

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on August 11, 2022. The complaints were substantiated (intake #NC00189535 and intake #NC00190645). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p> <p>(For confidentiality purposes and to protect staff anonymity, some interview dates and staff identifiers have been purposely omitted. All interviews occurred between July 8, 2022 and August 11, 2022.)</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 2 current staff (Group Home Manager #1 (GHM #1)) met the minimum level of education for the position. The findings are:</p> <p>Review on 7/8/22 of GHM #1's record revealed:</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-A hire date of 5/7/22</p> <p>-A job description of paraprofessional which included the requirement of a high school education</p> <p>-No documentation of completion of High School or of obtaining a GED (General Education Diploma)</p> <p>Interview on 7/8/22 with GHM #1 revealed:</p> <p>-Regarding her education, "I attended [local high school], but I never graduated. [Qualified Professional/Licensee/Owner(QP/L/O)] told me to go ahead and start working (at the facility) and work on getting my GED as soon as I can ...I am not enrolled in classes yet, but I can sign up. The classes are from 9am to 12pm."</p> <p>Interview on 7/27/22 with the QP/L/O revealed:</p> <p>-Hired GHM #1 on 5/7/22 and terminated her on 7/19/22</p> <p>-Was aware facility staff were to meet the minimum level of education for the position as stated in her Agency's policy</p> <p>-Was aware GHM #1 had not completed her high school education</p> <p>-"She told me she was taking a GED class online ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)) were currently trained in basic first aid including seizure management, Cardiopulmonary Resuscitation (CPR) and the</p>	V 108		

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V 108	<p>Continued From page 4</p> <p>Heimlich maneuver and failed to ensure 1 of 2 current staff (GHM #2) was trained to meet the mh/dd/sas needs of the clients as specified in the treatment plans, trained in infectious diseases and Bloodborne Pathogens (BBP). The findings are:</p> <p>Review on 7/8/22 of the GHM #1's record revealed: -A hire date of 5/7/22 -A job description of paraprofessional -No evidence GHM #1 had completed training in basic first aid including seizure management, Cardiopulmonary Resuscitation (CPR) and the Heimlich maneuver -A termination date of 7/19/22</p> <p>Review on 7/25/22 of the GHM #2's record revealed: -A hire date of 7/19/22 -A job description of paraprofessional -No evidence GHM #2 had completed training in basic first aid including seizure management, Cardiopulmonary Resuscitation (CPR) and the Heimlich maneuver -No evidence GHM #2 had completed training to meet the mh/dd/sa needs of the clients as specified in the treatment plans -No evidence the GHM #2 had completed training in infectious diseases and BBP</p> <p>Interview on 7/8/22 with GHM #1 revealed: -Worked alone on her shift -Thought her trainings from a previous job were transferred</p> <p>Interview on 7/25/22 with GHM #2 revealed: -Worked alone on her shift -Needed refresher courses (updated trainings) in first aid, CPR, the Heimlich maneuver, BBP and</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>Seizures -"She (the Qualified Professional/Licensee/Owner (QP/L/O) said she'd train me in those."</p> <p>Interview on 7/27/22 with the QP/L/O revealed: -Was aware facility staff were to be trained in first aid, CPR, the Heimlich maneuver, BBP and Seizure management -The GHM #1 was terminated on 7/19/22 -The GHM #1 worked alone on her shift -Thought the required trainings were in GHM #1's record -The GMH #2 worked alone on her shift -The GHM #2 had not been trained due to "the man that does the training has been sick and not working ...I will call him to see if he can come out next week ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including:</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>(1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, 1 of 1 Qualified Professional (Qualified Professional/Licensee/Owner (QP/L/O)) failed to demonstrate the knowledge, skills and abilities through decision-making, communication and clinical skills required by the population served. The findings are:</p> <p>Review on 7/8/22 of the QP/L/O's record revealed: -A hire date of 8/28/18 -A job description for a QP</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>Finding #1 Observation and interview on 7/8/22 at 12:30pm, with Group Home Manager #1 (GHM #1), revealed: -Stopped by the Day Program to drop off lunches for the clients with a young female -Introduced the young female as her daughter -"She has disabilities and stays with me at the facility while the clients are at the day program ... [QP/L/O] knows she is there (at the facility) ...we have an agreement ..."</p> <p>Observations on 7/8/22 at 2:39pm of the inside of the facility revealed: -A young female sitting in the living room on an IPAD (Interactive Personal Application Device) -All 4 of the clients were present</p> <p>Further observations on 7/8/22 at 2:40pm of the staff's bedroom revealed: -Two pieces of luggage -The first piece of luggage was located next to a twin sized bed -The second piece of luggage was located next to the full-sized bed</p> <p>Further observations on 7/8/22 at 2:45pm of the inside of the facility revealed: -The young female was now in the den and danced to music on the television -The GHM #1 redirected the young female to sit down and play on her tablet -All 4 of the clients were present</p> <p>Interview on 7/8/22 with client #1 revealed: -GHM #1 brought her daughter to the facility during the week and brought her grandson to the facility on Saturdays. -"[Daughter's name] spends the night (at the</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>facility). She is dropped off on Fridays and picked up on Wednesdays. Her (GHM #1) grandson also comes over every other weekend and stays. He spends the night and sleeps in her (GHM #1) room. [QP/L/O] knows and is okay with it. She's even been over several times and has seen both of them there. [GHM #1] told us (the clients) they (the GHM #1 and the QP/L/O) had an agreement..."</p> <p>Interview on 7/8/22 with client #4 revealed: -GHM #1 had some of her family members spend the night at the facility -"Her grandbaby spends the night and so does her daughter. She said her daughter was mentally retarded. I think they stay on Thursdays. I know no one is supposed to be there (at the facility). I don't know if [QP/L/O] knows or not ..."</p> <p>Interview on 7/25/22 with the QP/L/O revealed: -She acted in the capacity of a QP, made decisions and was responsible for the overall functioning of the facility. -Terminated the GHM #1 on 7/19/22 -"She was not doing her job ..." -Was aware the GHM #1 had her daughter visit the facility -"As long as the clients weren't there, it's okay. I can't stop her from having visitors ..." -Was not aware the GHM #1 had her daughter and grandson spend the night at the facility on her shifts.</p> <p>Finding #2 Interview on 7/25/22 with client #2 revealed: -The QP/L/O told her "she would leave a mark on my face." -"Then she told me 'If you were my child, I would put a mark on your face.'" -The QP/L/O got into her face</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>-"She got really close to me and said she wanted to hit me and then said I wasn't worth her license ...she told me she would slap my face and leave marks on me. That way I would know better than to talk to the State (surveyor) ...she told me this at the day program ..."</p> <p>Interview with staff revealed "the clients should be treated like human beings. One of the clients stated she was intelligent, and [QP/L/O] told her she was not."</p> <p>Interview with staff revealed "[QP/L/O] said in front of me as she was talking to [client #2], 'I wish I could hit you so that the scars remained. This would remind you, every day, not to talk (to the state) ..."</p> <p>Interview on 7/28/22 with the QP/L/O revealed: -Denied making any threatening statements to the clients</p> <p>Finding #3 Refer to Tag V107 for evidence The QP/L/O was aware of education requirements and hired a paraprofessional that did not meet the minimum level of education for the position</p> <p>Finding #4 Refer to V108 for evidence that the QP/L/O was aware of the required trainings for First Aid, Cardiopulmonary Resuscitation, Bloodborne Pathogens, Seizure Management and the Heimlich maneuver, was aware staff worked alone at the facility and failed to have staff trained.</p> <p>Finding #5 Refer to V112 for evidence the QP/L/O had developed the clients' treatment plans and failed</p>	V 109		

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V 109	<p>Continued From page 10</p> <p>to ensure goals and strategies in the clients' treatment plans were implemented.</p> <p>Finding #6 Refer to V113 for evidence the QP/L/O was aware documentation was to show the clients' progress towards outcomes and failed to ensure progress towards outcomes as stated in the clients' treatment plans were documented.</p> <p>Finding #7 Refer to V115 for evidence the QP/L/O was aware meals were to be nutritious and failed to ensure food was not expired.</p> <p>Finding #8 Refer to V117 for evidence the QP/L/O was aware prescription medications were in a tamper resistant package that will minimize the risk of accidental ingestion and failed to ensure prescription medications had a label with the client's name, the prescriber's name, the current dispensing date, the name, strength, quantity and expiration date and the name, address and phone number of the pharmacy or dispensing location and the name of the dispensing Practitioner.</p> <p>Finding #9 Refer to V118 for evidence the QP/L/O was aware medications were to be were recorded immediately and failed to ensure facility staff documented on the MAR (Medication Administration Record)s after administering medications.</p> <p>Finding #10 Refer to V120 for evidence the QP/L/O was aware medications were to be stored securely and failed to ensure facility staff stored the medications securely</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>Finding #11 Refer to V131 for evidence the QP/L/O was aware of the Health Care Personnel Registry (HCPR) check requirements and failed to ensure the HCPR checks were requested prior to hire for staff.</p> <p>Finding #12 Refer to V133 for evidence the QP/L/O was aware of the criminal record check requirements and failed to ensure the criminal record checks were requested prior to the conditional offer of employment.</p> <p>Finding #13 Refer to V291 for evidence the QP/L/O was aware the facility was to provide activities and failed to provide activities as stated in the clients' treatment plans.</p> <p>Finding #14 Refer to V536 for evidence the QP/L/O was aware of the required training in alternatives to restrictive interventions and failed to ensure facility staff were trained.</p> <p>Finding #15 Refer to V537 for evidence the facility used seclusion, isolation and timeout and the QP/L/O failed to ensure staff were trained.</p> <p>Finding #16 Refer to V540 for evidence the QP/L/O was aware of the clients' right to humane care in the provision of grooming care and failed to provide toilet paper to the clients.</p> <p>Finding #17 Refer to V542 for evidence the QP/L/O was to</p>	V 109		

