Division OF HEALTH SERVICE REGULATIONS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	MHL026-978	A. BUILDING: _____ B. WING _____	4/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AGENCY INCOPORATED	1903 BRIDGER STREET EAST FAYETTEVILLE, NC 28301

(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	X5) COMPLETE DATE
V00	INITIAL COMMENTS V 000 An annual survey was completed on April 20, 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 4. The survey sample consisted of audits of 3 current clients. V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan	V000		
V112	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.	V112	Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN Excel Care QP has completed annual Treatment plan with client, reviewed and updated PCP to reflect outcome projected achievement of April 2023. Treatment plan included: Steps to implement goals Signed consent for treatment indicate that client participated in developing plan outcome,	5/4/2022

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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: QP/Director — (X16 DATE: 6/16/2022

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V112	Continued From page 1 V 112 This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure treatment plans were at least reviewed annually, signed written consent and failed to develop and implement goals and strategies to address client needs for three of three audited clients (#1, #2 and #3). The findings are: Finding #1: Review on 04/20/22 of client #1's record revealed: - 69 year old male. - Admission date of 08/27/21. - Diagnoses of Borderline Personality Disorder, Bipolar Disorder, Mood Disorder, Hypertension, Hypothyroidism and Generalized Anxiety. - FL-2 dated 12/09/21 - Incontinent of Bladder. Review on 04/20/22 of client #1's Person Centered-Profile (PCP) dated 04/08/21. - No signed consent for PCP. - No strategies to address client #1's incontinence of bladder. - No annual review completed in April 2022. Finding #2: Review on 04/20/22 of client #2's record revealed: - 65 year old female. - Admission date 08/27/21. - Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder,	V112	Continued From page 1 V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN. QP has reviewed PCP with client and ensured that client fully participated with developing the Person Centered plan. QP and client identified goals focusing on Clients Mental health, needs, interests. QP implemented Strategies and steps which excel care staff will follow in order to support client effectively. Targeted date to complete goals will not exceed 12 months after which goals will be reviewed upon completion All PCP are signed by all responsible parties . Statement of concern or disagreement is also signed by clients and QP copy of all documents are placed in the clients file. And in day to day work book. A support plan for client with special need such as Bladder incontinent has been developed. Client will be reminded every 30 minutes to use the rest room in order to minimize if possible prevent incontinent accidents and improve hygiene.	4/23/2022

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V112	Continued From page 2 V 112 bipolar Disorder, Allergic Rhinitis and Hypertension. Review on 04/20/22 of client #2's PCP dated 04/10/21 revealed: - No annual review completed in April 2022. Finding #3: Review on 04/20/22 of client #3's record revealed: - 60 year old male. - Admission date of 08/27/21. - Diagnoses of Schizophrenia, Gastro esophageal Reflux Disease, Anxiety and Chronic Obstructive Pulmonary Disease. Review on 04/20/22 of client #1's Person Centered-Profile (PCP) dated 04/10/21. - No signed consent for PCP. - No annual review completed in April 2022. Interview on 04/20/22 the Qualified Professional (QP) stated: - She understood the client PCP's need to be reviewed annually and signed by the client or responsible party. - Client #1 was incontinent of bladder at times. - She understood client #1's PCP needed to include strategies to address his incontinence.	V112	Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN. QP has reviewed PCP with client and ensured that client fully participated with developing the Person Centered plan. QP and client identified goals focusing on Clients Mental health, needs, interests. QP implemented Strategies and steps which excel care staff will follow in order to support client effectively. Targeted date to complete goals will not exceed 12 months after which goals will be reviewed upon completion All PCP are signed by all responsible parties . Statement of concern or disagreement is also signed by clients and QP . copy of all documents are placed in the clients file. And in day to day work book.	5/4/2022
V114	V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS A ND 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.	V114	V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS A ND SUPPLIES Excel Care has a written plan . This plan has been made available to staff.	

