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V 000	INITIAL COMMENTS An annual survey was completed on July 1, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. 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; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 1 (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 review, observation and interview, the facility failed to ensure medications were administered with a signed physician's order; failed to ensure a MAR of all drugs administered to each client was kept current; medications administered shall be recorded immediately after administration affecting 1 of 3 audited clients (client #3). The findings are: Record review on 6/28/22 of client #3's record revealed: - Admission 1/11/16; - Diagnoses Down Syndrome, Mild Intellectual Disability, Obesity, Gout; - Physician order- Atorvastatin(cholesterol) 40 milligram (mg), take 1 tablet by mouth at bedtime, discontinued on 1/26/22; - Physician order- Lisinopril (high blood pressure) 5mg, take 1 tablet by mouth daily; Colchicine (gout) 0.6 mg PRN(as needed) take 1.2mg by mouth now then 0.6 mg 1 hour later, then 0.6 mg twice daily until gout flare up resolved 1/26/22; - No physician order to discontinue Indomethacin(gout) 50 mg-PRN take 3 times a day as needed when gout flare up has occurred. Review on 6/22/22, 6/28/29 and 6/29/22 of client #3's MAR from April 2022- June 2022 revealed:	V 118		

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- Client #3 was administered atorvastatin 40mg, take 1 tablet by mouth at bedtime;
- Lisinopril 5mg, take 1 tablet once a day;
Colchicine 0.6 mg PRN Take 1.2mg by mouth now then 0.6 mg 1 hour later, then 0.6 mg twice daily until flare resolved was added to the MAR on 6/24/22;
- Indomethacin 50 mg-PRN take 3 times a day as needed when gout flare up has occurred was listed on the MAR.

Observations on 6/22/22 at approximately 2:42pm of client #3's medications revealed:
- Atorvastatin 40mg was in client #3's medication box;
- There was no indomethacin 50mg, lisinopril 5mg, colchicine 0.6mg in client #3's medication box.

Observations on 6/28/22 at approximately 3:00pm of client #3's medications revealed:
- Lisinopril 5mg, dispensed 6/16/22 take 1 tablet once a day in client #3's medication box;
- Colchicine 0.6mg dispensed 6/13/22 take 1.2mg by mouth now then 0.6 mg 1 hour later, then 0.6 mg twice daily until gout flare up resolved in client #3's medication box.

Interview on 6/22/22 with staff #2 revealed:
- Unaware of medication changes for client #3;
- The owner managed the medications;
- The owner completed the MARs.

Observation and Interview on 6/22/22 and 6/28/22 with staff #3 revealed:
- Searched for indomethacin in the medication cabinet with the overflow of medications;
- Found lisinopril while looking for indomethacin in the medication cabinet with the overflow of

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V 118	Continued From page 3 medications; - Unaware client #3 was ordered to take lisinopril; - Contacted the Qualified Professional(QP) concerning the lisinopril; - Informed by the QP the lisinopril was discontinued; - Unable to find a physician's order discontinuing the lisinopril; - Learned on 6/24/22, client #3's atorvastatin was discontinued on 1/26/22; - Client #3 was ordered to start lisinopril on 1/26/22; - Client #3's indomethacin was switched to colchicine; - Unaware of client #3's medication changes; - The Owner managed the medications; - The Owner completed the MARs. Interview on 6/29/22 with the Owner revealed: - Managed the MARs and medications for the clients; - "I forgot to add the lisinopril to the MAR." - No explanation provided for continuing to administer atorvastatin to client #3; - Client #3 was receiving the lisinopril although it was not on MARs; - When asked how was client #3 receiving the lisinopril, when staff #3 was unaware of the medication when she pulled it out of the bag and it was not in his medication box with the other medications, " I know, I will eat that up." - Understood if medications were not documented then it didn't happen; - "Things were messed up when we had to move out of the other place and move into this home, but we are getting on track now." Interview on 6/30/22 with the Qualified Professional revealed: - Managed the MARs;	V 118		

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V 118	Continued From page 4 - The Owner oversaw MARs "just in case I don't get to them." - Checked MARs every two months; - Informed recently of the medication changes by the Owner" I was supposed to check back with him concerning the medications." - "We were in the process of moving and the medication changes were overseen." Interview on 6/30/22 with client #3's guardian revealed: - Knew client #3 was ordered to take lisinopril, due to blood pressure being high during a doctor visit; - "I felt the doctor did not assess client #3 blood pressure long enough before putting on medication."; - Client #3 was administered lisinopril a "few months ago, when he came home for a visit." - Thought client #3 was only taking lisinopril as a trial basis; - Unaware client #3 was supposed to continue lisinopril; - Unaware client #3's atorvastatin was discontinued; - Felt client #3 should still be taking atorvastatin, due to recently finding out client #3 had a stroke; - Client #3 received an electrocardiography within the last year that revealed client #3 had a history of strokes. Due to failure to accurately document medication administration, it could not be determined if clients received their medication as ordered by the physician. Review on 7/1/22 of the Plan of Protection written by the Owner dated 7/1/22 revealed:	V 118		