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V 109	Continued From page 12 regulate the receipts and distributions of clients' personal fund accounts and failed to provide documentation. Finding #18 Refer to Tag V736 for evidence the QP/L/O was aware of environmental and physical plant issues within the facility and failed to correct them. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
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	V 112		

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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 112	<p>Continued From page 13</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility staff failed to implement strategies in the treatment/habilitation plan to address the needs of 4 of 4 current clients (#1, #2, #3 and #4). The findings are:</p> <p>Review on 7/8/22 of client #1's record revealed: -An admission date of 5/26/2009 -Diagnoses of Moderate Mental Retardation, Down Syndrome, Major Depressive Disorder, Bipolar Affective Disorder and GERD (Gastroesophageal Reflux Disease) -An assessment dated 5/26/2009 noted "needs assistance with independent living skills, relationship skills, has never had unsupervised time, was previously diagnosed with Major Depressive Disorder, Mild Mental Retardation and Down's Syndrome, reoccurring depression which is complicated by her grandfather passing away, has been in group home placements for several years, but was unable to give an accurate estimate of time, needs medication management, outpatient therapy, has delays in language, motor development, and a history of impaired social interactions, has many deficits in activities of daily living, needs help with cooking, thinking independently, managing her money, arranging transportation and taking her medications, a PSR (Psychosocial Rehabilitation) program is</p>	V 112		

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V 112	<p>Continued From page 14</p> <p>recommended to help her with developing independent living skills and to learn to manage her psychological disorders, would benefit from nutritional counseling to help her with her goal of weight loss, needs to develop appropriate boundaries, does not like others invading her personal space, needs therapy in dealing with issues of grief and loss and her chronic depression, wants to get a job, live on her own, have a better relationship with family and friends, get her CNA (Certified Nursing Assistant) license, go places on her own and manage her own money instead of having to ask for it."</p> <p>-A treatment plan dated 9/9/21 noted "will increase her knowledge about symptoms, treatment, coping strategies and medications, will become oriented to the PSR, identify her strengths and goals and participate in rehabilitative treatment plan by becoming familiar with person centered planning and process and identifying at least one of my own life goals, will maintain residence, follow group home rules and participate in my recovery process to promote independence and demonstrate to others my ability to do things for myself by no reports of conflict with facility staff and clients, keeping my room clean, making my own meal at least 2 times per week and maintaining her residence for 12 months or until securing appropriate living situation, will improve my personal safety within the community by participating in a risk issues assessment, following the recommendations per treatment plan and actively participating in group activities at the PSR program."</p> <p>-No documentation to show that any goals or strategies were implemented by staff</p> <p>Review on 7/8/22 of client #2's record revealed: -An admission date of 11/13/2020 -Diagnoses of Mild Intellectual Disability, Major</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>Depressive Disorder, Schizoaffective Disorder, Schizophrenia, Fetal Alcohol Syndrome, Hypertension, Obesity and Genital Herpes. -An assessment dated 11/13/20 noted "will be discharged from a [state psychiatric hospital] and looking for group home, currently stable on her medications, history of suicidal and homicidal ideation, has auditory and visual hallucinations, mom committed suicide, has a strong family support, raised by her aunt and uncle (calls them mom and dad), wants to get her GED (General Education Diploma), live independently, wants to get a car and a job, needs vocational skills and training, worked for two months at [a restaurant], history of prior residential placements, needs residential placement, medication management and to attend a PSR, requires visual supervision throughout waking hours and is to be monitored every 30 minutes, cannot be left alone around males, will have sex with anyone (whether female or male), had sexual interactions with male clients and male staff at her previous placement, is able to communicate her needs, has good self-help skills, history of self-injurious behaviors, made threats to kill babies and parents, needs assistance with household tasks, cooking, shopping and needs life skills, needs to reduce hallucinations and reduce suicidal behaviors and needs to learn boundaries." -A treatment plan dated 11/12/21 noted "will learn to make simple nutritious meals 3 days per week for 3 months, will comply with the rules of her group home and attend all scheduled appointments, will clean her room and make up her bed daily with no more than 2 verbal prompts, will learn how to use the washing machine correctly, will maintain good hygiene by taking a shower or bath and brushing her teeth and her hair daily before going out in the community, needs to reduce hallucinations and reduce</p>	V 112		

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V 112	<p>Continued From page 16</p> <p>suicidal behaviors and needs to learn boundaries, will reduce instances of impulsive negative behaviors that include hospitalizations from multiple times per week with no more than 2 episodes in a 7-day week, will improve her ability to manage and regulate responses to negative emotions by a reduction in aggression and anger from 2 to 3 times per week to no more than 1 to 2 times per month, will reduce the frequency of antisocial behaviors by a reduction of reported problematic behaviors with her peers of no more than 2 reports, will identify her strengths and goals and participate in her PSR program becoming familiar with her personal centered planning and process and identifying at least one of her life goals, will improve her personal safety within the community by participating in a risk issues assessment, following the recommendations per treatment plan and actively participating in group activities, will learn about the transitioning and discharge processes to other more appropriate levels of care based on goal achievement set forth in the Person Centered Plan (PCP), learn about the mental health system and services and will increase her knowledge about symptoms, treatment, coping strategies and medications."</p> <p>-No documentation to show that any goals or strategies were implemented by staff</p> <p>Review on 7/8/22 of client #3's record revealed: -An admission date of 7/24/2018 -Diagnoses of Mild Intellectual Disability, Schizoaffective Disorder, Seizure Disorder and Post-Traumatic Stress Disorder -An assessment dated 7/24/18 noted "has a seizure disorder, has a regular diet, requires visual supervision throughout waking hours, her family and friends are important to her, it is important that she remains healthy and on her</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>medications to remain stable, must have cigarettes at all times to keep her nerves calm, needs services and supports to assist her with managing impulsive behaviors, have a stable environment with structure, needs to improve her interpersonal interactions with others, finances and having her own money are important to her, she likes to purchase her own things and go shopping, sleeps well and is able to communicate her wants and needs, needs support with structure and intensive supervision, need to decrease her maladaptive behaviors, needs to learn to budget her money, wants to have her own place one day, history of running away, capable of inflicting self-injury, has had multiple hospitalizations due to suicidal ideations and makes threats of suicide."</p> <p>-A treatment plan dated 7/21/22 noted "will learn to make simple nutritious meals 3 days a week, will comply with the rules of the group home and attend all scheduled appointments, will clean her room and make her bed daily with no more than 2 verbal prompts, will maintain good hygiene by taking a shower or bath and brushing her teeth and her hair daily before going out in the community with no more than 3 verbal prompts, will reduce instances of impulsive negative behaviors that include hospitalizations from multiple times per week to no more than 2 episodes in a 7 day week for the next 12 months, will attend the PSR program Monday through Friday, will receive individual DBT (Dialectical Behavior Therapy) as an evidenced based treatment that helps individuals who are biologically and environmentally predisposed to emotional vulnerability therapy, will increase her job skills through search programs and by learning how to participate in interviews for successful job placement for the next 12 months, will improve her ability to manage and regulate</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>responses to negative emotions by a reduction in aggression and anger from 2 to 3 times a week to no more than 1 to 2 times per month, and will reduce the frequency of anti-social behaviors by a reduction of reported problematic behaviors with her peers of no more than 2 reports." -No documentation to show that any goals or strategies were implemented by staff</p> <p>Review on 7/8/22 of client #4's record revealed: -An admission date of 12/26/11 -Diagnoses of Mental Retardation, Schizophrenia, Undifferentiated, Hypertension and GERD -An assessment dated 12/26/11 "has no family, wears corrective lenses, eats a regular diet, sleeps throughout the night, needs to work on communication skills, no behavioral issues identified, needs medication management, it is important that she shops for her own supplies including personal hygiene and snacks she enjoys, does not like to socialize and considers herself a 'loner', is a hoarder, wants to volunteer or work, and needs to be able to manage her own money, has a history of auditory hallucinations, lacks appropriate social skills and a lack of reality, has a history of inpatient psychiatric hospitalizations, is currently attending the PSR day program, enjoys cleaning, needs assistance with independent living skills and assistance with relationship skills, it is important that she have a routine to follow activities to keep her occupied and needs to continue to increase her knowledge of mental health services." -A treatment plan dated 10/1/21 noted "will improve her personal safety in all settings and reduce social anxieties by identifying any social activities that would be helpful and engage in those activities over the next 6 months, will learn more about other mental health and healthy living programs through the transitioning process from</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>the PSR by participating in wellness recovery workshops at least once weekly and identifying mental health treatment options available to assist in continued goals over the next 6 months, will demonstrate the ability to use learned coping skills by showing a reduction in anger outbursts from 3 to 4 times weekly with no more than 2 times weekly over the next 3 months and will increase employability and the ability to perform different tasks by participating in life skills for vocational success workshops at least once weekly and identifying, applying for and engaging in at least 1 volunteer opportunity over the next 6 months."</p> <p>-No documentation to show that any goals or strategies were implemented by staff</p> <p>Interviews on 7/8/22 with client #1, #2, #3 and #4 revealed: -Were aware of their treatment goals -No staff had worked on their treatment plan goals with them</p> <p>Interview on 7/8/22 with Group Home Manager #1 (GHM #1) revealed: -Had not been trained on the clients' treatment plans -Then stated "Oh those. [Qualified Professional/Licensee/Owner (QP/L/O)] talked about them ...but I don't run their goals ...I just clean and cook the meals..."</p> <p>Interview on 7/25/22 with the Group Home Manager #2 (GHM #2) revealed: -Had not been trained on the clients' treatment plans including goals and strategies -"I know some of the clients' diagnoses, but I don't know their full story ..." -Had not run goals from the clients' treatment plans</p>	V 112		

