STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-053	A. BUILDING: _____ B. WING _____	R 09/12/2022

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WOODED ACRES #1	3706 CHERRY ROAD WASHINGTON, NC 27889

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on September 12, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 6 and currently has a census of 6. The survey consisted of audits of 3 current clients.	V 000		
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.	V 108		

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V 108	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid, training to meet the MH/DD/SA needs of the client and training in infectious diseases and bloodborne pathogens for one of two paraprofessional staff (#2). The findings are: Review on 09/08/2022 of staff #2's personnel record revealed: - Hire date of 07/07/22. - No documentation of completion for CPR and First Aid Training. - No documentation of training to meet the MH/DD/SA needs of the clients. - No documentation on training in infectious diseases and bloodborne pathogens. Interview on 09/08/22 staff #2 stated: - She started to work at the facility approximately two months ago. - She had previously worked at the facility one year ago. - She did not receive any training in CPR and First Aid, training to meet the MH/DD/SA needs of the client and training in infectious diseases and bloodborne pathogens prior to her most recent employment.	V 108		

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V 108	Continued From page 2 Interview on 09/08/22 the current Administrator stated: - The facility was in the process of changing ownership. - The previous administrator had recently been terminated. - She was not able to locate staff #2's training documents. - She would ensure all staff received training to meet the needs of the clients.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 3	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address client needs for one of three audited clients (#2). The findings are:

Review on 09/08/22 of client #2's record revealed:
- 68 year old female.
- Admission date of 11/04/15.
- Diagnoses of Mild Intellectual Developmental Disability, Diabetes Mellitus Type II, Paranoid Schizophrenia, Hypertension, Hypercholesterolemia, Diabetic Retinopathy and Hyperlipidemia.

Review on 09/08/22 of client #2's signed physician orders dated 08/29/22 revealed:
- Sliding Scale insulin coverage.
- Check blood sugar values at every meal.

Review on 09/08/22 of client #2's Person-Centered Profile (PCP) completed on 03/30/22 revealed:
- "How to best support...Its best that [Client #2] has a structured environment. With a structured environment, she has consistency. Its imperative that she adheres to her diet and medication regimen...."
- Add what's working / what's not working...not working: 'I think that everything is working'

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V 112	Continued From page 4 Sometimes I don't take my meds (medications) right' [Client #2] has both oral and injection medication to help manage her diagnosis effectively." - No strategies to address client #2's diabetes management. Interview on 09/08/22 Qualified Professional #1 stated: - She had worked at the facility since 03/22/22. - She had been updating the PCPs for clients. Interview on 09/08/22 the current Administrator understood client #2's PCP need to contain strategies to assist staff in addressing diabetes management. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept	V 118		

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V 118	Continued From page 5 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 administer medications on the written order of a physician, failed to keep the MARs current affecting three of three clients (#1, #2 and #4) and one of two staff failed to demonstrate competency in medication administration (staff #2). The findings are: Finding #1: Review on 09/08/22 of client #1's record revealed: - 35 year old male. - Admission date of 07/01/21. - Diagnoses of Mild Intellectual Developmental Disability (IDD), Cerebral Palsy and Anxiety. Review on 09/08/22 of client #1's signed physician orders dated 02/03/22 revealed: - Boost (nutritional drink) - one can daily with	V 118		

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V 118	Continued From page 6 dinner. - Mupirocin 2% (treats skin infections) ointment - apply to affected areas of nares 3 times daily. - Risperidone (antipsychotic) 0.5 milligrams (mg) - take one tablet at bedtime. - Trazodone (antidepressant) 100mg - take 1/2 tablet at bedtime. - Buspirone (antianxiety) 30mg - take 1/2 tablet twice daily. - Fluoxetine (antidepressant) 20mg and 40mg - take once daily. - Propranlol (high blood pressure) 20mg one tablet twice daily. Review on 09/08/22 of client #1's July 2022 and August 2022 MARs revealed the following blanks: July 2022 - Boost - 07/30/22. - Mupirocin - 07/30/22. August 2022 - Mupirocin - 08/14/22. - Risperidone - 08/26/22 and 08/27/22. - Trazodone - 08/26/22 and 08/27/22. - Buspirone - 08/14/22. - Fluoxetine 20mg and 40mg - 08/14/22. - Propranolol - 08/14/22. Interview on 09/08/22 client #1 stated he received his medications daily as ordered. Finding #2: Review on 09/08/22 of client #2's record revealed: - 68 year old female. - Admission date of 11/04/15. - Diagnoses of Mild IDD, Diabetes Mellitus Type II, Paranoid Schizophrenia, Hypertension, Hypercholesterolemia, Diabetic Retinopathy and Hyperlipidemia.	V 118		

