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{V 000}	INITIAL COMMENTS A follow up survey was completed on August 19, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	{V 000}		
{V 107}	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (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. (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: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	{V 107}		

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{V 107}	Continued From page 1	{V 107}		

(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.
(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.
(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.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to have complete personnel records affecting three of five audited staff (#1, #3 and #4). The findings are:

Review on 8/17/22 of the facility's personnel records revealed the following:

Staff #1:
-No date of hire.
-No job description.

Staff #3:
-No specific date of hire.
-No job description.

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{V 107}	Continued From page 2	{V 107}		

Staff #4:
-No date of hire.
-No job description.

Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed:
-Staff #1 worked at the facility for a few years.
-Staff #3 worked at the facility about a year.
-He thought staff #4 started working at the facility in June 2022.
-All staff were hired as Home Managers.
-He thought he did the job descriptions for all staff. He wasn't sure why the job descriptions were not in staff's personnel records.
-He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director.
-"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed."
-All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed.
-He had to do direct care for most of June 2022.
-He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022.
-He primarily worked during 1st shift alone and had very little time to complete his Executive Director duties.
-He confirmed he failed to complete personnel records for staff #1, staff #3 and staff #4.

This is a recited deficiency.

This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals

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{V 107}	Continued From page 3 (V109) for a Failure to Correct Type B rule violation.	{V 107}		
{V 108}	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (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. (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. (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.	{V 108}		

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{V 108}	Continued From page 4	{V 108}		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure two of five audited staff (#2 and #4) had training in Cardiopulmonary Resuscitation (CPR); the facility failed to ensure four of five audited staff (#1, #2, #4 and the Executive Director) had training in First Aid (FA) and the facility failed to ensure four of five audited staff (#1, #2, #3 and #4) had training to meet the mental health and developmental disability needs of the clients as specified in the treatment/habilitation plan. The findings are:

a. Review on 8/17/22 of client #1's record revealed:
-Admission date of 10/28/06.
-Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure, High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease and Gastroparesis.
-Required to attend a dialysis center three days a week.

b. Review on 8/17/22 of client #2's record revealed:
-Admission date of 6/30/89.
-Diagnoses of Moderate Intellectual and Developmental Disability, Seizure Disorder, Hypertension and Hyperlipidemia.

c. Review on 8/17/22 of client #3's record revealed:
-Admission date of 2/4/17.
-Diagnoses of Moderate Intellectual and Developmental Disability, Autism, Attention Deficit

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{V 108}	Continued From page 5 Hyperactivity Disorder and History of Seizure Disorder. Review on 8/17/22 of the facility's personnel records revealed the following: Staff #1: -No date of hire. -No documentation of FA training. -No documentation of training to meet the mental health and developmental disability needs of the clients as specified in the treatment/habilitation plan. Staff #2: -Date of hire was 9/18/13. -She was hired as a Home Manager. -No documentation of CPR and FA training. -No documentation of training to meet the mental health and developmental disability needs of the clients as specified in the treatment/habilitation plan. Staff #3: -No date of hire. -No documentation of training to meet the mental health and developmental disability needs of the clients as specified in the treatment/habilitation plan. Staff #4: -No date of hire. -No documentation of CPR and FA training for staff #4. -No documentation of training to meet the mental health and developmental disability needs of the clients as specified in the treatment/habilitation plan. The Executive Director:	{V 108}		

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{V 108}	Continued From page 6	{V 108}		

-Date of hire was 6/16/11.
-FA training expired on 3/9/20.
-No documentation of a current FA training.

Attempts on 8/16/22 to contact staff #1, staff #2 and staff #4 via telephone were unsuccessful. All three staff failed to return phone calls.

Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed:
-Staff #1 worked at the facility for a few years.
-Staff #3 worked at the facility about a year.
-He thought staff #4 started working at the facility in June 2022.
-All staff were hired as Home Managers.
-Staff worked alone with the clients during their shifts at the facility.
-He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director.
-"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed."
-All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed.
-He had to do direct care for most of June 2022.
-He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022.
-He primarily worked during 1st shift alone and had very little time to complete his Executive Director duties.
-He confirmed himself, staff #1, staff #2 and staff #4 had no training in FA.
-He confirmed staff #2 and staff #4 had no training in CPR.
-He confirmed staff #1, staff #2, staff #3 and staff #4 had no training to meet the mental health and

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{V 108}	Continued From page 7 developmental disability needs of the clients as specified in the treatment/habilitation plan. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type B rule violation.	{V 108}		
{V 109}	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (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: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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.	{V 109}		

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{V 109}	Continued From page 8 (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. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, one of one Qualified Professional (The Executive Director) failed to demonstrate knowledge, skills and abilities to meet the needs of clients. The findings are: Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 107) Based on record reviews and interviews, the facility failed to have complete personnel records affecting three of five audited staff (#1, #3 and #4). Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag 108) Based on record reviews and interviews, the facility failed to ensure two of five audited staff (#2 and #4) had training in Cardiopulmonary Resuscitation (CPR); the facility failed to ensure four of five audited staff (#1, #2, #4 and the Executive Director) had training in First Aid (FA) and the facility failed to ensure four of five audited staff (#1, #2, #3 and #4) had training to meet the mental health and developmental disability needs	{V 109}		

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{V 109}	Continued From page 9	{V 109}		

of the clients as specified in the treatment/habilitation plan.

Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (Tag 118)
Based on record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3); the facility failed to ensure medications were administered by an unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting three of five audited staff (#1, #3 and #4).

Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag 131)
Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting three of five audited staff (#1, #3 and #4).

Cross Reference: G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT (Tag 133)
Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting three of five audited staff (#1, #3 and #4).

Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (Tag 536)
Based on record reviews and interviews, the facility failed to ensure five of five audited staff (#1, #2, #3, #4 and the Executive Director) had

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{V 109}	Continued From page 10 training on the use of alternatives to restrictive interventions. Review on 5/27/22 of a Plan of Protection written by the Executive Director dated 5/27/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care: Personnel files have begun. Finalizing all files for all staff members, specifically crisis intervention, First Aid/CPR (Cardiopulmonary Resuscitation), Medication Administration and Client Specific trainings. Staff meetings and board will continue in order to address the lack of documentation in medical record books. Specifically client MARs (Medication Administration Records). Medication Administration, CPR(Cardiopulmonary Resuscitation)/First Aid, Client Specific and Crisis Intervention will be scheduled immediately. Health Care Registry checks along with Criminal history and educational background checks will be completed immediately. Describe your plans to make sure the above happens: Staff and board meetings will continue. The continued tone in these meetings are to inform staff of trainings and competencies needed to continue as staff members. These trainings keep the business in compliance. Board Members will continue to assist with all personnel documents and ensure that they are completed. Consultation with all board members ensuring it is completed. Ensuring required trainings, CPR(Cardiopulmonary Resuscitation)/First Aid, Med (Medication) Administration, Crisis Intervention and Client Specific trainings." The facility served clients whose diagnoses included: Mild and Moderate Intellectual and Developmental Disabilities, Schizophrenia-Paranoid type, Autism, Attention Deficit Hyperactivity Disorder, Seizure Disorder,	{V 109}		

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{V 109}	Continued From page 11 Diabetes Type II, High Blood Pressure and High Cholesterol. Staff #1, staff #2, staff #3 and staff #4 worked alone with the clients during their shifts. Staff #1, staff #3 and staff #4 had no job descriptions and no HCPR checks. The criminal history checks for staff #1 and staff #4 were not requested within five business days of making the conditional offer of employment. Staff #3 had no criminal history check requested. Staff #1 had no training in FA, Alternatives to Restrictive Interventions, Medication Administration and Client Specific Needs. Staff #2 had no training in CPR/FA, Alternatives to Restrictive Interventions and Client Specific Needs. Staff #3 had no training in the Alternatives to Restrictive Interventions, Medication Administration and Client Specific Needs. Staff #4 had no training in CPR/FA, Alternatives to Restrictive Interventions, Medication Administration and Client Specific Needs. The Executive Director was responsible for ensuring staff personnel records included the required documentation and trainings. The Executive Director was responsible for ensuring he scheduled staff to be trained in FA/CPR, Alternatives to Restrictive Interventions, Client Specific Needs and Medication Administration. The clients took medications that included: Risperdal, Catapres, Cardura, Adalat CC, Lasix, Coreg, Novolog insulin, Levemir insulin, Apresoline, Pravachol, Tegretol XR, Depakote, Seroquel, Zoloft, Maxzide, Tenormin and Strattera. The clients had some serious medical conditions. Staff #1, staff #3 and staff #4 administered medications and had no medication administration training. Staff did not consistently sign off on the Medication Administration Records to indicate the medication was administered to clients. The facility was previously cited on May 27, 2022 and a Type B was identified. The Executive Director failed to address all of the	{V 109}		