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V 112	<p>Continued From page 20</p> <p>Interview on 7/27/22 with the QP/L/O revealed: -Was responsible for going over the clients' treatment plans with the facility staff which included their goals and strategies -Had trained GHM #1 on the clients' treatment plans -"I let her go because she was not doing what she needed to do ...she should have been running their goals ..." -Had trained GHM #2 on the clients' treatment plans</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</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, 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</p>	V 113		

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V 113	<p>Continued From page 21</p> <p>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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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 record reviews and interviews, the facility staff failed to document the services provided and progress towards desired outcomes for 4 of 4 clients (#1, #2, #3 and #4). The findings are:</p> <p>Refer to V112 for treatment plan information including all goals and strategies for each client.</p> <p>Reviews on 7/8/22 of client #1, #2, #3 and #4's records revealed:</p>	V 113		

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V 113	<p>Continued From page 22</p> <p>-No documentation of the services provided and progress toward desired outcomes</p> <p>Interview on 7/8/22 with Group Home Manager #1 (GHM #1) revealed: -Had not documented any progress towards outcomes in the clients' treatment plans</p> <p>Interview on 7/25/22 with Group Home Manager #2 (GHM #2) revealed: -Had not documented any progress towards outcomes in the clients' treatment plans</p> <p>Interview on 7/27/22 with the Qualified Professional/Licensee/Owner (QP/L/O) revealed: -"I had to let [GHM #1] go because she was not doing her job ..." -Was not aware the GHM #2 had not documented the services provided or the clients' outcomes as identified in the treatment plans -"I went over that with her and told her she needed to be documenting so when the State comes out, they will see it (documentation) ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 113		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p>	V 115		

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V 115	<p>Continued From page 23</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure meals were nutritious for 4 of 4 clients (#1, #2, #3 and #4). The findings are:</p> <p>Observations on 7/8/22 at 3:52pm of the facility's food revealed: -The refrigerator had several plastic bags of unidentified items with a green like substance inside, an unsealed box of 3 donuts, loaves of bread with a green like substance inside the plastic, 3 bags of celery hearts with watery juice in the packages, and 2 packages of bologna -In the pantry were cans of vegetables with the expiration dates of 1/7/22 and 3/11/22 and boxes</p>	V 115		

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V 115	<p>Continued From page 24</p> <p>of spaghetti noodles with the expiration dates of 7/21/21</p> <p>-In the stand-up freezer, there were 3 packages of bread covered in a green like substance and had expiration dates of 6/2/22</p> <p>Observation on 7/25/22 at 3:45pm of the facility's refrigerator revealed:</p> <p>-A package of raw chicken with torn plastic which exposed the chicken</p> <p>-The expiration date was 5/2/21</p> <p>-The refrigerator contained ¼ gallon of milk left, bologna and hotdogs and an empty orange juice container</p> <p>Interview on 7/8/22 with client #1 revealed:</p> <p>-"[Group Home Manager #1 (GHM #1)] buys groceries out of her own money ...I don't know why [Qualified Professional/Licensee/Owner (QP/L/O)] won't buy groceries ..."</p> <p>-Was tired of eating bologna and hotdogs all the time</p> <p>-There was expired food in the facility</p> <p>-"All she (the QP/L/O) has to do is look to see when the food expired ...even I know that ..."</p> <p>-Wanted more fresh fruits to eat</p> <p>Interview on 7/8/22 with client #2 revealed:</p> <p>-The QP/L/O will bring food from the pantry at the day program to the facility for the clients to eat</p> <p>-"The food she has there in the fridge is expired. [GHM #1] has to buy groceries with her own money. That's what I seen her do. I went with her. I am not sure why she has to use her own money. [QP/L/O] is the one that should buy us food. That's what she gets paid to do. If she can't get free food, she gets mad. We have gone to [a local grocery store] for donations and then to her (the QP/L/O's) church to get food. Oh, and we have had to go to the soup kitchen too ..."</p>	V 115		

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V 115	<p>Continued From page 25</p> <p>-Sometimes food like bologna and hot dogs were dropped off at the facility -"We get tired of eating that. We did actually have chips the other day, but that was only because we were having a cookout ..."</p> <p>Interview on 7/8/22 with client #3 revealed: -The groceries for the facility were bought by GHM #1 -"[QP/L/O] barely buys any grocery for the house. She is always buying hotdogs and bologna. I want to eat different foods. Ones that are healthy. [GHM #1] gets our lunches from the soup kitchen because that is what [QP/L/O] told her to do ...and it all depends on if she wants to cook or not ..."</p> <p>Interview on 7/8/22 with client #4 revealed: -There was not a lot of food at the facility -"[GHM #1] gets our food free from the church and the soup kitchen. Sometimes we get donations of donuts ...there's a lot of expired foods in the house ..."</p> <p>Observation and interview on 7/8/22 with the GHM #1 revealed: -"I go to her (QP/L/O) church and pick lunches up. Sometimes I will pick up extra covered plates, so clients have something healthy to eat for dinner and other times I cook food that I had purchased" -Had been buying groceries for the clients at the facility since her first day of work -"I don't have receipts but since I have been here, I have spent \$260 (of her own money) on groceries. [QP/L/O] has never reimbursed me for the groceries. Sometimes she will drop food off, but it comes from the pantry at the day program. A lot of the food she brings is expired. I buy groceries so the clients don't have to eat expired</p>	V 115		

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V 115	<p>Continued From page 26</p> <p>food and they like to eat different things. Not the same food all the time ..."</p> <p>-When she worked on her assigned weekends, she travelled to the QP/L/O's church to get food for the clients</p> <p>-"[QP/L/O] told me to go to her church because they give out free trays of food ...she rarely goes to the grocery store ...you may need to talk to her about that ...you need to sit down and tell her what she needs to do, and that she should not be doing things the cheap way ...the clients' food doesn't need to come from the church and the food pantry. That food is for others (less fortunate) that don't have it...she does not give me money and I have asked her for money for the groceries..."</p> <p>-The QP/L/O will drop by with bologna and hotdogs for the clients</p> <p>-"But not every day. She might also drop off some bread. We have a lot of canned food. Since I have been there (the facility) I have used the food I bought because the other stuff has expired. The clients would look at the dates and say it was expired. They do not eat that (the expired food) ..."</p> <p>-Observed the loaves of bread with a green like substance and stated "ewwww...yuck..."</p> <p>Observation and interview on 7/25/22 with the GHM #2 revealed:</p> <p>-Stated the QP/L/O had dropped off canned goods over the weekend (7/23/22).</p> <p>-"We are running low on milk and meats. I have been able to cook honey crusted chicken. There's a lot of bologna and hotdogs in the fridge, but the clients need healthy food."</p> <p>-When GHM #2 saw the bag of raw chicken in the refrigerator, she stated "that's gross."</p> <p>Interview with staff revealed the facility had issues</p>	V 115		