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V114	Continued From page 3 V 114 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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 04/20/22 of facility records from October 2021 thru March 2022 revealed: - No documented fire or disaster drills for the 4th quarter of 2021. - No disaster drills documented for the 1st quarter of 2022. Interview on 04/20/22 the Qualified Professional (QP) stated: - She and staff #1 worked at the facility. - She was unable to locate the fire and disaster drills for 2021. - She understood fire and disaster drills were required to be completed quarterly and repeated each shift.	V114	V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS A ND SUPPLIES Fire and disaster drill is being conducted by all shifts	Last day completed 6/16/2022
V118	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V118	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION QP ensures that all medications administered are documented. QP reviews medication records weekly to ensure to make sure that there are no over sight of not documenting mediations after they are administered. Medication overview training was completed with emphasis on documenting immediately after administrations of medications.	6/5/2022

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V118	Continued From page 4 V 118 (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: Based on record reviews and interviews, the facility failed to keep the MARs current affecting two of three audited clients (#2 and #3). The findings are: Division.	V118	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION QP ensures that all medications administered are documented. QP reviews medication records weekly to ensure to make sure that there are no over sight of not documenting medications after they are administered Medication overview training was completed to further train staff on medications administration with emphasis on documenting immediately after administrations of medications.	6/5/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE RMHuyn TITLE QP/Director (X16 DATE 10/16/2022

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V118	Continued From page 5 V 118 Finding #1: Review on 04/20/22 of client #2's record revealed: - 65 year old female. - Admission date 08/27/21. - Diagnoses of Generalized Anxiety Disorder, Mood Disorder, Borderline Personality Disorder, Bipolar Disorder, Allergic Rhinitis and Hypertension. Review on 04/20/22 of client #2's signed medication orders revealed: 04/16/22 - Levothyroxine (treats Hypothyroidism) 112 micrograms (mcg) take once daily. 02/01/22 - Ativan (treats Anxiety) 1 milligrams (mg) - take three times daily. 01/03/22 - Metoprolol (treats Hypertension) 25mg - take twice daily. 12/07/21 - Austedo (treats involuntary muscle movements) 1mg - take three times daily. Review on 04/20/22 of client #2's March 2022 and April 2022 MARs revealed: April 2022 - Levothyroxine 100mcg - transcribed as administered 04/17/22 thru 04/19/22. - Austedo - No staff initials to indicate administration from 04/01/22 thru 04/03/22. March 2022 - Ativan - No staff initials to indicate administration on 03/04/22 and 03/05/22 at 2pm. - Metoprolol - No staff initials to indicate	V118	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION QP ensures that all medications administered are documented. QP reviews medication records weekly to ensure to make sure that there are no over sight of not documenting mediations after they are administered. Medication overview training was completed to further train staff on medication administration.	On going 6/5/2022

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V118	Continued From page 6 V 118 administration twice daily on 03/01/22 thru 03/03/22. Interview on 04/20/22 client #2 stated she received her medications daily as ordered. Finding #2: Review on 04/20/22 of client #3's record revealed: - 60 year old male. - Admission date of 08/27/21. - Diagnoses of Schizophrenia, Gastro esophageal Reflux Disease, Anxiety and Chronic Obstructive Pulmonary Disease. Review on 04/20/22 of client #3's signed physician orders dated 12/09/21 revealed: - Alphagan (treats eye pressure) 0.1% - administer one drop in each eye twice daily. Review 04/20/22 of client #3's February 2022, March 2022 and April 2022 MARs revealed the following transcribed entry: - Alphagan 0.1% - administer one drop in each eye once daily. - Staff initials to indicate the Alphagan was administered once daily. Interview on 04/20/22 the Qualified Professional stated: - All clients received their medications as ordered by the physician. - Staff may have forgotten to initial MARs after administering medications. - She would contact the pharmacy to correct the transcribed entries.	V118	QP ensures that all medications administered are documented. QP reviews medication records weekly to ensure to make sure that there are no over sight of not documenting mediations after they are administered. Medication overview training was completed. The pharmacy was contacted in regards to the conflict with eye drop administration and it has been corrected.	On going 6/5/2022 May MAR
V536	V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.	V536	V 536 27E .0107 Client Rights - Training on Alt to Rest. Trainings was completed . Training will be completed annually.	4/26/2022

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V536	Continued From page 7 V 536 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 behavior.	V536	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Staff received Training.. Training will be completed annually. All new employees will be trained before resuming work.	4/26/2022

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V536	Continued From page 8 V 536 (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 instructor training program	V536	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training has been completed and subsequently continue annually.	4/26/2022

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V536	Continued From page 9 V 536 (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 request and review this documentation any time.	V536	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required. All excel care staff will receive their training from a trained and qualified licensed trainer	4/26/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE OP/DMedrow (X16 DATE 6/16/2022

