incident. - The incident happened "a while ago." Review on 6/21/22 of client #5's record revealed: - 24 year old female admitted 7/26/21. - Diagnoses included Traumatic Brain Injury (TBI), Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder. During interview on 6/22/22 client #5 stated: - She was client #6's girlfriend; - "[Client #6] had a bm (bowel movement) on himself in bed and she (FS#4) called me over to his room and embarrassed him; it was [FS#4], but she doesn't work here anymore; she got fired." Review on 6/21/22 of FS#4's personnel record revealed: - Date of hire 8/02/21, title Direct Support Staff. - 2 week notice submitted 4/10/22. - Date of termination 4/21/22. - Training dated 8/05/21 in "Client Rights: Prevention, Abuse, Neglect & Exploitation"; "Being a Competent Brain Injury Professional", dated 8/02/21 in "Brain Injury Basics", and dated 7/27/21 in the Licensee's "Resident Rights" and Abuse, Neglect and Exploitation policies. During interview on 6/22/22 FS#4 stated: - She was not involved in any incident with client #6. - Facility management told client #5 and client #6 what to say. - She left her job at the facility voluntarily.	V 366		

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V 366	Continued From page 16 During interview on 6/22/22 the Resident Care Coordinator stated: - The incident was reported to her. - An investigation was conducted and "that particular staff was fired." During interviews on 6/21/22 and 6/22/22 the President of the facility stated: - She was aware of the allegation of abuse made by client #6. - The Director of Programs was responsible for ensuring level II and level III incident reports were submitted. - She did not think a level III incident report was submitted via IRIS. During interview on 6/27/22 the Director of Programs stated: - The facility conducted an internal investigation of the allegation of abuse against FS#4. - A level III incident report was not submitted to IRIS.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall	V 367		

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V 367	Continued From page 17	V 367		

be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of

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V 367	Continued From page 18 Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to report a critical incident within 72 hours of becoming aware of the incident as required. The findings are:	V 367		

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V 367	Continued From page 19 Review on 6/21/22 of the North Carolina Incident Response Improvement System (IRIS) for reports submitted 4/01/22 - 6/20/22 revealed no Level II or Level III incident reports submitted by the facility. Review on 6/21/22 of facility records revealed: -- Internal "Incident Reporting Form" dated 4/08/22 and signed by the Resident Care Coordinator (RCC) included " "Description of Incident: . . . told me about a situation involving [client #6] and another resident and staff. [Client #6] stated that when staff [former staff #4 (FS#4)] arrived, she observed that he had a bowel movement in his pull up. [Client #6] described staff [FS#4]s reaction as, annoyed. Staff [FS#4] left [client #6]'s room and returned with another resident, [client #5]. Staff [FS#4] pulled the sheets down in from of [client #5] and said "Look at what he did." - "Investigation conversation with [client #5]: Me: What happened with [FS#4] and [client #6] in his room? [Client #5]: [FS#4] asked me to come [client #6]'s room where she showed me that he had an accident in his pull up. Me: Are you okay? I'm sorry that happened. It should of never happened. [client #5]: I'm okay, I was more embarrassed for [client #6], it didn't bother me." - No level II or level III incident reports completed 4/01/22 - 6/20/22. - Review on 6/21/22 of client #6's record revealed: - 46 year old male admitted 2/06/07. - Diagnoses included TBI, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines.	V 367		

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V 367	Continued From page 20 During interview on 6/22/22 client #6 stated: - Former staff #4 (FS#4) came into his room to help him get out of bed and ready for the day. - He asked FS#4 to help him with his bedpan, but she didn't respond quickly enough and he soiled himself in his bed. - His girlfriend, client #5, was in the hall and FS#4 brought her into his room, pulled the bed sheets up from his feet toward his head exposing his body. - FS#4 "showed [client #5] me laying in my poop." - "I told everybody, but I can't remember who I told; it was humiliating; I felt about that big" (client #6 was observed to hold his thumb and forefinger about 1/4 inch apart). - He remembered telling the Qualified Professional #2 (QP#2) about the incident. - The incident happened "a while ago." Review on 6/21/22 of client #5's record revealed: - 24 year old female admitted 7/26/21. - Diagnoses included Traumatic Brain Injury (TBI), Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder. During interview on 6/22/22 client #5 stated: - She was client #6's girlfriend; - "[Client #6] had a bm (bowel movement) on himself in bed and she (FS#4) called me over to his room and embarrassed him; it was [FS#4], but she doesn't work here anymore; she got fired." Review on 6/21/22 of FS#4's personnel record revealed: - Date of hire 8/02/21, title Direct Support Staff. - 2 week notice submitted 4/10/22. - Date of termination 4/21/22. - Training dated 8/05/21 in "Client Rights: Prevention, Abuse, Neglect & Exploitation";	V 367		