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V 115	<p>Continued From page 27</p> <p>with expired food. The facility's food for the group home was being bought by the staff and they are not getting reimbursed for food by the QP/L/O. The group home staff was going to a church and getting meals for the clients. "A local grocery store puts aside food that is expiring and box it up for [QP/L/O] to take to the facility."</p> <p>Interview with staff revealed GHM #1 would bring food from a church to the facility so the clients would have food to eat. The day program had a food pantry, "but the majority of the canned goods have expired ...if there is not food at the facility, [QP/L/O] will get mad and fuss ..." A local grocery store gave the facility donations of food like produce, pastries and donuts, every Thursday, so the clients can have breakfast ..." Staff further stated the QP/L/O would not buy enough groceries for the facility. The clients would complain the chicken patties were thin ...with [QP/L/O] it is all about the money. A way for her to save money. If they (the clients) need anything, she will go to the cheapest place she can find to get things ..."</p> <p>Interview on 7/27/22 with the QP/L/O revealed: -The clients were not taken care of the way they should have been (by the GHM #1) -"She should have been cooking food for the clients. There is plenty of meats in the freezer." -"If there is expired foods, [GHM #1] should have thrown it away. I stopped by one time (at the facility) and saw food was expired and I threw it away ..." -When the clients went on outings at the day program, "they will get fresh vegetables to eat and take them to the facility ..." -Was at the facility over the weekend (7/23/22) and did not see any expired foods -"I tell my staff, once you bring meat out of the</p>	V 115		

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V 115	<p>Continued From page 28</p> <p>freezer to cook, you cannot put it back in the freezer. You must cook it. I was out of town (for several days) and that must have been when [GHM #1] didn't throw away expired foods ... [GHM #1] was just lazy ..."</p> <p>-Her church knew she ran a group home -"They give us food. The first and third Saturdays of every month we get food from them. The staff takes the van and has it filled with food. I don't think there's anything wrong with it. At my church anyone can get food. There are a lot of group homes that do this. The church asks me what we need for the group home as far as food...staff put the meat in the freezer. Whoever said there was expired food in the facility is lying..."</p> <p>-Had bought bologna and hotdogs for the clients -"I don't see why they complain about that (food) to you ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 115		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of</p>	V 117		

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V 117	<p>Continued From page 29</p> <p>unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure prescription drugs were dispensed in a tamper resistant packaging that will minimize the risk of accidental ingestion and failed to ensure prescription medications had the required labeling information for 1 of 4 current clients (#1). The findings are:</p> <p>Observation on 7/8/22 at 4:20pm, of a small plastic container revealed:</p> <p>-It was located on top of the microwave in the kitchen</p> <p>-The container had no client's name, no prescriber's name, no current dispensing date, no strength, no quantity and no expiration date on the container, and no name, address and phone number of the pharmacy or dispensing location and the name of the dispensing Practitioner</p>	V 117		

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V 117	<p>Continued From page 30</p> <p>-At the bottom of the container was a white pill -The pill was not in a tamper resistant package</p> <p>Review on 7/8/22 of client #1's record revealed: -A physician's order dated 7/1/22 for Abilify (Schizophrenia, Bipolar I Disorder and Major Depressive Disorder) 10 milligrams (mg), one pill by mouth at bedtime</p> <p>Interview on 7/8/22 with client #1 revealed: -Identified the pill in the container as her Abilify -Was not sure why a container with her Abilify was on top of the microwave -"I guess she (Group Home Manager #1 (GHM #1)) forgot to give it to me ..."</p> <p>Interview on 7/8/22 with GHM #1 revealed: -Had placed client #1's medications from the bubble packs into the container prior to administering medications -Had no recollection of placing client #1's container on the microwave "I just don't remember doing that ..."</p> <p>Interview on 7/27/22 with the Qualified Professional/Licensee/Owner revealed: -Was responsible for ensuring staff had the required training on medication requirements -"After you found the pill (on 7/8/22) in the container, [GHM #1] called to tell me you had found it." -Had not retrained GHM #1 on medication requirements</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 117		

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V 118	Continued From page 31	V 118		
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, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(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;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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:</p>	V 118		

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V 118	<p>Continued From page 32</p> <p>Based on records review and interviews, the facility staff failed to ensure the MAR was current for 1 of 4 current clients (#1). The findings are:</p> <p>Review on 7/8/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Physician's orders dated 7/1/22 for the following medications: -Aripiprazole (Bipolar or Schizophrenia) 10 milligrams (mg), one pill by mouth at bedtime (1 po qhs); -Citalopram (depression) 40mg, 1 po qhs; -Clonazepam (seizures and panic disorders) 0.5mg 1 po qhs; -Gabapentin (nerve pain and seizures) 300mg, 1 po qhs; -Trazodone (depression) 50mg, 1 po qhs; -BENZTROPINE (improve muscle movement) 1mg, one pill by mouth twice a day (1 po bid); -Oxybutynin (overactive bladder) 5mg, 1 po bid <p>Review on 7/8/22, at 10:44am, of client #1's July MAR revealed:</p> <ul style="list-style-type: none"> -At 10:44am, the evening medications were documented as being administered that morning. <p>Interview on 7/8/22 with client #1 revealed:</p> <ul style="list-style-type: none"> -Group Home Manager #1 (GHM #1) had administered her medications this morning -Had not taken her evening medications yet <p>Interview on 7/8/22 with GHM #1 revealed:</p> <ul style="list-style-type: none"> -Had been trained in medication administration -Had administered client #1 her morning medications -After looking at client #1's MARs with the surveyor, "I didn't realize I had documented I gave [client #1] her evening medications already. I guess I made a mistake ..." <p>Interview on 7/27/22 with the Qualified</p>	V 118		

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V 118	<p>Continued From page 33</p> <p>Professional/Licensee/Owner revealed: -Was responsible for ensuring all facility staff had training in medication administration. -Was not aware the GHM #1 had documented evening medications as already administered to client #2 on 7/8/22 -Did not retrain GHM #1 on medication administration.</p> <p>This deficiency constitutes a re-cited deficiency</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120		

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V 120	<p>Continued From page 34</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all medications were stored in a securely locked cabinet for 1 of 4 current clients (#1). The findings are:</p> <p>Observation on 7/8/22 at 4:20pm, of a small plastic container revealed: -Was located on top of the microwave in the kitchen -At the bottom of the container was a white pill -The pill was not in a tamper resistant package</p> <p>Review on 7/8/22 of client #1's record revealed: -A Physician's order dated 7/1/22 for Abilify (schizophrenia, bipolar and major depression disorders) 10 milligrams (mg) , one pill by mouth at bedtime (1 po qhs)</p> <p>Interview on 7/8/22 with client #1 revealed: -Identified the pill in the container as her Abilify -Was not sure why a container with her Abilify was on top of the microwave</p> <p>Interview on 7/8/22 with Group Home Manager #1 (GHM #1) revealed: -Prescription medications were stored in the locked medication closet -Had placed client #1's medications from the bubble packs into the container prior to administering medications -"I guess I did not see that pill in the container ..."</p> <p>Interview on 7/27/22 with the Qualified</p>	V 120		

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V 120	<p>Continued From page 35</p> <p>Professional/Licensee/Owner revealed: -Was responsible for ensuring staff had the required training on medication requirements including securely storing medications -"After you found the pill (on 7/8/22) in the container, [GHM #1] called to tell me you had found it." -Had discussed the importance of keeping medications locked in the cabinet</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the health care personnel registry (HCPR) was accessed before hiring affecting 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)). The findings are:</p>	V 131		

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V 131	<p>Continued From page 36</p> <p>Review on 7/8/22 of GHM #1's record revealed: -A hire date of 5/7/22 -A job description of paraprofessional -The HCPR was accessed on 7/12/22</p> <p>Review on 7/25/22 of GHM #2's record revealed: -A hire date of 7/19/22 -A job description of paraprofessional -No documentation the HCPR was accessed</p> <p>Interview on 7/27/22 with the Qualified Professional/Licensee/Owner (QP/L/O) revealed: -GHM #1 was terminated on 7/19/22 -Was responsible for accessing the HCPR for all facility staff -Was aware the HCPR was to be accessed prior to hiring any facility staff -Would ensure in the future the HCPR was accessed prior to hiring facility staff</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>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</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 133	<p>Continued From page 37</p> <p>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 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</p>	V 133		

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V 133	<p>Continued From page 38</p> <p>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"> (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 	V 133		

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V 133	<p>Continued From page 39</p> <p>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 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</p>	V 133		

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V 133	<p>Continued From page 40</p> <p>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 an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(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:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for</p>	V 133		

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V 133	<p>Continued From page 41</p> <p>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 interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)). The findings are:</p> <p>Review on 7/8/22 of GHM #1's record revealed: -A hire date of 5/7/22 -A job description of paraprofessional -No documentation of a criminal history background check</p> <p>Review on 7/25/22 of GHM #2's record revealed: -A hire date of 7/19/22 -A job description of paraprofessional -No documentation of a criminal history background check</p> <p>Interview on 7/27/22 with the Qualified Professional/Licensee/Owner (QP/L/O) revealed: -GHM #1 was terminated on 7/19/22 -Was responsible for conducting criminal history</p>	V 133		

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V 133	Continued From page 42 background checks -Was aware the criminal record checks were to be requested within 5 days of making the conditional offer of employment -Would ensure in the future, criminal record checks were requested within 5 days of making the conditional offer of employment This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 133		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have	V 291		