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V536	Continued From page 10 V 536 (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 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of two staff (Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 04/20/22 of the QP's personnel record revealed: - Date of hire: 04/21/21. - National Crisis Interventions Plus (NCI+) training updates in alternatives to restrictive interventions expired effective March 2022. - No current training updates in alternatives to restrictive interventions. Interview on 04/20/22 the QP stated: - She understood all staff were required to have current training updates in alternatives to restrictive interventions. - She would obtain the required training in alternatives to restrictive interventions.	V536	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required. All excel care staff will receive their training from a trained and qualified licensed trainer	4/26/2022

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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 training in preventing, reducing and eliminating the need for restrictive interventions. (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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. V 537 Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.	V 537	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. Upon hire, all new hires shall undergo Non Restrictive training and, continue to annually receive refresher course. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required. All excel care staff will receive their training from a trained and qualified licensed trainer.	4/26/2022

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL CARE AGENCY INCOPORATED	1903 BRIDGER STREET EAST FAYETTEVILLE, NC 28301

(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	X5) COMPLETE DATE
V 537	Continued From page 12 V 537 (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 Qualification 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 intervention.	V 537	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required.	4/26/2022

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V 537	Continued From page 13 V 537 (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. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually.	V 537	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required.	4/26/2022

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V 537	Continued From page 14 V 537 (11) Trainers shall complete a refresher instructor training at least every two years. (k) 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 outcome (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. (l) 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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of two staff (Qualified Professional (QP)) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are: Review on 04/20/22 of the QP's personnel record revealed: - Date of hire: 04/21/21. - National Crisis Interventions Plus (NCI+) training updates in seclusion, physical restraint and isolation time-out expired effective March 2022.	V 537	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS Training was completed. And will continue to receive annual training. Upon hire, all new hires shall undergo Non Restrictive training and, continue to annually receive refresher course. All staff will continue to receive training on the same technique to ensure that the same technique is applied if or when it is required. All excel care staff will receive their training from a trained and qualified licensed trainer.	4/26/2022

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V 537	Continued From page 15 V 537 - No current training updates in seclusion, physical restraint and isolation time-out. Interview on 04/20/22 the QP stated: - She understood all staff were required to have current training updates in seclusion, physical restraint and isolation time-out. - She would obtain the required training in restrictive interventions. 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.	V 537	V 736 27G .0303(c) Facility and Grounds Maintenance.	4/20/2022
V 736	This Rule is not met as evidenced by: V 736 Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 04/20/22 at approximately 8:50am revealed: - 4 mattresses on the fence to the right of the facility. Several pieces of furniture were stored to the right of the facility. Bits of debris were scattered on the ground beside the driveway. - The yard outside had weeds growing beside the facility and vines in the ornamental bushes. - The wall underneath the dining room table had an approximately baseball sized white patched area.	V 736	The facility grounds has been cleaned up, the grass cut and will continue to be maintained by [redacted] company. Mattress used furniture and other debris has be removed from the facility grounds. The wall underneath the dining table has been painted over.	4/20/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X16 DATE 6/16/2022

Division OF HEALTH SERVICE REGULATIONS

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V 736	Continued From page 16 V 736 - The kitchen had a missing drawer. - Client #1 and client #3's bedroom had 5 missing dresser handles. The window sill had a layer of dust on the surface. - Client #2's bedroom window sill had a layer of dust on the surface. - Client #4's bedroom had a damaged wood portion of wall near the bottom. - Client #2 and client #4's bathroom had one light bulb that did not work on the mirror fixture. - The bathroom used by client #1 and client #3 had one of two light bulbs which did not work. - The activity room had one of three light bulbs that worked Interview on the Qualified Professional stated: - She was supposed to have the mattresses thrown away the previous week. - She would follow up on identified items.	V 736	V 736 27G .0303(c) Facility and Grounds Maintenance. Missing Kitchen drawer has been fixed Client #2's Window sills was cleaned up Client #4's bedroom = the wood that was damaged is repaired Client #2 and #4's bathroom bulb has been replaced. Client #1 and #3's bathroom light bulbs has been replaced. The light bulbs in the activity room has been replaced.	5/24/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Raleigh TITLE Dep/Director (X16 DATE 6/16/2022