

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINE'S DDA GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>334 MOORE STREET EAST FAYETTEVILLE, NC 28301</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on July 1, 2022. The complaint was substantiated (intake #NC00189135). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27 G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview, observation, and record review, the facility failed to ensure each client's treatment plan was developed based on the assessment, and in partnership with the client or legally responsible person affecting 3 of 3 clients audited (client #1, #2, and #4); and, reviewed annually affecting 2 of 3 clients audited (client #1, #2). The findings are:</p> <p>Finding #1: Review on 6/30/22 and 7/1/22 of client #1's record revealed: -40 year old male admitted 8/17/15. -Diagnoses included moderate intellectual developmental disorder, pedophilia, hyperlipidemia, chronic obstructive pulmonary disease (COPD), asthma, and vitamin D deficiency. -Client #1's treatment plan was completed on 12/6/2019 and last reviewed 2/11/20. -There was no assessment documented as the basis for the treatment plan. -The most recent signature of client #1's guardian for consent and agreement with the treatment plan was dated 9/1/18.</p> <p>Finding #2: Review on 6/30/22 and 7/1/22 of client #2's record revealed: -70 year old male admitted 9/5/13.</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Diagnoses included moderate intellectual developmental disorder, schizoaffective disorder; chronic kidney disease, hyperlipidemia, and vitamin D deficiency.</li> <li>-Client #2's treatment plan was completed on 3/23/17 and last reviewed 7/21/17.</li> <li>-There was no assessment documented as the basis for the treatment plan.</li> <li>-The most recent signature of client #2 for his consent and agreement with the treatment plan was dated 3/23/17.</li> </ul> <p>Finding #3: Review on 6/29/22 and 7/1/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-38 year old male admitted 2/11/21.</li> <li>-Diagnoses included schizophrenia, paranoid type; nicotine dependence; hypertension; and hypothyroidism.</li> <li>-Client #4's treatment plan was completed on 11/23/21.</li> <li>-There was no assessment documented as the basis for the treatment plan.</li> <li>-There was no written consent and agreement by client #4 for his treatment plan.</li> <li>-Someone had written, "verbal consent" on the signature line of client #4's treatment plan.</li> <li>-Client #4 did not have any unsupervised time included in his plan.</li> </ul> <p>Observations on 6/29/22 between 11:30 am and 12 pm revealed:</p> <ul style="list-style-type: none"> <li>-Client #4 was lying on a bench on the front porch of the facility when surveyor arrived at 11:30 am.</li> <li>-No staff answered the door to the facility on arrival.</li> <li>-The office building was behind the facility with another building between the facility and office building.</li> <li>-The Administrator, Qualified Professional,</li> </ul>	V 112		

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V 112	<p>Continued From page 3</p> <p>Licensee, and Staff #3 were in the office building.</p> <p>Interview on 6/29/22 client #4 stated: -He was waiting for his ride to take him to work. -He had a job on the military base. -There was no staff inside the facility. -The facility staff "liked" for the clients to stay in the office building in the back or around the gazebo outside of the office building.</p> <p>Interview on 6/30/22 the Administrator stated: -The day programs completed the clients' treatment plans. -The day program staff would call the facility for input when the treatment plans were being done. -Client #4 was accompanied by a person from a non-profit employment agency set up through his Psychosocial Rehabilitation Program when he was at his job site.</p> <p>Interview on 6/30/22 the Qualified Professional (QP) stated she had "checked" the client treatment plans and each one should have been current.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness,</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a client record to include minimum required information, current consents, assessments, and progress toward client</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>outcomes, affecting 3 of 3 clients audited (client #1, #2, and #4). The findings are:</p> <p>Review on 6/29/22 of the facility license revealed the facility had a change of ownership effective 2/11/22.</p> <p>Finding #1: Review on 6/30/22 and 7/1/22 of client #1's record revealed: -40 year old male admitted 8/17/15. -Diagnoses included moderate intellectual developmental disorder, pedophilia, hyperlipidemia, chronic obstructive pulmonary disease (COPD), asthma, and vitamin D deficiency. -No documentation of consent by client #1's guardian granting the current licensee permission to seek emergency care from a hospital or physician. -No documentation of progress toward outcomes. -No documentation of an assessment.</p> <p>Finding #2: Review on 6/30/22 and 7/1/22 of client #2's record revealed: -70 year old male admitted 9/5/13. -Diagnoses included moderate intellectual developmental disorder, schizoaffective disorder; chronic kidney disease, hyperlipidemia, and vitamin D deficiency. -No documentation of consent by client #2 granting the current licensee permission to seek emergency care from a hospital or physician. -No documentation of progress toward outcomes. -No documentation of an assessment.</p> <p>Finding #3: Review on 6/29/22 and 7/1/22 of client #4's record revealed:</p>	V 113		