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{V 109}	Continued From page 12 issues that were cited during that May 27, 2022 survey. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety and welfare of the clients. An administrative penalty of $200.00 per day is imposed for failure to correct within 45 days.	{V 109}		
{V 114}	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 8/17/22 of facility records revealed: -Fire and Disaster Drill Log-The last documented fire drill was on 2/21/21. Interview on 8/17/22 with client #1 revealed:	{V 114}		

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-They had not done any disaster drills with staff. He thought they just recently did a fire drill in August 2022.

Interview on 8/16/22 with client #2 revealed:
-They did no fire and disaster drills with staff at the facility.

Interview on 8/16/22 with client #3 revealed:
-They had not done any fire or disaster drills with staff.

Interview on 8/16/22 with staff #3 revealed:
-She been with the facility for about a year.
-She had not done any fire or disaster drills with the clients.

Interview on 8/17/22 with the Executive Director revealed:
-They had not done any fire and disaster drills. They didn't do drills because all clients had Covid in June 2022.
-It was his fault why the fire and disaster drills were not completed. "I honestly did not talk to staff about doing the drills, it is his job to inform staff that they should have been doing those drills."
-He confirmed staff failed to conduct fire and disaster drills quarterly on each shift

This deficiency has been cited 4 time(s) since the original cite on 2/15/18 and must be corrected within 30 days.

{V 118} 27G .0209 (C) Medication Requirements {V 118}

10A NCAC 27G .0209 MEDICATION REQUIREMENTS
(c) Medication administration:

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	MHL053-041	A. BUILDING: ______ B. WING ______	R 08/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE SANFORD, NC 27330**

(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 118}	Continued From page 14 (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MAR current affecting three of three audited clients (#1, #2 and #3); the facility failed to ensure medications were administered by an unlicensed person trained by	{V 118}		

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LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE SANFORD, NC 27330**

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{V 118}	Continued From page 15	{V 118}		

a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting three of five audited staff (#1, #3 and #4). The findings are:

The following is evidence the facility failed to ensure the MAR was kept current.

a. Review on 8/17/22 of client #1's record revealed:
-Admission date of 10/28/06.
-Diagnoses of Mild Intellectual and Developmental Disability, Schizophrenia-Paranoid type, Diabetes Type II, High Blood Pressure (HBP), High Cholesterol, Lipid Disorder, Gastroesophageal Reflux Disease (GERD) and Gastroparesis.
-Required to attend a dialysis center three days a week.

Review on 8/17/22 of physician's orders for client #1 revealed:

-Order dated 4/21/22 for Latanoprost Solution .005% (Glaucoma), instill one drop into each eye at bedtime; Rhopressa Solution 0.002% (Reduction of elevated intraocular pressure), instill one drop into each eye every evening.
-Order dated 4/19/22 for Sensipar 60 milligrams (mg) (Calcium Reducer), two tablets in the evening.
-Order dated 3/23/22 for Prilosec 20 mg (Heartburn), two capsules daily; Nephrocap/Triphrocap 1 mg (Vitamin Deficiency), one capsule daily
-Order 2/15/22 for Risperdal 2 mg (Schizophrenia), one tablet daily; Risperdal 0.5 mg, one tablet at bedtime.
-Order dated 1/20/22 for Sevelamer Carbonate 800 mg (Control Phosphorus Levels), three

