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V 000	INITIAL COMMENTS An annual survey was completed on July 26, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting one of three clients (#2). The findings are: Review on 7/25/22 of client #2's record revealed: -Admission date of 2/2/15. -Diagnoses of History of Alcohol Abuse; Diabetes; Neuropathy; Organic Brain Syndrome; Major Depression; Insomnia NOS; Occasional Incontinence. -Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party. Interview on 7/25/22 with the Administrator revealed: -Qualified Professional was responsible for completing the Person Center Plans. -Client #2 had a legal guardian that needed to sign the plan. -The Administrator was responsible for obtaining client #2's legal guardian's signature. -She confirmed that the Person Centered Plan for client #2 had no written consent or agreement by the client or responsible party.	V 112		

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V 114	Continued From page 2	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are: Review on 7/25/22 of the facility's fire drill log revealed: -1/5/22- 1st shift. -2/14/22- 2nd shift. -4/1/22- 3rd shift. -5/18/22- 2nd shift. -6/30/22- 2nd shift. -7/9/22- 1st shift. -10/28/21- Blank. -There were no fire drills conducted for 1st, 2nd or 3rd shift for the fourth quarter of 2021. -There were no fire drills conducted for 3rd shift for the first quarter of 2022.	V 114		

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V 114	Continued From page 3 -There were no fire drills conducted for 1st shift for the second quarter of 2022. Review on 7/25/22 of the facility's disaster drill log revealed: -3/5/22- 1st shift. -3/1/22- 3rd shift. -4/5/22- 1st shift. -6/21/22- 2nd shift. -6/30/22- 2nd shift. -7/7/22- 2nd shift. -10/28/21-Blank -10/28/21- 3rd shift. -There were no disaster drills conducted for 1st or 2nd shift for the fourth quarter of 2021. -There were no disaster drills conducted for 2nd shift for the first quarter of 2022. -There were no disaster drills conducted for 3rd shift for the second quarter of 2022. Interview on 7/25/22 with the Administrator revealed: -Home operated under three shifts. -1st shift was from 7am-3pm. Second shift was from 3pm-11pm. Third shift was from 11pm-7am. -She reported that 2021 had been a difficult year for the staff at the house. Some of the staff had gotten COVID and some of the things may not had gotten completed. -She was thankful that none of the residents got sick from COVID due to the preventive measures taken by staff. -She had been working in this business for over 14 years and knew what needed to be completed. -She confirmed the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift.	V 114		

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V 118	Continued From page 4	V 118		
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; (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:	V 118		

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V 118	Continued From page 5 Based on records review, observations, and interviews the facility failed to have updated physician orders for administered medications affecting one of three audited clients (#3.) The findings are Review on 7/25/22 of Client #3's record revealed: -Admission date of 3/21/22. -Diagnoses of Anxiety, Arthritis, Pacemaker, Pre-diabetic. Review on 7/25/22 of Client #3's physician's orders revealed: -There were no orders for Chest congestion relief PE 10 mg; take one tablet by mouth twice daily as needed. -There were no orders for Meclizine 12.5 mg tablet; take one tablet by mouth as needed. Observation on 7/25/22 at of Client #3's medications revealed: -Chest congestion relief PE 10 mg was available. -Meclizine 12.5 mg was available. Review on 7/25/22 of Client #3's MAR for May 2022 through July 2022 revealed: -Chest congestion relief PE 10 mg was listed and marked as given in July. -Meclizine 12.5 mg was listed and marked as given in July. Interview on 7/26/22 with the Administrator revealed: -She did not know why the physician orders for the medications named were not in client #3's file. -She tried to get the orders, but staff at physician's office were short handed and she could not assist on time. -She confirmed that updated physician's orders for client #3's medications were not on file.	V 118		

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V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human	V 536		

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

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instructor training program.
(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.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(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.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may

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V 536	Continued From page 9 request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of three audited staff (the Administrator) had current training in the use of alternatives to restrictive interventions. The findings are: Review on 7/25/22 of the Administrator's personnel file revealed:: -Hire date of 2011. -She was hired as the Administrator. -Last documented training on Alternatives to Restrictive Intervention expired on 2/16/22. -There was no updated documentation of training on alternatives to restrictive intervention. Interview on 7/26/22 with the Administrator revealed: -Facility only used alternatives to restrictive intervention. -The group home used Evidence Based Practice	V 536		

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V 536	Continued From page 10 Interventions (EBPI) as it's curriculum. -She confirmed she did not have updated documentation of training on alternatives to restrictive intervention.	V 536		