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V 113	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-38 year old male admitted 2/11/21.</li> <li>-Diagnoses included schizophrenia, paranoid type; nicotine dependence; hypertension; and hypothyroidism.</li> <li>-No documentation of consent by client #4 granting the current licensee permission to seek emergency care from a hospital or physician.</li> <li>-No documentation of progress toward outcomes.</li> <li>-No documentation of an assessment.</li> </ul> <p>Interviews between 6/29/22 and 7/1/22 the Administrator stated:</p> <ul style="list-style-type: none"> <li>-The facility changed owners on 2/11/22.</li> <li>-All of the current clients were admitted at the time the ownership changed.</li> <li>-She worked for the prior owner as a Residential Supervisor.</li> <li>-The job as the administrator was a new position as of 2/11/22.</li> <li>-She was not aware consents needed to be signed after the change of ownership.</li> <li>-The treatment plan documentation was done by each client's day program.</li> </ul>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>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:</p> <p>(A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications as ordered by the physician, and maintain an accurate MAR affecting 3 of 3 clients audited (clients #1, #2, #4), and medications administered by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications for 1 of 2 paraprofessionals audited (Staff #5). The findings are:</p> <p>Finding #1: Review on 6/30/22 and 7/1/22 of client #1's record revealed: -40 year old male admitted 8/17/15.</p>	V 118		
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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-Diagnoses included moderate intellectual developmental disorder, pedophilia, hyperlipidemia, chronic obstructive pulmonary disease (COPD), asthma, and vitamin D deficiency.</li> <li>-Order dated 4/19/22 for Amoxicillin 500 mg (milligrams), take 4 tablets 1 hour prior to dental visit. (antibiotic)</li> <li>-4/26/22 Office visit note, and order signed by client #1's dentist read, "One filling, lower left 2nd bicuspid. Advised patient to take 4 capsules of Amoxicillin 500 mg when return home."</li> <li>-Order dated 4/19/22 for Debrox 6.5% Ear Drops, instill 5-10 drops in each ear twice daily for 1 week prior to his next appointment. (earwax removal)</li> <li>-6/16/22 Office visit note, and order signed by client #1's otolaryngologist to follow up in 5 months for routine cleaning and, "... please don't forget to use Debrox drops for 1 week before appointment."</li> <li>-Order dated 2/8/22 to check blood sugar (BS) twice daily.</li> <li>-Preprinted order sheet signed by physician on 4/19/22 to check BS daily before breakfast.</li> <li>-No orders documented after 2/8/22 to discontinue twice daily BS testing.</li> <li>-No order for weekly BS testing.</li> <li>-Order dated 4/19/22 for Vitamin D2 1.25 mg (50,000 units) once weekly.</li> </ul> <p>Review on 6/29/22 and 7/1/22 of client #1's MARs for April, May, and June 2022 revealed:</p> <ul style="list-style-type: none"> <li>-BS was documented daily before breakfast from 4/1/22 - 4/19/22 with results ranging 90-156.</li> <li>-A second order was printed on the MAR to check BS weekly.</li> <li>-No documentation client #1 received his Debrox ear drops in June 2022.</li> <li>-No documentation client #1 received Amoxicillin</li> </ul>	V 118		