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V 118	Continued From page 7 Review on 09/08/22 of client #2's signed physician orders dated 08/29/22 revealed: - Latanoprost (treats Glaucoma) 0.0005% eye drops - instill one drop into both eyes at night. - Benztropine (treats involuntary movements) 1mg - take one tablet twice daily. - Docusate (stool softner) 100mg - one capsule twice daily. Review on 09/08/22 of client #2's August 2022 MAR revealed the following blanks: - Latanprost - 08/01/22 and 08/02/22. - Benztropine - 08/01/22 thru 08/09/22 at 8am and 8pm and 08/10/22 at 8am. - Docusate - 08/01/22 thru 08/09/22 at 8am and 8pm and 08/10/22 at 8am. Interview on 09/08/22 client #2 stated she received her medications daily as ordered. Finding #3: Review on 09/08/22 and 09/12/22 of client #4's record revealed: - 57 year old male. - Admission date of 06/04/09. - Diagnoses of Paranoid Schizophrenia-Bipolar Type, Seizure Disorder, Anorexia-Restorative Type, Enuresis, Chronic Renal Insufficiency and Hypothyroidism. Review on 09/08/22 of client #4's medication orders revealed: 06/05/22 - Clozapine (antipsychotic) 50 milligrams (mg) - one tablet twice daily in the morning and at lunch. - Polyethylene Glycol (stool softner) - one capful in 8 ounces of juice or water daily and hold for loose stools.	V 118		

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V 118	Continued From page 8 06/08/22 - Ensure Vanilla (nutrition drink) - drink one can twice daily between meals. Review on 09/08/22 of client #4's July 2022 and August 2022 MARs revealed the following blanks: July 2022 - Clozapine - 07/13/22 at 12pm. - Polyethylene Glycol - 07/23/22. - Ensure Vanilla - 07/01/22 at 10am, 07/03/22 at 10am, 07/04/22 at 10am, 07/05/22 at 10am and 3pm, 07/11/22 at 3pm, 07/12/22 thru 07/14/22 at 10am and 3pm, 07/16/22 thru 07/18/22 at 10am, 07/19/22 at 3pm and 07/20/22 thru 07/25/22 at 10am and 3pm. August 2022 - Polyethylene Glycol - 08/05/22 and 08/08/22. - Ensure Vanilla - 08/03/22 at 5pm, 08/04/22 thru 08/07/22 at 8am and 5pm, 08/08/22 at 8am, 08/12/22 thru 08/15/22 at 5pm, 08/16/22 at 8am and 5pm, 08/17/22 at 8am, 08/19/22 at 8:00am, 08/20/22 at 5pm and 08/24/22 at 5pm. Interview on 09/08/22 client #4 stated he received his medications daily as ordered. Finding #4: Review on 09/08/2022 of staff #2's personnel record revealed: - Hire date of 07/07/22. - No documentation of completion of medication administration training. 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 09/08/22 staff #2 stated:	V 118		

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V 118	Continued From page 9 - She started to work at the facility approximately a couple of months ago. - She had previously worked at the facility one year ago. - She had previous training in medication administration. Interview on 09/08/22 the current Administrator stated: - The facility was in the process of changing ownership. - The previous administrator had recently been terminated. - She was not able to locate staff #2's training documents. - She would ensure all staff received training to meet the needs of the clients. This deficiency has been cited 6 times since the original cite on 12/09/15 and must be corrected within 30 days.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living 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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility.	V 289		

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V 289	Continued From page 10 (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)	V 289		

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V 289	Continued From page 11 (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure one of three audited clients (#2) met the scope for which facility is licensed for. The findings are: Review on 09/08/22 of Division of Health Service Regulation records revealed the facility was licensed for clients with a primary diagnosis of a Developmental Disability. Review on 09/08/22 and 09/12/22 of client #4's record revealed: - 57 year old male. - Admission date of 06/04/09. - Diagnoses of Paranoid Schizophrenia-Bipolar Type, Seizure Disorder, Anorexia-Restorative Type, Enuresis, Chronic Renal Insufficiency and Hypothyroidism. Interview 09/08/22 client #4 stated: - He had resided the facility campus for approximately 12 years. - He had resided at his current facility for approximately one year. - He had no concerns about living at the facility. Interview on 09/08/22 and 09/12/22 the current Administrator stated: - The facility was in the process of changing ownership.	V 289		

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V 289	Continued From page 12 - The previous administrator had recently been terminated. - She had been working at the facility for approximately one week. - She had identified that client #4's diagnoses did not include a developmental disability.	V 289		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six	V 364		

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V 364	Continued From page 13 hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10)Have access to individual storage space for his private use.	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-053	A. BUILDING: _____ B. WING _____	R 09/12/2022

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V 364	Continued From page 14 (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has	V 364		

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V 364	Continued From page 15 the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or	V 364		

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V 364	Continued From page 16 habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the restriction of client access to personal property was documented and reviewed as required for one of three audited clients (#2). The findings are: Review on 09/08/22 of client #2's record revealed: - 68 year old female. - Admission date of 11/04/15.	V 364		

