STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012085	A. BUILDING: _____ B. WING _____	01/24/2023

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126 AIR PARK DRIVE APT. C	126C AIR PARK DRIVE MORGANTON, NC 28655

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V 000	INITIAL COMMENTS An annual survey was completed on January 24, 2023. 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure prescription and non-prescription medications were administered on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 audited clients (Client#3). The findings are: Review on 1/24/23 of Client#3's record revealed: -Date of Admission: 12/29/14. -Diagnoses: Autistic Disorder; Severe Mental Retardation; Epilepsy; Incontinence; Vertigo; Smith Lemli-Opitz Syndrome; Depression. -A physician's order dated 9/13/22 for Glucerna Shake (nutrition supplement) 1 can via gastrostomy tube (G tube) three times daily. -No documentation of a physician's order to discontinue the Glucerna. Review on 1/23/23 of Client#3's MARs dated 11/1/22 through 1/23/23 revealed: -All Glucerna doses were left blank on the November 2022 through January 2023 MARs. -The November 2022 and December 2022 MARs had the handwritten instruction "Do not give until further notice" in the dosing section for the Glucerna. -The January 2023 MAR had the handwritten instruction "Do not give" in the dosing section for	V 118		

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V 118	Continued From page 2 the Glucerna. Interview on 1/24/23 with the House Manager revealed: -She was unable to locate the physician's order to discontinue the Glucerna for Client#3. -She was going to "drive to the doctor's office to get a copy of the order." Interview on 1/24/23 with the Regional Director revealed: -She spoke with the House Manager and the physician's office was closed. -Unable to provide a copy of the order to discontinue the Glucerna for Client#3. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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	V 536		

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V 536	Continued From page 3	V 536		

compliance and demonstrate they acted on data gathered.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(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

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V 536	Continued From page 4 activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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.	V 536		

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V 536	Continued From page 5 (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (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:	V 536		

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V 536	Continued From page 6 Based on record review and interviews, the facility failed to ensure 1 of 3 audited staff (House Manager (HM)) completed a formal refresher training in alternatives to restrictive interventions at least annually. The findings are: Review on 1/24/23 of the House Manager's personnel record revealed: -Date of Hire: 7/6/05. -Certification in alternatives to restrictive interventions expired on 3/18/22. Interview on 1/24/23 with the House Manager revealed: -She thought she received training some time during the Spring of 2022. -She did not have documentation of the training. Interview on 1/24/23 with the Regional Director revealed: -The instructor who provided training in alternatives to restrictive interventions was no longer employed by the licensee. -The House Manager may have received the training, but it was not scanned into the computer system.	V 536		