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V 118	<p>Continued From page 9</p> <p>500 mg in April 2022. -Documentation client received Vitamin D2 1.25 mg (50,000 units) on 6/21/22, four days later on 6/25/22, and then 2 days later on 6/27/22.</p> <p>Interview on 6/29/22 client #1 stated: -Staff did not miss giving his medications. -He took medications in the morning and at night. -The staff took him to all of his doctor appointments.</p> <p>Finding #2: Review on 6/30/22 and 7/1/22 of client #2's record revealed: -70 year old male admitted 9/5/13. -Diagnoses included moderate intellectual developmental disorder, schizoaffective disorder; chronic kidney disease, hyperlipidemia, and vitamin D deficiency. -Order dated 5/10/22 for warfarin sodium 4mg on odd days and 5 mg on even days. -Order dated 5/26/22 to hold warfarin sodium for 3 nights; then lower the dose to 3 mg at night. -Order dated 3/8/22 to administer Furosemide 20 mg (Lasix) "QD (daily) PRN (as needed) Cardiomyopathy (cardiomyopathy)." Order did not include directions for staff to determine when the client would need the medication for this diagnosis.</p> <p>Review on 6/29/22 and 7/1/22 of client #2's MARs for May 2022 revealed: -May 2020 MAR transcription for the 5/10/22 order for warfarin 5 mg on even days read, "Warfarin Sodium 5 mg table," a line had been drawn across the documentation grid from 5/1/22 through 5/10/22. The dates for 5/11/22 through 5/14/22 had been initialed, then marked through resulting in illegible entries. -May 2020 MAR transcription for the 5/10/22</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>order for warfarin 4 mg on odd days read, "WARFARIN SODIUM 2 MG ... TAKE 2 TABLETS (4 MG) BY MOUTH AT BEDTIME." Starting on 5/10/22 each even day had been crossed out on the MAR documentation grid with an "X," and each odd day had been initialed as given through 5/25/22. (Order changed 5/25/22)</p> <p>Interview on 6/29/22 client #2 stated: -He took medications. -Staff always gave him his medications.</p> <p>Finding #3: Review on 6/29/22 of client #4's record revealed: -38 year old male admitted 2/11/21. -Diagnoses included schizophrenia, paranoid type; nicotine dependence; hypertension; and hypothyroidism. -Order dated 4/5/22 for Lithium 300 mg, 2 capsules (=600mg) twice daily at 8 am and 8 pm. (mood stabilizer) -Order dated 4/5/22 for Clozapine 100 mg, 3 tablets (=300mg) every night at bedtime, 8 pm. (schizophrenia)</p> <p>Review on 6/29/22 of client #4's June MAR prior to 4:00 pm revealed: -The 6/29/22, 8 pm dose of Lithium 600 mg had been documented as given. -The 6/29/22, 8 pm dose of Clozapine 300 mg had been documented as given.</p> <p>Interview on 6/29/22 client #4 stated: -He took medications every day. -The staff never missed administering his medications.</p> <p>Finding #4: Review on 7/1/22 of Staff #5's personnel record revealed:</p>	V 118		