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V 291	<p>Continued From page 43</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to provide activity opportunities that were designed to foster community inclusion for 4 of 4 current clients (#1, #2, #3 and #4). The findings are:</p> <p>Review on 7/8/22 of client #1's record revealed: -An admission date of 5/26/2009 -Diagnoses of Moderate Mental Retardation, Down Syndrome, Major Depressive Disorder, Bipolar Affective Disorder and GERD (Gastroesophageal Reflux Disease)</p> <p>Review on 7/8/22 of client #2's record revealed: -An admission date of 11/13/2020 -Diagnoses of Mild Intellectual Disability, Major Depressive Disorder, Schizoaffective Disorder, Schizophrenia, Fetal Alcohol Syndrome, Hypertension, Obesity and Genital Herpes.</p> <p>Review on 7/8/22 of client #3's record revealed: -An admission date of 7/24/2018 -Diagnoses of Mild Intellectual Disability, Schizoaffective Disorder, Seizure Disorder and Post-Traumatic Stress Disorder</p> <p>Review on 7/8/22 of client #4's record revealed: -An admission date of 12/26/11 -Diagnoses of Mental Retardation, Schizophrenia, Undifferentiated, Hypertension and GERD</p>	V 291		

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V 291	<p>Continued From page 44</p> <p>Interview on 7/8/22 with client #1 revealed: -Wanted to participate in more community activities -"The only places we get to go is the park and the grocery store. That's all we ever do. I'd like to go other places on the weekends. All we do is hang out at home. I have a new camera and I'd like to go places to take pictures ...I need to get out more (in the community) ...or maybe go to the 'Y (Young Women/Men's Christian Association)' or out to eat for breakfast ..."</p> <p>Interview on 7/8/22 with client #2 revealed: -Weekends at the facility were boring -"We never go out (in the community) ..."</p> <p>Interview on 7/8/22 with client #3 revealed: -The clients only participated in outings while at the Day Program -"We don't go nowhere when we are at the group home. I would like to bowl, go to the movies. I get tired of just sitting there ..."</p> <p>Interview on 7/8/22 with client #4 revealed: -Had not participated in any outings at the facility -"Sometimes [client #1] goes to visit her family. The rest of us just stay here."</p> <p>Interview with staff revealed the first time in several months the clients at the facility had gone on an outing was while the Qualified Professional/Licensee/Owner (QP/L/O) was out of town. "The clients went to a local park. Some of the clients wanted to go to the library to check out books and another client wanted to study for her GED (General Education Diploma) by checking out books ..."</p> <p>Interview on 7/27/22 with the QP/L/O revealed: -Was aware the clients were to participate in</p>	V 291		

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V 291	<p>Continued From page 45</p> <p>activities separate from the day program -Clients #1, #2, #3 and #4 had no restrictions for participating in activities -"They go on outings in the community at the Day Program. They are tired on the weekends ..." -The facility did not have an activity calendar for the clients -"I don't have an activity calendar, but on the weekends, I will pick them (the clients) up and take them downtown. But that's not every weekend. We just had a cookout earlier this month ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of</p>	V 512		

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V 512	<p>Continued From page 46</p> <p>intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, 1 of 1 Qualified Professional (the Qualified Professional/Licensee/Owner (QP/L/O)) neglected 4 of 4 current clients (#1, #2, #3 and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record review and interviews, the facility failed to ensure 1 of 2 current staff (Group Home Manager #1 (GHM #1)) met the minimum level of education for the position.</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record reviews and interviews, the facility failed to ensure 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)) were currently trained in basic first aid including seizure management, Cardiopulmonary Resuscitation (CPR) and the Heimlich maneuver and failed to ensure 1 of 2 current staff (GHM #2) was trained to meet the mh/dd/sas needs of the clients as specified in the treatment plans, trained in infectious diseases and Bloodborne Pathogens (BBP).</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on observations, record review and interviews, 1 of 1</p>	V 512		

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V 512	<p>Continued From page 47</p> <p>Qualified Professional (Qualified Professional/Licensee/Owner (QP/L/O)) failed to demonstrate the knowledge, skills and abilities through decision-making, communication and clinical skills required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on records review and interviews, the facility staff failed to implement strategies in the treatment/habilitation plan to address the needs of 4 of 4 current clients (#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27G .0206 Client Records (V113). Based on record reviews and interviews, the facility staff failed to document the services provided and progress towards desired outcomes for 4 of 4 clients (#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27G .0208 Client Services (V115). Based on observations, records review and interviews, the facility failed to ensure meals were nutritious for 4 of 4 clients (#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V117). Based on observations, records review and interviews, the facility failed to ensure prescription drugs were dispensed in a tamper resistant packaging that will minimize the risk of accidental ingestion and failed to ensure prescription medications had the required labeling information for 1 of 4 current clients (#1).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118). Based on records review and interviews, the facility staff failed to ensure the Medication Administration</p>	V 512		

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V 512	<p>Continued From page 48</p> <p>Record (MAR) was current for 1 of 4 current clients (#1).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V120). Based on observation, record review and interviews, the facility failed to ensure all medications were stored in a securely locked cabinet for 1 of 4 current clients (#1).</p> <p>Cross Reference: G.S. 131E-256 Health Care Personnel Registry HCPR - Prior Employment Verification (V131). Based on record review and interviews, the facility failed to ensure the health care personnel registry (HCPR) was accessed before hiring affecting 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)).</p> <p>Cross Reference: G. S. 122C-80 Criminal History Record Check (V133). Based on record review and interviews, the facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 2 of 2 current staff (Group Home Manager #1 (GHM #1) and Group Home Manager #2 (GHM #2)).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on interviews, the facility failed to provide activity opportunities that were designed to foster community inclusion for 4 of 4 current clients (#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record review and interviews, the facility failed to ensure 1 of 2 current staff (Group Home Manager #2 (GHM #2)) had initial training on alternatives to restrictive interventions.</p>	V 512		

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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 512	<p>Continued From page 49</p> <p>Cross Reference: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on record review and interviews the facility failed to ensure 1 of 2 current staff (Group Home Manager #2 (GHM #2)) had initial training in Seclusion, Physical Restraint and Isolation Time-Out.</p> <p>Cross Reference: 10A NCAC 27F .0103 Health, Hygiene And Grooming (V540). Based on observations and interviews the facility failed to provide toilet paper for 3 of 4 current clients (client # 1, #2 and #3).</p> <p>Cross Reference: 10A NCAC 27F .0105 Clients Personal Funds (V542). Based on record reviews and interviews, the facility failed to regulate the receipts and distribution of clients' personal funds for 4 of 4 current clients (#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Review on 8/1/22 of the facility's plan of protection, dated 8/1/22 and written by the Day Program's Qualified Professional revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately (7/28/22), [Qualified Professional/Licensee/Owner (QP/L/O)] will make changes to ensure the safety of consumers living at Mercy Home services. She will ensure that immediate actions to correct the above issues and to ensure the safety of the consumers in her care. 10A NCAC 27D .0304 Protection from Abuse, Neglect, Exploitation or Harm (V512):</p>	V 512		

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V 512	<p>Continued From page 50</p> <p>Effective Immediately (7/28/22) [QP/L/O] will ensure the protection from abuse, neglect, exploitation, and harm by always ensuring the health and safety of the client. Effective immediately, [QP/L/O] has removed the staff in question. She will ensure that staff are properly trained, checks are completed, and staff properly orientated prior to working with individuals. [QP/L/O] will ensure that the rights of the clients are given and protected. She will ensure that neither she nor her staff speak to the consumers in a derogatory manner, nor will the consumers be yelled at, threatened, or intimidated. [QP/L/O] and her employees will ensure that the consumers are protected from harm, abuse and neglect at all times. Protection will be effective immediately. Evidence of this will be presented within 23 days. 10A NCAC 27G .0202 Personnel Requirements (V107 & V108): Effective Immediately (7/28/22) [QP/L/O] will ensure that all employees hired will meet the minimum level of education, competency, work experience and hold skills necessary for the job. She will ensure that all background checks, health registry check, etc. are completed prior to hiring. Upon the acceptance of the job, [QP/L/O] will ensure that each employee is trained with orientation, first aid including seizure management, CPR, Heimlich maneuver, client rights, confidentiality, treatment planning, bloodborne pathogens and infectious diseases. Staff will also be trained in medication administration and any other mental health trainings to meet each specific client's needs. Training has been set by the Program Coordinator to update the staff's credentials. [QP/L/O] will ensure that staff are trained periodically and that certifications are updated yearly. Evidence of this will be presented within 23 days.</p> <p>10A NCAC 27G .0203 Competencies of Qualified</p>	V 512		