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE** **SANFORD, NC 27330**

(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 118}	Continued From page 16 tablets three times daily. -Order dated 11/23/21 for Catapres 0.1 mg (HBP), one tablet three times daily; Peridex Chlorhexidine Gluconate 0.12% (Gingivitis), rinse mouth daily as directed; Cardura 4 mg (HBP), one tablet in the morning; Adalat CC 90 mg (HBP), one tablet in morning; Lasix 80 mg (Fluid Retention), one tablet twice daily; Coreg 25 mg (Heart Failure), one tablet twice daily; Colace 100 mg (Stool Softener), one capsule at bedtime; Reglan 5 mg (GERD), one tablet at bedtime; Novolog Inject Flexpen (Control high blood sugar), inject 8-12 units subcutaneously three times daily; Levemir Inject Flexpen (Control high blood sugar), inject 40 units subcutaneously at bedtime and Blood Pressure checks, check three times daily. -Order dated 4/27/21 for Apresoline 100 mg (HBP), one tablet three times daily; Pravachol 40 mg (High Cholesterol), one tablet daily. Review on 8/17/22 of MARs for client #1 revealed: August 2022-Staff failed to put their initials on the MAR for the following: Novolog Inject Flexpen on 8/7 4pm and 7pm doses, 8/12 7am dose and 8/14 4pm and 7pm doses. -Blood Pressure checks on 8/6 and 8/13 11:30am checks. -Sensipar 60 mg on 8/7 and 8/14. -Catapres 0.1 mg on 8/7 4pm and 7pm doses, 8/12 7am dose and 8/14 4pm dose. -Apresoline 100 mg on 8/7 4pm and 7pm doses, 8/12 7am dose and 8/14 4pm dose. -Sevelamer Carbonate 800 mg on 8/7 5pm dose, 8/12 7am dose and 8/14 5pm dose. -Peridex Chlorhexidine Gluconate 0.12% on 8/9 thru 8/14. -Prilosec 20 mg, Nephrocap/Triphrocap 1 mg,	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	2412 KNOLLWOOD DRIVE SANFORD, NC 27330

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{V 118}	Continued From page 17 Cardura 4 mg, Pravachol 40 mg and Adalat CC 90 mg on 8/12. -Reglan 5 mg, Risperdal 0.5 mg and Risperdal 2 mg on 8/7. -Latanoprost Solution .005% and Rhopressa Solution 0.002% on 8/1 thru 8/10. -Lasix 80 mg on 8/7 and 8/14 5pm doses. -Coreg 25 mg on 8/7 7pm dose, 8/12 7am dose and 8/14 7pm dose. July 2022-Staff failed to put their initials on the MAR for the following: -Novolog Inject Flexpen on 7/17, 7/24, 7/29 and 7/30 5pm doses and 7/31 7am dose -Blood pressure checks on 7/16 11:30am check, 7/17 5pm check, 7/23 11:30am check, 7/24 5pm, 7/25 5pm check, 7/30 all three checks and 7/31 6:00am and 11:30am checks. -Levemir Inject Flexpen on 7/29 and 7/30. -Sensipar 60 mg on 7/17, 7/29 and 7/30. -Catapres 0.1 mg and Apresoline 100 mg on 7/17 4pm and 7pm doses, 7/24 7pm dose and 7/29, 7/30 and 7/31 4pm and 7pm doses. -Sevelamer Carbonate 800 mg on 7/17, 7/29 and 7/30 5pm doses and 7/31 7am dose. -Peridex Chlorhexidine Gluconate 0.12% on 7/31. -Prilosec 20 mg, Pravachol 40 mg, Cardura 4 mg, Nephrocap/Triphrocap 1 mg and Adalat CC 90 mg on 7/31/22. -Risperdal 2 mg, Risperdal 0.5 mg and Colace 100 mg on 7/17, 7/24, 7/29 and 7/30. -Lasix 80 mg on 7/17, 7/29 and 7/30 5pm doses and 7/31 11:30am dose. -Coreg 25 mg on 7/15, 7/16, 7/17, 7/24 and 7/29 7pm doses and 7/31 7am dose. -Reglan 5 mg on 7/16, 7/17, 7/24, 7/29 and 7/30. -Latanoprost Solution .005% on 7/17, 7/24, 7/29 and 7/30. -Rhopressa Solution 0.002% on 7/24, 7/29 and 7/30.	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{V 118}	Continued From page 18	{V 118}		

b. Review on 8/17/22 of client #2's record revealed:
-Admission date of 6/30/89.
-Diagnoses of Moderate Intellectual and Developmental Disability, Seizure Disorder, Hypertension and Hyperlipidemia.