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V 118	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-Hired 6/15/22 as a paraprofessional direct care staff.</li> <li>-Medication Aide Testing Passed dated 10/16/15.</li> <li>-No documentation of the credentials of the person who provided medication training prior to the test dated 10/16/15.</li> <li>-No documentation of medication training provided by the facility.</li> </ul> <p>Interview on 6/29/22 staff #5 stated:</p> <ul style="list-style-type: none"> <li>-She had worked for the licensee "about 3 weeks."</li> <li>-This was her first week working in the facility as the direct care staff.</li> <li>-She was a certified medication aide.</li> <li>-She had not had any training by the facility in medication administration.</li> <li>-She had administered medications to the clients in the facility.</li> </ul> <p>Interview on 6/29/22 staff #3 stated:</p> <ul style="list-style-type: none"> <li>-She took client #2 to his medical appointments.</li> <li>-She administered medications as part of her job.</li> <li>-She did not know when she would administer client #2's Furosemide 20 mg (Lasix).</li> </ul> <p>Interview on 7/1/22 with the Administrator and Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-A "draft" copy of all medication orders were placed in the facility for staff to update MARs.</li> <li>-The original order was filed in the client's record.</li> <li>-Neither the Administrator or Staff #3 realized client #1 had not received his antibiotic in June or his ear drops in April as ordered.</li> <li>-The Administrator and Staff #3 would look for a way to keep staff apprised of upcoming appointments to assure the medications ordered prior to appointments were given.</li> <li>-The Administrator and Staff #3 were not sure about client #1's BS orders and if the order had</li> </ul>	V 118		

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V 118	Continued From page 12  been changed in February 2020 to twice daily as ordered. They would follow up with client #1's physician to clarify the order.  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 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 3 of 3 audited staff (Staff #3, Staff #5, Qualified Professional (QP)). The findings are:  Review on 6/29/22 of the facility license revealed the change of ownership to the current licensee was effective 2/11/22.  Review on 7/1/22 of Staff #3's personnel record revealed:	V 131		

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V 131	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Hire date: 2/11/22.</li> <li>-Position: Office Assistant and Paraprofessional.</li> <li>-Staff #3 had been employed by the prior licensee and continued employment following the change of ownership without a break in service.</li> <li>-The HCPR was accessed on 5/25/22.</li> </ul> <p>Review on 7/1/22 of Staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date: 6/15/22.</li> <li>-Position: Direct Care Staff.</li> <li>-The HCPR was accessed on 6/23/22.</li> </ul> <p>Review on 7/1/22 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date: 3/1/22.</li> <li>-The QP was not licensed by an occupational licensure board.</li> <li>-The HCPR was accessed on 5/25/22.</li> </ul> <p>Interview on 7/1/22 the Administrator stated:</p> <ul style="list-style-type: none"> <li>-She did not realize the HCPR had to be accessed for employees that continued employment following the change of ownership on 2/11/22.</li> <li>-Staff #5 was hired to be cross trained as an Office Assistant and Direct Care Staff.</li> <li>-Staff #5 was first oriented to her role as an Office Assistant.</li> <li>-Staff #5's HCPR check was completed before she began working in the facility as a Direct Care Staff.</li> <li>-The Office Assistant duties included monitoring the clients that were at the property during the day.</li> </ul>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD</p>	V 133		

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V 133	<p>Continued From page 14</p> <p><b>CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</b></p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the</p>	V 133		
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V 133	<p>Continued From page 15</p> <p>Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the</li> </ol>	V 133		
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V 133	<p>Continued From page 16</p> <p>conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 3 of 3 staff audited (Staff #3, Staff #5, Qualified Professional (QP)). The findings are:</p> <p>Review on 6/29/22 of the facility license revealed the change of ownership to the current licensee was effective 2/11/22.</p> <p>Review on 7/1/22 of Staff #3's personnel record revealed: -Hire date: 2/11/22.</p>	V 133		
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V 133	Continued From page 19  -Position: Office Assistant and Paraprofessional. -A local county criminal background check dated 7/14/15 done by the prior licensee. -No statewide criminal history record check had been requested.  Review on 7/1/22 of Staff #5's personnel record revealed: -Hire date: 6/15/22. -Position: Direct Care Staff. -A statewide criminal history record check had been requested on 6/23/22.  Review on 7/1/22 of the QP's personnel record revealed: -Hire date: 3/1/22. -The QP was not licensed by an occupational licensure board. -A statewide criminal background report dated 10/30/17.  Interview on 7/1/22 the Administrator stated: -Staff #3 was hired by the prior licensee. -The Administrator was not aware the criminal history record checks were required to be done by the current facility for employees hired prior to 2/11/22 by the prior licensee. -The QP had provided a copy of her criminal background report dated 10/30/17. -The Administrator accepted the QP's criminal background report dated 2017 since it was done prior to hire. -The Administrator had not understood the facility could not accept a criminal history record check provided by the employee.	V 133		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE	V 289		