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V 512	<p>Continued From page 51</p> <p>Professionals and Associate Professionals (V109) Effective Immediately (7/28/22) [QP/L/O] will ensure that she hires an outside qualified professional to manage and oversee the group home. She will ensure that this person has the knowledge, skills, and abilities to serve the population. [QP/L/O] will ensure that she is competent and exhibits skills in technical knowledge, cultural awareness, analytical skills, decision-making, interpersonal skills, communication, and clinical skills. The QP should also have the necessary degree to manage Mercy Homes. This will be completed within 23 days.</p> <p>10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Effective Immediately (7/28/22) [QP/L/O] will ensure that she follows the rules for assessment and treatment planning. She will ensure that the members have treatment planning meetings yearly incorporating all team members, that plans will be reviewed and updated regularly, and that the member's outcomes are anticipated to be achieved by the provision of service. The plan should have a projected date of achievement, strategies, and staff responsible. Each plan should be reviewed regular to evaluate the progression of the member. [QP/L/O] will also ensure that all consents are signed and updated yearly. Current plans and consents will be updated within 23 days. 10A NCAC 27G .0206 Client Records (V113) Effective Immediately (7/28/22) [QP/L/O] will ensure that all member records are kept confidential and up to date. Progress notes will be written daily. Documentation of MARS will be properly recorded on. She will ensure that she is reviewing the charts weekly and signing off on the notes. Monitoring of the records regularly will ensure that clients are receiving the necessary</p>	V 512		

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V 512	<p>Continued From page 52</p> <p>services and regular assessments of their progression can be made. Current files will be updated and completed within 23 days. 10A NCAC 27G .0208 Client Services (V115) Effective Immediately (7/28/22) [QP/L/O] will ensure that effective immediately that members are receiving healthy and nutritious meals. She will remove all meat, produce, and can goods that are expired and ensure that the clients have fresh foods. Effective immediately, [QP/L/O] will work with her team to implement a menu that will provide staff a guideline of what to prepare, give the shoppers ideals of what to buy, and ensure that the menus meet state regulations for nutritious meals. She will ensure that members that require special diets get the proper care, medicines, and meals that are suited or recommended by their doctor. [QP/L/O] will ensure that all refrigerators and freezers are cleaned and only houses fresh foods. This will be corrected within 23 days. 10A NCAC 27G .0209 Medication Requirements (V117, V118 & V120) Effective Immediately (7/28/22) [QP/L/O] will ensure that all medications prescribed will be dispensed in a tamper-resistant package. She will ensure that the packaging company/pharmacy will include the name of the member, prescriber's name, dispensing date, directions, name, strength, quantity of the drug, and the name and address of the pharmacy dispensing the drug. Medications will be stored in a securely locked closet/cabinet. She will ensure that staff has the keys and that locks are working properly. This will be corrected within 23 days. Staff will maintain a record of all medicines administered to each client. Medications administered will be recorded immediately after administration. All MARS that are not properly updated will be updated and an incident report will be written and submitted to the IRIS noting</p>	V 512		

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V 512	<p>Continued From page 53</p> <p>why the MAR were updated at a later date of administration. Effective immediately, [QP/L/O] will ensure that the reports are written. All documentation will be cleared and corrected within 23 days. G.S. 131E-256 Health Care Personnel Registry (V131) Effective Immediately (7/28/22) [QP/L/O] will ensure that all employees hired will have a Health Care Registry Check prior to working with the clients. She will ensure that all current staff that has not had a Health Care Registry Check will have one completed immediately. [QP/L/O] will ensure that this check is completed annually. This action and documentation will be completed within 23 days. G S.122C-80 Criminal History Record Check (V133) Effective Immediately (7/28/22) [QP/L/O] will ensure that all employees hired will have a Criminal History Record Check prior to working with the clients. She will ensure that all current staff that has not had a Background Check will have one completed immediately. [QP/L/O] will ensure that this check is completed annually. Any staff holding felonies will not be considered are hired into the position to protect the safety of the clients. This action and documentation will be completed within 23 days. 10A NCAC 27G .5603 Operations (V291) Effective Immediately (7/28/22) Mercy Homes 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. We are licensed as a 5600 C which states that we are a facility which serves consumers with a primary diagnosis of a developmental disability. [QP/L/O] will ensure that all consumers admitted into her home will</p>	V 512		

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V 512	Continued From page 54 have the home has a primary diagnosis of a developmental disability. Other diagnoses can be present only second to the primary diagnosis of developmental disability. She will ensure that all consumers have active opportunities based on his/her choices, needs, and treatment plan. She will ensure that all activities are designed to foster community inclusion. [QP/L/O] will ensure that the members are engaged in the community and not secluded from others. [QP/L/O] will encourage each consumer to participate in appropriate and generally accepted social interactions and other nonclient members of the community. She will have a community/activity tracking sheet to show activities and community involvement. Each consumer will have this tracking sheet that will be kept in the consumer's file. This will be completed within 23 days. 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536 Initial) Effective Immediately, (7/28/22) [QP/L/O] will ensure that all employees, students, volunteers hired will have training on Alternatives to Restrictive Interventions prior to providing services with people with disabilities. She will ensure that all current staff that has not had this training will have one completed immediately. [QP/L/O] will ensure that this training is completed annually. This action and documentation will be completed within 23 days. 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out (V537) Effective Immediately (7/28/22) [QP/L/O] will ensure that all employees hired will be trained in seclusion, physical restraint, and isolation time out prior to providing direct care to people with disabilities whose treatment plan includes restrictive interventions. She will ensure that only trained staff will restrain, use seclusion, or isolation with a consumer. She will ensure that all staff are trained on the members behavior/crisis	V 512		

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V 512	<p>Continued From page 55</p> <p>plan and will ensure that yearly training as well as PRN (as needed) training is given to ensure the safety of the consumer. Any seclusion, physical restraint, or isolation time out will be reviewed by [QP/L/O] and an incident report will be written and submit into the IRIS system for those incidents performed without proper staff training. This action will be corrected within 23 days. 10A NCAC 27F .0103 Health, Hygiene And Grooming (V540) Effective Immediately (7/28/22) [QP/L/O] will ensure that all consumers in her care are healthy and has proper hygiene and grooming. She will ensure that each consumer has the right to dignity, privacy, and humane care in the provision of personal health, hygiene, and grooming care. Each consumer shall have the opportunity to a shower or bath daily, shaven daily, opportunity to obtain a barber or beautician and linens, towels, toilet paper, and soap shall be provided by [QP/L/O] to each consumer. Each consumer shall have access to personal hygiene items that include but not limited to, toothpaste, toothbrush, combs, hairbrushes, sanitary napkins, tampons, shaving cream and shaving utensils. She will ensure that all consumers in her care have access to these items immediately. Evidence of this change will be shown within 23 days. 10A NCAC 27F .0105 Personal Funds (V542) Effective Immediately (7/28/22) [QP/L/O] will ensure that all personal funds are recorded and have accurate record keeping. She will ensure that each member receives their allotted monies to be given monthly by the state. These monies are for the consumers personal funds and their choice as to how it is to be spend. These monies should not go towards the purchase of items that [QP/L/O] is responsible for purchasing. Consumers will not purchase personal care items such as but not limited to, linens, towels,</p>	V 512		

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V 512	<p>Continued From page 56</p> <p>toothbrush, combs, hairbrushes, sanitary napkins, tampons, shaving cream and shaving utensils. She will regulate the receipt and distribution of these funds in each consumer's personal funds account. She will provide a receipt of deposits made by the state, friends, family or other deposits. [QP/L/O] will document each transaction that is made. She will keep receipts on each member of monies removed from the accounts. She will ensure that all consumers received all monies owed to them. Documentation of past records and current records will be presented in 23 days. 10A NCAC 27G .0303 Location and Exterior Requirements (V736) Effective Immediately (7/28/22) [QP/L/O] will ensure all her facilities and grounds are maintained in a safe, clean and attractive manner. Lawns will be mowed, home will be clean, and home will be kept free from offensive odors. She will ensure that each facility is free of rodents and bugs. [QP/L/O] will ensure that the pests are removed from the home by working with a commercial pest control agency. [QP/L/O] will follow the recommendations of treatment and continue that treatment monthly to ensure that the pests are eradicated and to prevent them from coming back. She will ensure that the home is bug free within 23 days (complete bug removal within 45 days).</p> <p>-Describe your plans to make sure the above happens.</p> <p>A description of Mercy Homes Plans is listed above in each section. In summary, [QP/L/O] will immediately (7/28/22) hire an outside agency's QP to oversee her Mercy Home Services, Inc. group home to ensure she is trained in competencies. [QP/L/O] will be assuming immediate oversite of the program until that outside agency's qualified QP is hired. She will document on each item and record when each is</p>	V 512		