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V 367	Continued From page 21 "Being a Competent Brain Injury Professional", dated 8/02/21 in "Brain Injury Basics", and dated 7/27/21 in the Licensee's "Resident Rights" and Abuse, Neglect and Exploitation policies. During interview on 6/22/22 FS#4 stated: - She was not involved in any incident with client #6. - Facility management told client #5 and client #6 what to say. - She left her job at the facility voluntarily. During interview on 6/22/22 the RCC stated: - The incident was reported to her. - An investigation was conducted and "that particular staff was fired." During interview on 6/27/22 QP#2 stated: - He was notified of the incident/allegation but did not report it to any outside agency; his only role in the internal investigation was to notify client #6's emergency contact person of the incident. - Standard operating procedure was for the person receiving the report of an allegation should complete an incident report and report the allegation to their supervisor. During interviews on 6/21/22 and 6/22/22 the President of the facility stated: - She was aware of the allegation of abuse made by client #6. - The Director of Programs was responsible for ensuring level II and level III incident reports were submitted. - She did not think a level III incident report was submitted.. During interview on 6/27/22 the Director of Programs stated: - The facility conducted an internal investigation	V 367		

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V 367	Continued From page 22 of the allegation of abuse against FS#4. - FS#4 gave a 2 week notice but she was told not to return to work during the notice period and her employment was terminated. - A level III incident report was not submitted to IRIS within 72 hours of becoming aware of the incident.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility,	V 500		

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V 500	Continued From page 23 the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to report an allegation of resident abuse by health care personnel to the Department of Social Services (DSS) affecting 1 former staff (#4). The findings are:	V 500		

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V 500	Continued From page 24	V 500		

Review on 6/21/22 of client #6's record revealed:
- Review on 6/21/22 of client #6's record revealed:
- 46 year old male admitted 2/06/07.
- Diagnoses included TBI, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines.

During interview on 6/22/22 client #6 stated:
- Former staff #4 (FS#4) came into his room to help him get out of bed and ready for the day.
- He asked FS#4 to help him with his bedpan, but she didn't respond quickly enough and he soiled himself in his bed.
- His girlfriend, client #5, was in the hall and FS#4 brought her into his room, pulled the bed sheets up from his feet toward his head exposing his body.
- FS#4 "showed [client #5] me laying in my poop."
- "I told everybody, but I can't remember who I told; it was humiliating; I felt about that big" (client #6 was observed to hold his thumb and forefinger about 1/4 inch apart).
- He did remember telling thee Qualified Professional #2 (QP#2) about the incident.
- The incident happened "a while ago."

Review on 6/21/22 of client #5's record revealed:
- 24 year old female admitted 7/26/21.
- Diagnoses included Traumatic Brain Injury (TBI), Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder.

During interview on 6/22/22 client #5 stated:
- She was client #6's girlfriend;
- "[Client #6] had a bm (bowel movement) on himself in bed and she (FS#4) called me over to his room and embarrassed him; it was [FS#4], but she doesn't work here anymore; she got

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V 500	Continued From page 25 fired." Review on 6/21/22 of FS#4's personnel record revealed: - Date of hire 8/02/21, title Direct Support Staff. - 2 week notice submitted 4/10/22. - Date of termination 4/21/22. - Training dated 8/05/21 in "Client Rights: Prevention, Abuse, Neglect & Exploitation"; "Being a Competent Brain Injury Professional", dated 8/02/21 in "Brain Injury Basics", and dated 7/27/21 in the Licensee's "Resident Rights" and Abuse, Neglect and Exploitation policies. During interview on 6/22/22 FS#4 stated: - She was not involved in any incident with client #6. - Facility management told client #5 and client #6 what to say. - She left her job at the facility voluntarily. Review on 6/21/22 and 6/22/22 of facility records revealed no documentation the facility reported an allegation of abuse to DSS. During interview on 6/27/22 QP#2 stated he was notified of the incident/allegation but did not report it to any agency; his only role in the internal investigation was to notify client #6's emergency contact person of the incident. During interviews on 6/21/22 and 6/22/22 the President of the facility stated: - She was aware of the allegation of abuse made by client #6. - The Director of Programs was responsible for notifying DSS of allegations of abuse. - She did not think DSS was notified of the allegation of abuse.	V 500		

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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 500	Continued From page 26 During interview on 6/27/22 the Director of Programs stated: - The facility conducted an internal investigation of the allegation of abuse against FS#4. - FS#4 gave her 2 week notice. - She told FS#4 not to return to work during the 2 week notice. - DSS was not notified of the allegation of abuse.	V 500		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.	V 540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-277	A. BUILDING: _____ B. WING _____	07/08/2022