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V 289	<p>Continued From page 20</p> <p>(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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is</p>	V 289		

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V 289	<p>Continued From page 21</p> <p>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)&amp;(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).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to admit clients whose primary diagnosis was a developmental disability for 1 of 3 clients audited (client #4). The findings are:</p> <p>Review on 6/28/22 revealed the facility was licensed as a 10A NCAC 27G .5600C, Supervised living for adults whose primary diagnosis is a developmental disability but may also have other diagnoses.</p> <p>Review on 6/29/22 and 7/1/22 of client #4's record revealed: -38 year old male admitted 2/11/21. -FL2 dated 2/11/21 listed the following diagnoses: schizophrenia, paranoid type; nicotine</p>	V 289		
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V 289	<p>Continued From page 22</p> <p>dependence; hypertension; and hypothyroidism. -Client was his own guardian.</p> <p>Review on 6/29/22 and 7/1/22 of client #4's treatment plan dated 11/23/21 revealed: -The plan did not document any developmental disability diagnosis. -Client #4 had lived independently, was employed, and had a driver's license prior to admission. -Client #4 acknowledged he suffered from depression, anxiety, and had been diagnosed with paranoid schizoffective disorder and bipolar disorder. -Client #4 acknowledged he had a history of non-compliance with his medications and mental health appointments which caused exacerbation of his symptomatic behaviors. -As a result of his behaviors he had multiple hospitalizations, loss of his apartment, loss of his job, and became homeless. -Client #4 was discharged from an inpatient psychiatric facility to the current facility on 2/11/21.</p> <p>Interview on 6/29/22 client #4 stated: -He was waiting for his ride to work. -He had a job on the military base in the "mess hall." -He moved to the facility from a hospital located in another town. -Before he had been admitted to the hospital he had lived in an apartment in another town. -He was treated well by staff and he had no complaints with living in the facility.</p> <p>Interview on 6/29/22 the Administrator stated client #4's diagnosis of schizophrenia had qualified him for admission to the facility.</p>	V 289		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINE'S DDA GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>334 MOORE STREET EAST FAYETTEVILLE, NC 28301</b>
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V 536	Continued From page 23	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 24</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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V 536	<p>Continued From page 25</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 staff audited (Staff #5) completed initial training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 7/1/22 of the facility "Restrictive Intervention" policy revealed Evidence Based Protective Interventions (EBPI) was the designated curriculum for staff training in alternatives to restrictive interventions.</p> <p>Review on 7/1/22 of Staff #5's personnel record revealed: -Hire date: 6/15/22. -Position: Direct Care Staff. -No documentation of initial EBPI training for alternatives to restrictive interventions.</p> <p>Interview on 6/29/22 Staff #5 stated:</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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V 536	Continued From page 27  -She had worked "here about 3 weeks." -She had been in training and this was her first week working "in the house." -She did not recall training on alternatives to restrictive interventions. -She was scheduled for another class on 7/1/22 but she did not recall the name of the class.  Interview on 7/1/22 the Administrator stated: -Staff #5 was scheduled to take the EBPI training for alternatives to restrictive intervention. -Staff #5 had recently started working in the facility as the overnight direct care staff.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of	V 537		

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V 537	<p>Continued From page 28</p> <p>training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain</p>	V 537		