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V 512	<p>Continued From page 57</p> <p>completed. She will supervise staff and the outside QP to ensure that all duties and responsibilities are being completed in a timely manner."</p> <p>This facility was licensed as a 5600C with 5 beds for clients whose diagnoses included Moderate Mental Retardation, Down Syndrome, Major Depressive Disorder, Bipolar Affective Disorder Major Depressive Disorder, Schizoaffective Disorder, Schizophrenia, Fetal Alcohol Syndrome, Hypertension, Obesity, Seizure Disorder, Post-Traumatic Stress Disorder and Gastroesophageal Reflux Disease. The QP/L/O hired GHM #1 and GHM #1 did not meet the educational qualifications as set forth by the facility. Facility staff were not trained in First Aid/CPR/Seizure Management/BBP and the Heimlich Maneuver. The QP/L/O failed to request criminal background checks and access the HCPR prior to hire for staff. The QP/L/O allowed staff to have her daughter and grandson spend the night at the facility with the clients present. A prescription for Abilify was not secured. The MARs were not kept current and staff documented in the morning, that evening medications were given. Facility staff failed to implement goals and strategies in the clients' treatment plans and failed to document their progress. Food in the facility was expired, loaves of bread had a green like substance on it and raw chicken was left exposed in the refrigerator. The QP/L/O failed to keep receipts and documentation on the management and distribution of client funds. The facility failed to provide activities for the clients. The QP/L/O failed to provide toilet paper for the clients. During the walk through of the facility, window screens needed to be repaired, air conditioning window units were not secured, there were exposed</p>	V 512		

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V 512	Continued From page 58 wires, and piles of dirty clothing on the floor. The outside of the facility had vines growing up the back wall, bags of trash were located on the back patio area and there were dead tree limbs in the yard. The QP/L/O was responsible for the overall operations of the facility and because she failed to demonstrate competency in decision-making, communication and clinical skills, this constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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 512		
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,	V 536		

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V 536	<p>Continued From page 59</p> <p>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> <ol style="list-style-type: none"> (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). <p>(h) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 60</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 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 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</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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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 536	<p>Continued From page 61</p> <p>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> <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> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 2 current staff (Group Home Manager #2 (GHM #2)) had initial training</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 536	<p>Continued From page 62</p> <p>on alternatives to restrictive interventions. The findings are:</p> <p>Review on 7/25/22 of GHM #2's record revealed: -A hire date of 7/19/22 -A job description of paraprofessional -No documentation of training on alternatives to restrictive interventions</p> <p>Interview on 7/25/22 with GHM #2 revealed: -Had not had any training on alternatives to restrictive interventions</p> <p>Interview on 7/28/22 with the Qualified Professional/Licensee/Owner revealed: -It was her responsibility to ensure facility staff had all the required trainings -Had been out of town due to a family emergency -Had called the trainer she used for the facility staff trainings -"He was not well and was sick. I have contacted him to see when he can provide the training ...he said it would be the second week of August (2022) before he could come out ..."</p> <p>This deficiency constitutes a re-cited deficiency</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation</p>	V 537		

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V 537	<p>Continued From page 63</p> <p>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.</p> <p>(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.</p> <p>(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.</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> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and</p>	V 537		

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V 537	<p>Continued From page 64</p> <p>others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 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</p>	V 537		

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V 537	<p>Continued From page 65</p> <p>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> <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>	V 537		

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V 537	<p>Continued From page 66</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> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 2 current staff (Group Home Manager #2 (GHM #2)) had initial training in Seclusion, Physical Restraint and Isolation Time-Out. The findings are:</p> <p>Review on 7/25/22 of GMH #2's record revealed: -A hire date of 7/19/22 -A job description of paraprofessional -No documentation of initial training in Seclusion, Physical Restraint and Isolation Time-Out</p> <p>Interview on 7/25/22 with GHM #2 revealed: -Had not had any training in Seclusion, Physical Restraint and Isolation Time-Out</p> <p>Interview on 7/28/22 with the Qualified Professional/Licensee/Owner revealed:</p>	V 537		

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V 537	<p>Continued From page 67</p> <p>-It was her responsibility to ensure facility staff had all the required trainings -The facility used physical restraints -Had been out of town due to a family emergency -Had called the trainer she used for the facility staff trainings -"He was not well and was sick. I have contacted him to see when he can provide the training ...he said it would be the second week of August (2022) before he could come out ..."</p> <p>This deficiency constitutes a re-cited deficiency</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 537		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving</p>	V 540		

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V 540	<p>Continued From page 68</p> <p>utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to provide toilet paper for 3 of 4 current clients (client #1, #2 and #3). The findings are:</p> <p>Observation on 7/8/22 of the facility at 3:49pm revealed: -There were 2 bathrooms the clients used -Only the bathroom in client #4's room had toilet paper -The hallway bathroom had no toilet paper -No other packages of toilet paper were seen in the facility</p> <p>Interview on 7/8/22 with client #1 revealed: -Had to buy her own toilet paper -"We all have to keep our toilet paper in our rooms. [Qualified Professional/Licensee/Owner (QP/L/O)] told me I used too much of it and that she was not going to buy any extra ..."</p> <p>Interview on 7/8/22 with client #2 revealed: -Clients #1 and #3 had to buy their own toilet paper -"She (QP/L/O) told them they were using too much toilet paper and she was only going to give them 4 rolls total (a month). If there is no toilet paper, I get my rag and wipe down there. I have had to do that two different times, I think. Half the time [client #1] and [client #3] don't have what they need. They use rags too to wash themselves</p>	V 540		

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V 540	<p>Continued From page 69</p> <p>if there is no toilet paper. [Group Home Manager #1 (GHM #1)] has had to buy toilet paper for them out of her own pocket. I don't understand it. [QP/L/O] has a membership to [a national department store] ..."</p> <p>Interview on 7/8/22 with client #3 revealed: -The facility had a limited supply of toilet paper -"[QP/L/O] tells me and [client #1] to buy our own toilet paper. She told me I had to buy it myself. I am buying it at [a local store]. I can only afford one four pack (a month) ...sometimes I would go without if it wasn't for [GHM #1] buying extra toilet paper ...when we tell [QP/L/O] we need more toilet paper, she gets mad ...I have had to wipe myself with a rag before ...I don't think [QP/L/O] is treating us fairly ..."</p> <p>Interview on 7/8/22 with client #4 revealed: -Bought her own toilet paper by choice "because I like a certain brand." -"Sometimes the other clients run out. They have to buy their own toilet paper. [QP/L/O] won't buy them any because they waste it."</p> <p>Interview on 7/8/22 with GHM #1 revealed: -The QP/L/O made client #1 and client #3 buy their own toilet paper -"She told them they used too much toilet paper. She will give me a 4 pack for a month and when it runs out, they have nothing to wipe with. They were using the same wash clothes to wipe their fronts and bottoms ...when I saw that, I started buying toilet paper out of my own pocket ... [QP/L/O] doesn't know that. If she knew, I'd get in trouble ..."</p> <p>Interview with staff revealed 2 rolls of toilet paper were sent to the facility recently because the clients had none. "They (the clients) should not</p>	V 540		

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V 540	<p>Continued From page 70</p> <p>have to beg for toilet paper ..."</p> <p>Interview with staff revealed two of the clients (#1 and #3) at the facility had to buy their own toilet paper. "[Client #1] and [client #3] told me that. It was because [QP/L/O] said they used too much toilet paper and she wasn't going to keep buying it every time they got low ..."</p> <p>Interview on 7/28/22 with the QP/L/O revealed: -Was aware the facility was to provide toilet paper for the clients at the facility -Had just sent rolls of toilet paper over to the facility on 7/27/22 for the clients -"Some of the clients will use an entire roll a day. I try not to keep a stack of toilet paper there (at the facility) because [client #2] will use it all up. I keep extra rolls in my office at the day program ..." -Denied she ever told clients they had to buy their own toilet paper -"What I said if you use it like that, it will not last and that they needed to be wiser with their choices ...all I did was give them an example ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 540		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and</p>	V 542		

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V 542	<p>Continued From page 71</p> <p>encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to regulate the receipts and distribution of clients' personal funds for 4 of 4 current clients (#1, #2, #3 and #4). The findings are:</p> <p>Review on 7/25/22 of client #1's record revealed:</p>	V 542		

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V 542	<p>Continued From page 72</p> <p>-No documentation of receipts or distribution of funds to client #1 for February or June 2022 for monthly allowance</p> <p>Review on 7/25/22 of client #2's record revealed: -No documentation of receipts or distribution of funds to client #2 for January or February 2022</p> <p>Review on 7/25/22 of client #3's record revealed: -No documentation of receipts or dispersment of funds to client #3 for February and May 2022 for a monthly allowance -On 4/30/22 medication co pays were \$27.00 and her allowance would be \$39.00, but she was given a check, #147, for \$20.00</p> <p>Review on 7/25/22 of client #4's record revealed: -No documentation of receipts or dispersment of funds to client #4 for January, February and June 2022 for a monthly allowance</p> <p>Interview on 7/8/22 with client #1 revealed: -Had not received her allowance every month -"I do have some co pays for my medication. I go to [a local clinic] and I have Medicaid. [Qualified Professional/Licensee/Owner (QP/L/O)] takes too much money out of my check ...I have never seen anything that shows where my money goes. We don't get to have bank cards. She (QP/L/O) will only write checks for \$30.00 ..."</p> <p>Interview on 7/8/22 with client #2 revealed: -Some months the QP/L/O had not given them their allowance</p> <p>Interview on 7/8/22 with client #3 revealed: -Out of her \$66.00 per month, she was given different amounts each month due to medication co pays -"I don't get very much. She (QP/L/O) would say 'I</p>	V 542		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2022
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 542	<p>Continued From page 73</p> <p>can't give you the whole amount.' She never shows me where my money goes ..."</p> <p>Interview on 7/8/22 with client #4 revealed: -The QP/L/O was responsible for giving everyone their \$66.00 a month -"She only gave us \$30 each this month (July 2022)."</p> <p>Interview with staff revealed there was no set time for the clients to get their monies (allowance). While the QP/L/O was out of the state, the clients had to wait to get their \$66.00</p> <p>Interview on 7/25/22 with the QP/L/O revealed: -Had provided all the documentation for the clients' \$66.00 dollars per month she had.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 542		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive</p>	V 736		