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V 118	Continued From page 5 "What immediate action will the facility take to ensure the safety of the consumers in your care? All HANDS LLC OF ROWAN(Licensee) staff went to another medication training administered by the agency's nurse. The cabinet containing disposable medications has been emptied of all expired medications and new medications were updated in the MARs. HANDS LLC OF ROWAN During the monthly supervision, the staff also received in-service training to protect the safety of our clients in regards to disposable medications. Describe your plans to make sure the above happens. After each doctor's appointment, HANDS LLC OF ROWAN will generate a form detailing whether the client's medication has remained the same or a new medication has been prescribed. If a new medication is prescribed, the QP and Nurse will coordinate to ensure that the new medication is included to the electronic MAR. The nurse and QP will also confirm that a discussion was held with the pharmacy. The QP or nurse will communicate with the staff of the group home regarding the new medication update for clients. Staff or the house manager will verify that the new medication is included in the electronic records after the Nurse or QP updates records. Additionally, the staff or house manager will ensure that any discontinued medications are disposed of per the nurse's or QP's instruction." Client #3 was a 33-year-old male diagnosed with Down Syndrome, Mild Intellectual Disability, Obesity and Gout. Client #3 is unable to effectively communicate due to developmental delays, therefore it is difficult for client #3 to communicate when he is not feeling well. Client #3 received an electrocardiography within the last year that revealed client #3 had a history of	V 118		

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V 118	Continued From page 6 strokes. On January 26, 2022 client #3's medications were changed by his primary physician. Client #3 was ordered to start lisinopril 5mg due to his blood pressure being high. The medication was not listed on the MARs. The staff did not know to administer the lisinopril medication. The Qualified Professional misinformed staff #3 by stating the lisinopril was discontinued but in fact it was ordered but not administered for the past 5 months. The primary doctor discontinued atorvastatin 40mg. For 5 months client #3 continued to receive atorvastatin that was discontinued. This deficiency constitutes a Type A1 rule violation for serious neglect which must be corrected within 23 days. An administrative penalty of $ 2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 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.	V 131		

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V 131	Continued From page 7 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 offer of employment affecting 2 of 3 staff (staff #1, staff #2). The findings are: Review on 6/22/22 of staff #1's record revealed: - Date of Hire 2/4/22; - Job Title: Direct Support Staff; - HCPR report was dated on 5/24/22. Review on 6/22/22 of staff #2's record revealed: - Date of Hire 7/8/21; - Job Title: Direct Support Staff; - HCPR report was dated on 7/23/21. Interview on 6/22/22 with the Owner revealed: - "I completed the HCPR checks before hiring staff." - "We were moving from the other home and things were misplaced"	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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	V 133		

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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 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

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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.
(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:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone

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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.
(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:
(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.
(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.
(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 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

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V 133	Continued From page 11 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. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on 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	V 133		

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V 133	Continued From page 12 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.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure criminal background checks were requested five business days prior to an offer of employment and the results documented affecting 3 of 3 staff (staff #1, staff #2, staff #3). The findings are: Review on 6/22/22 of staff #1's record revealed: - Date of Hire 2/4/22; - Job Title: Direct Support Staff; - Criminal background check requested 5/16/22. Review on 6/22/22 of staff #2's record revealed: - Date of Hire 7/8/21; - Job Title: Direct Support Staff; - Criminal background check requested 7/23/21. Review on 6/22/22 of staff #3's record revealed: - Date of Hire 4/20/21; - Job Title: Direct Support Staff; - Criminal background check requested 5/5/21. Interview on 6/22/22 with the Owner revealed: - "It's the same thing as with the other checks, things were misplaced." - "I have been going through the staff files and	V 133		

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V 133	Continued From page 13 updating information."	V 133		
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:	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-204	A. BUILDING: _____ B. WING _____	07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE STREET	4115 PINE STREET SALISBURY, NC 28147

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V 536	Continued From page 14 (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human 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	V 536		

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V 536	Continued From page 15	V 536		

need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an 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);

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V 536	Continued From page 16 (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may 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 staff completed annual refresher training in alternatives for restrictive interventions affecting 1 of 3 staff (staff #3). The findings are: Record review on 6/22/22 of staff #3's record revealed: - Date of hire 4/20/21; - Job Title: Direct Support Staff; - No current training in alternative to restrictive interventions; - Training in Getting It Right expired 4/30/22. Interview on 6/22/22 with staff #3 revealed: - Aware training was expired; - The Owner was in charge of scheduling	V 536		

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V 536	Continued From page 17 trainings. Interview on 6/30/22 with the Qualified Professional(QP) revealed: - Aware staff #3 needed alternatives to restrictive interventions; - QP and Owner scheduled trainings for the staff. Interview on 6/22/22 with the Owner revealed: - Aware staff #3 needed training; - Staff #3 recently returned to work.	V 536		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide clients privacy while bathing, dressing or using toilet facilities affecting 3 of 3 clients(client #1, client #2, client #3). The findings are: Observations on 6/29/22 at approximately 3:53pm revealed: - Bathroom window had no curtains, blinds or any type of window covering. -Window was positioned low on the house and you could see straight through from the outside. Interview on 6/29/22 with the Owner revealed: - "I will get something up today."	V 742		