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V 537	<p>Continued From page 29</p> <p>documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p>	V 537		
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V 537	<p>Continued From page 30</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p>	V 537		

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V 537	<p>Continued From page 31</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 staff audited (Staff #5) had completed initial training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 7/1/22 of the facility "Restrictive Intervention" policy revealed Evidence Based Protective Interventions (EBPI) was the designated curriculum for staff training in restrictive interventions.</p> <p>Review on 7/1/22 of Staff #5's personnel record revealed: -Hire date: 6/15/22. -Position: Direct Care Staff. -No documentation of initial EBPI training.</p> <p>Review on 6/30/22 and 7/1/22 of client #1's record revealed: -40 year old male admitted 8/17/15. -Diagnoses included moderate intellectual developmental disabilities; pedophilia; hyperlipidemia; chronic obstructive pulmonary disease (COPD); asthma; and vitamin D deficiency. -Crisis Prevention and Intervention Plan (undated) documented, "[Client #1] becomes overly quiet before he exhibits aggressive behaviors. Trigger ... if someone puts their hands on him."</p> <p>Interview on 6/29/22 Staff #5 stated: -She had worked "here about 3 weeks." -She had been in training and this was her first week working "in the house." -She did not recall training on restrictive</p>	V 537		

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V 537	Continued From page 32  interventions. -She was scheduled for another class on 7/1/22, but did not recall the name of the class. -She was not aware of any clients having a history of aggressive behaviors.  Interview on 7/1/22 the Administrator stated: -Staff #5 was scheduled to take EBPI. -Staff #5 had recently started working in the facility as the overnight direct care staff. -Prior to change of ownership (2/11/22) she (the Administrator) had worked as a Residential Supervisor. -She had not experienced any client aggressive behaviors that required a restrictive intervention, but was aware some of the clients had psychiatric diagnoses and a history of behaviors.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Review on 6/30/22 and 7/1/22 of client #2's record revealed:	V 736		

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V 736	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>-70 year old male admitted 9/5/13.</li> <li>-Diagnoses included moderate intellectual developmental disorder, schizoaffective disorder; chronic kidney disease, hyperlipidemia, and vitamin D deficiency.</li> <li>-Client #2 had been hospitalized 4/29/22 - 5/4/22 for viral gastroenteritis.</li> <li>-A hospital discharge order dated 5/4/22 was written for physical therapy (PT) to increase lower extremity strength and functional mobility.</li> <li>-Client #2 was discharged from home health PT on 6/21/22 after 9 visits, with a recommendation to continue a home exercise program.</li> </ul> <p>Observations on 6/29/22 between 12:15 pm - 1 pm revealed:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom: <ul style="list-style-type: none"> <li>-Only 1 window. The window was blocked by a window air conditioner unit preventing the window from being opened.</li> <li>-A wheelchair was parked in the bedroom.</li> <li>-Paint bubbled and peeling from the ceiling.</li> <li>-Rough, unpainted wall repair by the closet.</li> </ul> </li> <li>-Client #6's bedroom: <ul style="list-style-type: none"> <li>-Discolored painted surface around the light switch and over the head of the bed.</li> <li>-Metal threshold separated from the floor leading into the room.</li> <li>-Floor tiles separated at door entryway.</li> </ul> </li> <li>-Downstairs bathroom: <ul style="list-style-type: none"> <li>-Light fixture above sink covered with speckled rust colored pitting.</li> <li>-Baseboard heater separated and covered with rust colored pitting.</li> </ul> </li> <li>-Kitchen: <ul style="list-style-type: none"> <li>-Cabinet doors would not remain closed.</li> <li>-Paint on cabinets was worn, exposing wood</li> </ul> </li> </ul>	V 736		