Review on 8/17/22 of physician's orders for client #2 revealed:

-Order dated 4/30/21 for Tegretol XR 400 mg (Seizure Disorder), one tablet every 12 hours; Depakote 500 mg (Seizures or Bipolar Disorder), one tablet twice daily, Seroquel 200 mg (Schizophrenia, Bipolar Disorder and Depression), one tablet every night at bedtime and Zoloft 100 mg (Depression, Social Anxiety, Panic Disorder), 1 and ½ tablets daily.
-Order dated 4/29/21 for Maxzide 25 mg (HBP), one tablet daily; Tenormin 50 mg (HBP), one tablet daily; Pravachol 40 mg, one tablet daily and Aspirin low 81 mg (Reduce risk of heart attack), one tablet daily.
-Order dated 9/25/18 for Fish Oil 1200 mg (Reduce inflammation, Improve Hypertriglyceridemia), two capsules twice daily and Tegretol XR 200 mg, one tablet twice daily.

Review on 8/17/22 of MARs for client #2 revealed:

August 2022-Staff failed to put their initial's on the MAR for the following:
-Maxzide 25 mg, Tenormin 50 mg, Aspirin low 81 mg, Pravachol 40 mg and Zoloft 100 mg on 8/4 thru 8/7 and 8/9 thru 8/12.
-Tegretol XR 200 mg, Tegretol XR 400 mg, Fish Oil 1200 mg and Depakote 500 mg on 8/4 thru 8/6, 8/9 thru 8/12 7am doses and 8/7, 8/14 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{V 118}	Continued From page 19 8/16 7pm doses. -Seroquel 200 mg on 8/7, 8/14 and 8/16. July 2022-Staff failed to put their initials on the MAR for the following: -Maxzide 25 mg, Tenormin 50 mg, Aspirin low 81 mg, Pravachol 40 mg and Zoloft 100 mg on 7/31, -Tegretol XR 200 mg, Tegretol XR 400 mg, Fish Oil 1200 mg and Depakote 500 mg on 7/17, 7/24, 7/29 and 7/30 7pm doses. -Seroquel 200 mg on 7/17, 7/24, 7/29 and 7/30. c. Review on 8/17/22 of client #3's record revealed: -Admission date of 2/4/17. -Diagnoses of Moderate Intellectual and Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder (ADHD) and History of Seizure Disorder. Review on 8/17/22 of physician's orders for client #3 revealed: -Order dated 9/1/21 for Strattera 25 mg (ADHD), two capsules in the morning; Tegretol XR 200 mg, one tablet twice daily; Seroquel XR 200 mg, one tablet every evening and Atarax 50 mg (Anxiety, Itching caused by allergies), one tablet at bedtime. -Order dated 8/2/19 for Cholecalciferol 1000 units (Vitamin deficiency), three tablets daily. Review on 8/17/22 of MARs for client #3 revealed: August 2022-Staff failed to put their initials on the MAR for the following: -Atarax 50 mg 8/14 and 8/16. -Tegretol XR 200 mg on 8/14 and 8/16 7pm doses.	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE SANFORD, NC 27330**

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{V 118}	Continued From page 20	{V 118}		

-Seroquel XR 200 mg on 8/7 and 8/16.

July 2022-Staff failed to put their initials on the MAR for the following:
-Atarax 50 mg 7/17, 7/29 and 7/30.
-Tegretol XR 200 mg on 7/17, 7/29 and 7/30 7pm doses and 7/31 7am dose.
-Seroquel XR 200 mg on 7/24 and 7/29 thru 7/31.
-Cholecalciferol 1000 units on 7/30.
-Strattera 25 mg on 7/30.

"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"

Interview on 8/17/22 with the Executive Director revealed:
-He knew the clients were getting their medication as prescribed.
-He talked with staff about the MARs not being current. Staff said they were administering medications to the clients. Staff said they forgot to sign the MARs to indicate the medication was administered.
-He thought staff #4 was responsible for the majority of the times the MARs were not kept current for the clients.
-He confirmed staff failed to keep the MARs current for clients #1, #2 and #3.