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V 364	Continued From page 17 - Diagnoses of Mild Intellectual Developmental Disability, Diabetes Mellitus Type II, Paranoid Schizophrenia, Hypertension, Hypercholesterolemia, Diabetic Retinopathy and Hyperlipidemia. - No required documentation of the restriction of client #2's phone calls. Interview on 09/08/22 client #2 stated: - She had lived at the facility approximately four years. - She was not allowed to use the phone except on certain days. Interview on 09/08/22 the current Administrator stated: - The facility was in the process of changing ownership. - The previous administrator had recently been terminated. - She had seen a schedule for client's to make phone calls on specific days. - She was in the process of reviewing the policy and procedures for the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within	V 367		

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V 367	Continued From page 18 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and	V 367		

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V 367	Continued From page 19 Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by:	V 367		

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V 367	Continued From page 20 Based on record reviews and interviews, the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 09/08/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level III incident report for an allegation of abuse against client #4 on 06/09/22. Review on 09/08/22 and 09/12/22 of client #4's record revealed: - 57 year old male. - Admission date of 06/04/09. - Diagnoses of Paranoid Schizophrenia-Bipolar Type, Seizure Disorder, Anorexia-Restorative Type, Enuresis, Chronic Renal Insufficiency and Hypothyroidism. Review on 09/08/22 of a Health Care Personnel Registry (HCPR) 24 hour intial report and 5 working day report revealed: - Type of Incident: Resident Abuse and Resident Neglect for client #4. - On 06/09/22 video footage showed Former Staff (FS) #3 had verbally and physically abused client #4. - FS #3 made client #4 leave his facility. - A report had been made to law enforcement regarding the incident. Interview on 09/08/22 Qualified Professional #1 stated: - She had completed an investigation into an allegation of abuse against client #4. - She had reported FS #3 to the HCPR. - The previous Administrator had completed an IRIS report. - She was not able to locate an IRIS report for	V 367		

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V 367	Continued From page 21 client #4's allegation of abuse against FS #3 on 06/09/22. Interview on 09/08/22 and 09/12/22 the current Administrator stated: - The facility was in the process of changing ownership. - The previous administrator had recently been terminated. - She had been working at the facility for approximately one week. - She was not able to locate an IRIS report for client #4's allegation of abuse on 06/09/22.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is	V 500		

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V 500	Continued From page 22 prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by:	V 500		

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V 500	Continued From page 23 Based on record reviews and interviews, the governing body failed to report an allegation of abuse to Department of Social Services (DSS) affecting one of three audited clients (#4). The findings are: Review on 09/08/22 and 09/12/22 of client #4's record revealed: - 57 year old male. - Admission date of 06/04/09. - Diagnoses of Paranoid Schizophrenia-Bipolar Type, Seizure Disorder, Anorexia-Restorative Type, Enuresis, Chronic Renal Insufficiency and Hypothyroidism. Review on 09/08/22 of a Health Care Personnel Registry (HCPR) 24 hour intial report and 5 working day report revealed: - Type of Incident: Resident Abuse and Resident Neglect for client #4. - On 06/09/22 video footage showed Former Staff (FS) #3 had verbally and physically abused client #4. - FS #3 made client #4 leave his facility. - A report had been made to law enforcement regarding the incident. - No documentation the allegation of abuse was reported to the local DSS as required. - HCPR report was signed by Qualified Professional #1. Interview on 09/08/22 QP #1 stated: - She had completed an investigation into an allegation of abuse against client #4. - She had reported FS #3 to the HCPR. - She thought DSS had been notified by the previous Administrator. - Local law enforcement had been notified of the allegation.	V 500		

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V 500	Continued From page 24 Interview on 09/08/22 and 09/12/22 the current Administrator stated: - The facility was in the process of changing ownership. - The previous administrator had recently been terminated. - She had been working at the facility for approximately one week.	V 500		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 536		

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V 536	Continued From page 25 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 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;	V 536		

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V 536	Continued From page 26 (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 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	V 536		

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V 536	Continued From page 27 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 two of three current staff (#2 and Qualified Professional (QP)) #1 received training in alternatives to restrictive interventions. The findings are: Review on 09/08/2022 of staff #2's personnel record revealed: - Hire date of 07/07/22. - No documentation of training in alternatives to	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-053	A. BUILDING: _____ B. WING _____	R 09/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 536	Continued From page 28 restrictive interventions. Review on 09/08/22 of QP #1's personnel record revealed: - Date of hire: 03/16/22. - No documentation of training in alternatives to restrictive interventions. Interview on 09/08/22 staff #2 stated: - She had worked at the facility approximately two months. - She had previously worked at the facility one year ago. - She had not had any alternative to restrictive intervention training at the facility since she returned. Interview on 09/08/22 QP #1 stated: - She had worked at the facility since 03/22/22. - She had not had alternatives to restrictive intervention training since she was hired at the facility.	V 536		