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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 736	<p>Continued From page 34</p> <p>under the painted surface.</p> <ul style="list-style-type: none"> <li>-Ceiling fan blades had visible dust accumulated on the blades.</li> <li>-Hall leading to the bedrooms of client #6 and client #2: <ul style="list-style-type: none"> <li>-2 overhead lights; 1 did not work.</li> <li>-Unfinished wall repair (spackled but not painted) outside of client #6's room.</li> </ul> </li> <li>-Bathroom next to laundry area: <ul style="list-style-type: none"> <li>-Vertical streaks of discolored stains on wall by the toilet tissue holder expanded over an area approximately 15 inches wide by 24 inches from baseboard upward.</li> <li>-Chair with stained upholstery placed under the window.</li> <li>-2 areas of brown staining on the ceiling above the chair; one stain approximately 12 inches by 6 inches, and one approximately 8 inches by 4 inches.</li> <li>-Cover over toilet tank had broken sections missing on each side and was not seated on the tank.</li> <li>-Fly paper tape hanging from the ceiling with black specks visible.</li> </ul> </li> <li>-Client #3's room: <ul style="list-style-type: none"> <li>-Room was located upstairs.</li> <li>-Smoke detector chirping.</li> <li>-Glass in windowpane was cracked with a small hole in center and cracks extending from center approximately 6 inches.</li> </ul> </li> <li>-Client #4's room: Textured paint was peeling from the ceiling over the bed.</li> <li>-Dining Room: Metal strip along door threshold was separated and bent upward.</li> <li>-Carpet on stairs leading to upstairs bedrooms</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINE'S DDA GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>334 MOORE STREET EAST FAYETTEVILLE, NC 28301</b>
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V 736	<p>Continued From page 35</p> <p>was matted down with discolored staining on each step. Dirt and debris were collected along the carpeted edge at the balusters.</p> <p>-Upstairs bathroom: Brown stains along the top edge of the tub where it met the wall.</p> <p>Interview on 6/29/22 the Qualified Professional stated:</p> <p>-Repairs were currently being made as part of the facility's Plan of Correction for the recent Division of Health Services Regulation (DHSR) Construction Survey (5/17/22).</p> <p>-The wall repairs and replacement of an air conditioner unit in client #6's room was expected to be completed 6/29/22.</p> <p>-The facility was made aware during the recent survey that the window egress from client #2's room was blocked by the window air conditioner. There were plans to correct the problem.</p> <p>-Client #2 was ambulatory and "gets around pretty good." He used his wheelchair sometimes during an outing.</p> <p>Interview on 7/1/22 the Administrator stated:</p> <p>-She had purchased a new portable air conditioner unit for client #2's bedroom.</p> <p>-She had checked with DHSR Construction Section and had verified the unit purchased would allow emergency egress from client #2's window.</p> <p>-She had made plans to have the unit installed 7/1/22.</p> <p>Review on 6/30/22 of the Plan of Protection dated 6/30/22 written by the Administrator revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? Request that the air conditioner unit be removed immediately by Handyman.</p> <p>Describe your plans to make sure the above happens. Contacted the Handyman to repair all</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2022</b>
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V 736	<p>Continued From page 36</p> <p>deficiencies with windows Deficiency will be repaired/completed on 6/30/22."</p> <p>The facility had a current census of 6 male clients with diagnoses that included intellectual developmental disorders, schizoaffective disorder; chronic kidney disease, hyperlipidemia, and vitamin D deficiency. Client #2 was a 70 year old male with a need to continue a home exercise program for lower extremity strength and functional mobility. Client #2 had only 1 window in his room and it was blocked with a window mounted air conditioner unit. Not having a window egress created an unsafe situation for client #2, especially considering his ambulation status. The smoke detector was chirping in Client #3's upstairs bedroom, indicating a problem with the detector which could cause a failure to alarm if there was a fire. There were two areas in the home, one at client #6's bedroom door, and another at the the dining room doorway, where the metal threshold had loosened and raised upward, causing a potential trip hazard for any of the clients. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 736		