The following is evidence the facility failed to ensure staff were trained in medication administration.

Review on 8/17/22 of the facility's personnel records revealed the following:

Staff #1:
-No date of hire.

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{V 118}	Continued From page 21 -No documentation of medication administration training. Staff #3: -No date of hire. -No documentation of medication administration training. Staff #4: -No date of hire. -No documentation of medication administration training. a. Review on 8/17/22 of MARs for client #1 revealed: -August and July 2022-Staff #1, staff #3 and staff #4's initials were listed to indicate they administered the above medications. b. Review on 8/17/22 of MARs for client #2 revealed: -August and July 2022-Staff #1, staff #3 and staff #4's initials were listed to indicate they administered the above medications. c. Review on 8/17/22 of MARs for client #3 revealed: -August and July 2022-Staff #1, staff #3 and staff #4's initials were listed to indicate they administered the above medications. Attempts on 8/16/22 to contact staff #1, staff #2 and staff #4 via telephone were unsuccessful. All three staff failed to return phone calls. Interview on 8/16/22 with staff #3 revealed: -She worked at the facility for almost a year and primarily worked weekends. -She administered medication to the clients during her shift at the facility.	{V 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{V 118}	Continued From page 22 -She never received medication administration training. Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed: -Staff #1 worked at the facility for a few years. -Staff #3 worked at the facility about a year. -He thought staff #4 started working at the facility in June 2022. -All staff were hired as Home Managers. -Staff worked alone with the clients during their shifts at the facility. -He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director. -"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed." -All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed. -He had to do direct care for most of June 2022. -He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022. -He primarily worked during 1st shift alone and had very little time to complete his Executive Director duties. -He confirmed there was no documentation of medication administration training for staff #1, staff #3 and staff #4. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type B rule violation.	{V 118}		

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LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE SANFORD, NC 27330**

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{V 131}	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting three of five audited staff (#1, #3 and #4). The findings are: Review on 8/17/22 of the facility's personnel records revealed the following: Staff #1: -No date of hire. -No documentation the HCPR was accessed prior to employment. Staff #3: -No date of hire. -No documentation the HCPR was accessed prior to employment. Staff #4: -No date of hire. -No documentation the HCPR was accessed	{V 131}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{V 131}	Continued From page 24	{V 131}		

prior to employment.

Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed:
-Staff #1 worked at the facility for a few years.
-Staff #3 worked at the facility about a year.
-He thought staff #4 started working at the facility in June 2022.
-All staff were hired as Home Managers.
-He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director.
-"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed."
-All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed.
-He had to do direct care for most of June 2022.
-He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022.
-He primarily worked during 1st shift alone and had very little time to complete his Executive Director duties.
-He confirmed the facility failed to ensure the HCPR was accessed for staff #1, staff #3 and staff #4 prior to employment.

This is a recited deficiency.

This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type B rule violation.

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{V 133}	Continued From page 25	{V 133}		
{V 133}	G.S. 122C-80 Criminal History Record Check	{V 133}		

G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.
(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.
(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is 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

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LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE SANFORD, NC 27330**

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{V 133}	Continued From page 26 return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:	{V 133}		

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LEE COUNTY GROUP HOME II	**2412 KNOLLWOOD DRIVE** **SANFORD, NC 27330**

(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 133}	Continued From page 27 (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or	{V 133}		

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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 133}	Continued From page 28 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and 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.	{V 133}		

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{V 133}	Continued From page 29 (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting three of five audited staff (#1, #3 and #4). The findings are: Review on 8/17/22 of the facility's personnel records revealed the following: Staff #1:	{V 133}		

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{V 133}	Continued From page 30	{V 133}		

-No date of hire.
-Criminal history record check was requested on 8/16/22.
-No documentation a criminal history record check was requested.

Staff #3:
-No date of hire.
-No documentation a criminal history record check was requested.

Staff #4:
-No date of hire.
-Criminal history record check was requested on 8/16/22.
-No documentation a criminal history record check was requested.

Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed:
-Staff #1 worked at the facility for a few years.
-Staff #3 worked at the facility about a year.
-He thought staff #4 started working at the facility in June 2022.
-All staff were hired as Home Managers.
-He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director.
-"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed."
-All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed.
-He had to do direct care for most of June 2022.
-He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022.
-He primarily worked during 1st shift alone and

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{V 133}	Continued From page 31 had very little time to complete his Executive Director duties. -He confirmed the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment for staff #1, staff #3 and staff 4. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type B rule violation.	{V 133}		
{V 536}	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	{V 536}		

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include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for escalating behavior;
(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).
(h) Service providers shall maintain

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{V 536}	Continued From page 33 documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	{V 536}		

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{V 536}	Continued From page 34 interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure five of five audited staff (#1, #2, #3, #4 and the Executive Director) had	{V 536}		

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{V 536}	Continued From page 35 training on the use of alternatives to restrictive interventions. The findings are: Review on 8/17/22 of the facility's personnel records revealed the following: Staff #1: -No date of hire. -No documentation of training on the use of alternatives to restrictive interventions. Staff #2: -Date of hire was 9/18/13. -She was hired as a Home Manager. -National Crisis Intervention Plus (NCI+) training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions. Staff #3: -No date of hire. -No documentation of training on the use of alternatives to restrictive interventions. Staff #4: -No date of hire. -No documentation of training on the use of alternatives to restrictive interventions. The Executive Director: -Hire date of 6/16/11. -NCI + training was completed on 5/4/19. -There was no documentation of current training on the use of alternatives to restrictive interventions. Interviews on 8/16/22 and 8/17/22 with the Executive Director revealed: -Staff #1 worked at the facility for a few years.	{V 536}		

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{V 536}	Continued From page 36 -Staff #3 worked at the facility about a year. -He thought staff #4 started working at the facility in June 2022. -All staff were hired as Home Managers. -He was responsible for ensuring staff had the required documentation in their personnel records as the Executive Director. -"I don't want to make excuses for the reason most of the issues from the May 2022 survey were not addressed." -All of the clients had Covid in June 2022 and he had a hard time trying to get his Executive Director duties completed. -He had to do direct care for most of June 2022. -He could not meet with the board members to discuss the issues from the May 2022 survey. Those board members were on vacation for the entire month of July 2022. -He primarily worked during 1st shift alone and had very little time to complete his Executive Director duties. -He confirmed there was no documentation of training on the use of alternatives to restrictive interventions for himself, staff #1, staff #2, staff #3 and staff #4. This is a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Failure to Correct Type B rule violation.	{V 536}		
{V 736}	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	{V 736}		

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{V 736}	Continued From page 37	{V 736}		

maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.
The findings are:

Observation on 8/17/22 at approximately 9:16 am revealed:
Kitchen area-The panel to bottom portion of refrigerator was missing.
Bathroom #1-There were yellowish stains on the wall near the toilet. There were brownish stains in toilet bowl and on the toilet seat. The shelf over sink was dusty and the paint was chipped. The walls had dirt stains.
-Empty bedroom #1-There were 5 bags of clothing, a wheelchair and a television in a pile on the bed. Christmas decorations were on the nightstand. There was a mattress was leaning against the wall.
-Empty bedroom #2-There were three chest of drawers, a highboy, two dressers, a nightstand, metal bed frame and two mattresses.
-Bathroom #2-The back portion and bottom portion of the toilet had yellowish stains.

Interview on 8/17/22 with the Executive Director revealed:
-He was aware of most of the issues with the facility
-He spoke with someone from the local Department of Housing and Urban Development

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(HUD) about replacing the refrigerator, however it was not replaced.
-He knew staff had to ensure the clients were making sure the bathrooms were cleaned after usage.
-The client who used to be in empty bedroom #1 passed away about 2 months ago. That person left the facility almost a year ago. His family was supposed to pick up those items in that bedroom.
-The client who used to reside in empty bedroom #2 also died about a month or two ago. He was living at another facility. He was supposed to donate the items in that bedroom.
-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.

This deficiency has been cited 3 time(s) since the original cite on 4/15/19 and must be corrected within 30 days.