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V 736	<p>Continued From page 74</p> <p>and orderly manner. The findings are:</p> <p>Observations on 7/8/22 at 2:34pm of the outside of the facility revealed:</p> <ul style="list-style-type: none"> -A dead tree limb in the front yard -The gutters were full of debris and growth that was 2 inches tall -An air conditioner (a/c) in the window was not secured properly which allowed outside air to come inside the facility -Several window screens were torn -In the back of the facility, there was a broken kitchen chair, several wooden and metal bed frames leaned against the facility and a small white trash can was on its side -On the back patio a wooden table covered with veneer had separated from the table's top -There was a black leather computer chair with a frayed seat -In the back yard of the facility, there was a hair piece, a blue bucket, old clothing and trash lying around -Vines had grown up the facility's back wall -On the side of the facility there was a black bag filled with trash -An outside window had debris in it -More dead tree limbs were located in the back yard on the ground -On the side of the storage shed, there were 3 broken grills and several bags of trash and a bag of old clothes <p>Observations on 7/8/22 at 2:38pm of the inside of the facility revealed:</p> <ul style="list-style-type: none"> -Candy wrappers on the floor as you entered the facility -The floors in the living room were stained and worn -Dirty clothes, paint containers, trash were stacked in the laundry room area 	V 736		

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V 736	<p>Continued From page 75</p> <ul style="list-style-type: none"> -The glass windowpanes on the side door had cobwebs -There was a round ottoman in an empty bedroom with torn fabric -Old computer monitors and wires were stacked in the empty bedroom -Metal bed frames were leaning against the wall and were not set up -There was also a rectangular box attached to a wall in the empty bedroom with black wires exposed -The kitchen cabinet which led to underneath the sink was missing knobs and some of the veneer was torn off -Two of the kitchen chairs were missing legs -Dirty handprints were on the hallway bathroom's door -In the clients' hallway bathroom, the air vent on the floor was rusted -The toilet paper holder in the clients' hallway bathroom was broken -Trash was overflowing in the client's hallway bathroom -The vanity in the clients' hallway bathroom had several 2 inch cracks around the sink's counter -Stained wash cloths were hanging from the bathroom vanity's doors -In client #1's bedroom, the a/c window unit was unsecured -Towels were stuffed under the window unit in client #1's bedroom to provide stability -In client #2's bedroom, an empty can of sliced peaches with a fork in it was on the dresser -In client #2's bedroom closet, there was an old computer keyboard and clothing stacked on the floor -In the corner of client #2's bedroom were bedframe railings -The blinds in client #3's bedroom were bent and missing slats 	V 736		

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V 736	<p>Continued From page 76</p> <p>-Client #3's a/c unit had towels stuffed underneath it</p> <p>-The window ledge in client #3's bedroom was covered in dust and debris</p> <p>Interview on 7/8/22 with client #1 revealed: -3 of the 4 clients did not have bed frames for their beds. -"Only [client #4] has a frame. The rest of us have to put our beds on the floor. I don't know why we can't have normal beds ..."</p> <p>-The chairs at the dining room table were broken</p> <p>Interview on 7/8/22 with client #2 revealed: -Her bed was not on a bed frame -"It is on the floor. None of us have bedframes. She (the QP/L/O) said she was going to get them, but she never did. Our beds have been on the floor for a few months ..."</p> <p>-Had to throw things out due to bedbugs in the facility previously -"We just took stuff out in trash bags and put them in the back. We even had to put things behind the storage building ..."</p> <p>Interview on 7/8/22 with client #3 revealed: -The clients only had mattresses and box springs -"We don't have those metal frames that raise the beds up...[Client #1] has been asking [QP/L/O] for them. [QP/L/O] said she would get them, but she never did ..."</p> <p>Interview on 7/8/22 with Group Home Manager #1 revealed: -There were a lot of repairs needed to the facility -"Just look around. You will see what is wrong ..."</p> <p>Interview on 7/25/22 with Group Home Manager #2 revealed: -In the bedroom, now occupied by client #5, had</p>	V 736		

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V 736	<p>Continued From page 77</p> <p>exposed wires on the floor that had been covered with duct tape -"They (exposed wires) were not safe, so I put several strips of duct tape over them ..."</p> <p>Interview on 7/25/22 with the QP/L/O revealed: -Was responsible for ensuring the facility was maintained in safe, clean, attractive and orderly manner -The clients were responsible for keeping their rooms clean -"When there were bedbugs (earlier in 2022), we had to throw everything out. They (the store) did not have enough bed frames for everyone, so I bought what I could buy...now all the clients have bed frames..."</p> <p>Further interview on 7/27/22 with the QP/L/O revealed: -Had made all the repairs to the facility -"I paid a guy money to fix all the a/c units. The first person that came out did not fix them well. I did not see any duct tape. I cleaned the new client's bedroom ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p>	V 738		

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V 738	<p>Continued From page 78</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not kept free from insects. The findings are:</p> <p>Observations on 7/8/22 at 3:33pm of the inside of the facility revealed: -In the client's hallway bathroom, a dead roach was on the floor on the side of the sink's vanity -Two dead roaches were in the hallway bathroom's tub</p> <p>Further observations on 7/8/22 at 3:37pm of the facility's hallway revealed: -Two large dead roaches</p> <p>Further observations on 7/25/22 at 3:03pm of the facility's den revealed: -Several dead roaches near the love seat by the side door</p> <p>Interview on 7/8/22 with client #1 revealed: -"Well, we do have dead roaches. When I wake up in the morning, they are in the bathroom and hallway on their backs ..." -Was unable to recall the last time an exterminator came to the facility</p> <p>Interview on 7/8/22 with client #2 revealed: -"There are dead roaches on the floors (of the facility). I seen them in the bathroom and in the hallway."</p> <p>Interview on 7/8/22 with client #3 revealed: -"There's a lot of dead roaches in the bathroom. A whole lot of them and there are dead ones in the tub too."</p> <p>Interview on 7/8/22 with client #4 revealed:</p>	V 738		

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V 738	<p>Continued From page 79</p> <p>-"She (the Qualified Professional/Licensee/Owner (QP/L/O)) has the house treated, but when I turn on the light in the hallway, there are a lot of dead roaches on the floor ...there are also dead roaches in the other bathroom (clients bathroom in the hallway) ..."</p> <p>Interview on 7/8/22 with Group Home Manager #1 revealed: -"I have seen roaches crawling around. I have had to kill several of them ..." -Since she was hired (5/7/22), no exterminator had been to the facility.</p> <p>Interview on 7/25/22 with Group Home Manager #2 revealed: -Had pulled the love seat in the living room away from the vent -"That's when I saw all these roaches crawl out and I had to kill them ...I have seen dead roaches in the hallway and in the front bathroom ..."</p> <p>Interview with staff revealed the clients at the facility always talked about insects being in the facility. The QP/L/O was aware of the insect problem and refused to treat the facility</p> <p>Interview with staff revealed the clients talked about their living arrangements. " ...from time to time they will say they have been bitten by something (at the facility). They have not specifically said bedbugs though ..."</p> <p>Interview on 7/18/22 with a technician that owned a private pest control company revealed: -Had treated the facility in the past -"I don't remember the date I was at the facility. Initially there were bedbugs and roaches ..." -Had conducted a follow up visit -"I really did not see any insects ...I sprayed in the</p>	V 738		

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V 738	<p>Continued From page 80</p> <p>kitchen, in some cracks and pulled the stove out ..."</p> <p>-Was unable to provide documentation of the initial treatment of the facility or the follow up visit</p> <p>-Was unable to provide information on the treatment he used to treat the facility</p> <p>Interview on 7/18/22 with the QP/L/O revealed:</p> <p>-Was responsible for ensuring the facility was free of insects</p> <p>-The exterminator was a friend of hers</p> <p>-Had not used a national exterminator agency</p> <p>-Was not sure about the dates the facility was treated</p> <p>-"I was just there over the weekend (7/16/22 and 7/17/22). I did not see any bugs. I am not going to have the house treated again because there are no bugs ...when you were there all you saw were dead bugs. There weren't any that were alive ..."</p> <p>-Denied the clients complained about bugs</p> <p>Further interview on 7/27/22 with the QP/L/O revealed:</p> <p>-Had called the same exterminator</p> <p>-The facility would be sprayed on Friday, 7/29/22 at 9am</p>	V 738		