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V 540	Continued From page 27 This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure a client's right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care for 1 of 3 audited clients (#6). The findings are: Review on 6/21/22 of client #6's record revealed: - 46 year old male admitted 2/06/07. - Diagnoses included Traumatic Brain Injury (TBI), Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines. During interview and observation at approximately 12:15 pm on 6/22/22 client #6 stated: - Former staff #4 (FS#4) came into his room to help him get out of bed and ready for the day. - He asked FS#4 to help him with his bedpan, but she didn't respond quickly enough and he soiled himself in his bed. - His girlfriend, client #5, was in the hall and FS#4 brought her into his room, pulled the bed sheets up from his feet toward his head exposing his body. - FS#4 "showed [client #5] me laying in my poop." - "I told everybody, but I can't remember who I told; it was humiliating. I felt about that big." - Client #6 was observed to hold his thumb and forefinger about 1/4 inch apart. - He remembered telling the Qualified Professional #2 (QP#2) about the incident. - The incident happened "a while ago." - During interview client #6 seemed reluctant and embarrassed to discuss the incident; his voice cracked and he held his head down and looked at the floor.	V 540		

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V 540	Continued From page 28	V 540		

Review on 6/21/22 of client #5's record revealed:
- 24 year old female admitted 7/26/21.
- Diagnoses included TBI, Bipolar I Disorder, Opiate Use Disorder, and Polysubstance Use Disorder.

During interview on 6/22/22 client #5 stated:
- She was client #6's girlfriend.
- "[Client #6] had a bm (bowel movement) on himself in bed and she (FS#4) called me over to his room and embarrassed him; it was [FS#4], but she doesn't work here anymore; she got fired."

Review on 6/21/22 of FS#4's personnel record revealed:
- Date of hire 8/02/21, title Direct Support Staff.
- 2 week notice submitted 4/10/22.
- Date of termination 4/21/22.
- Training dated 8/05/21 in "Client Rights: Prevention, Abuse, Neglect & Exploitation"; "Being a Competent Brain Injury Professional", dated 8/02/21 in "Brain Injury Basics", and dated 7/27/21 in the Licensee's "Resident Rights" and Abuse, Neglect and Exploitation policies.

During interview on 6/22/22 FS#4 stated:
- She was not involved in any incident with client #6.
- Facility management told client #5 and client #6 what to say.
- She left her job at the facility voluntarily.

During interview on 6/22/22 the Resident Care Coordinator stated:
- The incident was reported to her.
- An investigation was conducted and "that particular staff (FS#4) was fired."

During interview on 6/27/22 QP#2 stated he was

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notified of the incident/allegation but did not report it to any agency; his only role in the internal investigation was to notify client #6's emergency contact person of the incident.

During interview on 6/27/22 the Director of Programs stated:
- The facility conducted an internal investigation of the allegation of abuse against FS#4.
- The allegation against FS#4 was substantiated.
- FS#4 gave her 2 week notice but was told not to return to work during the 2 week notice period.

During interviews on 6/21/22, 6/22/22 and 6/27/22 the President of the facility stated:
- She was aware of the allegation of abuse made by client #6.
- "This happened."
- When interviewed for the facility's internal investigation, former staff #4 did not deny the incident occurred and did not seem to understand that abuse could be emotional or mental harm.
- This was "the first allegation of resident abuse by a staff member for us in 23 years."

Review on 6/27/22 of the Plan of Protection dated 6/27/22 and signed by the Director of Programs revealed:
- "What immediate action will the facilty take to ensure the safety of the consumers in your care? Staff will continue to go through the annual training with an emphasis on resident rights. The supervisor will make 'spot checks' to ensure there are no violations of the rights of the residents. This will be done by observation and private conversations with residents.
- Describe your plans to make sure the above happens. 'Spot checks' will be documented as needed. Administration will follow up with supervisors to ensure this is being done.

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V 540	Continued From page 30 Supervisor will hold a meeting with staff from all shifts on 6/27/22 into 6/28/22 to discuss the importance of resident rights and dignity." Client #6 had diagnoses of Traumatic Brain Injury, Major Neurocognitive Disorder, Depression, Unspecified Mood (Affect) Disorder, Seizure Disorder, and Chronic Migraines. He required assistance with completion of basic personal care tasks such as toileting and personal hygiene. Former staff #4 was hired as a Direct Care Staff in August 2021. She completed new employee orientation training in client rights, prevention of abuse, neglect, and exploitation and the facility's abuse, neglect and exploitation policies. On the morning of 4/08/22 former staff #4 assisted client #6 with his morning routine. Client #6 reported when he asked her for a bedpan, former staff #4 did not respond quickly enough and he soiled himself and his bed. Former staff #4 then called client #5 into client #6's room and pulled the sheets up over client #6's head exposing his body and showing client #5 that he had soiled himself in his bed. Client #6 reported feeling humiliated by former staff #4. During interview former staff #4 denied involvement in the incident but client #5 corroborated the report. The facility conducted an internal investigation and client #6's allegation of abuse against former staff #4 was substantiated and former staff #4's employment at the facility was terminated as a result of the abuse incident. The facility's failure to ensure client #6's right to dignity, privacy and humane care in the provision of personal hygiene and grooming care constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of $3000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of	V 540		

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V 540	Continued From page 31 $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 540		